

# Regular withdrawal facility form



Use this form to establish, change or cancel a Regular Withdrawal Facility for a LifeBuilder or ChildBuilder investment.

Use this to authorise us to withdraw funds from your nominated investment(s) and credit your nominated Australian financial institution account.

Please complete these instructions in **BLACK/BLUE INK** using **CAPITAL LETTERS** (except for your email address).

## 1. Investor details

Client number	<input type="text"/>	Bond number	<input type="text"/>		
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Other (please specify)	<input type="text"/>
Given name(s)	<input type="text"/>				
Surname	<input type="text"/>				
Date of Birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Phone number	( <input type="text"/> )	<input type="text"/>	Mobile number	<input type="text"/>	
Email address	<input type="text"/>				

## 2. Instructions

Please select ONE:

- Establish a Regular Withdrawal Facility** - please complete all sections of this form.
- Change your Regular Withdrawal Facility** - please complete all sections of this form.
- Cancel your Regular Withdrawal Facility** - please complete section 7.

## 3. Frequency and amount of regular withdrawal

- Monthly
- Quarterly
- Half yearly
- Annually

Amount to withdraw for selected withdrawal period \$

Withdrawal payments to commence 15 /  /

*The Regular Withdrawal Facility is run on the 15th day of each month (or the next Business Day)*

#### 4. Investments to be withdrawn from

Specify the investment options you want to withdraw from.

Withdrawals are to be from the same investment options and in the same proportions invested into in my/our original Application form.

Amounts are to be withdrawn from the investment portfolios as indicated below.

Option code	Amount to be withdrawn		
	\$	OR	%
	\$	OR	%
	\$	OR	%
	\$	OR	%
	\$	OR	%
	\$	OR	%

**Note:** Making withdrawals in different proportions to your selected investment option weightings will stop any auto-rebalancing facility arrangements you may have in place.

A minimum balance of \$500 must be maintained in each investment option.

#### 5. Financial institution details

Please provide details of the financial institution into which to pay your regular withdrawals.

Name of financial Institution

Branch name

Account name

BSB number  -  Account number

**Important note:** The account name with the above financial institution must be the same as the name of the investment account.

#### 6. Declaration

I/We declare that all details in this form are true and correct.

I/We understand that any directions which I/we have given in this form will override any similar directions which I/we have previously given.

I/We authorise Generation Life Limited to execute transactions to commence or amend my/our Regular Withdrawal Facility instructions until further notice. I/We request you, until further notice in writing, to withdraw from my/our nominated investment options as described above to credit my/our nominated financial institution account in connection with my/our Regular Withdrawal Facility.

I/We confirm that I/we have received the latest Investment Bonds PDS, and have read and understood the Regular Withdrawal Facility terms and conditions detailed within the PDS.

## 7. Signature(s)

If this form is signed under Power of Attorney the attorney certifies that he/she has not received notice of revocation of that power.

### Investor 1

Name *(please print)*

Signature

Date  /  /

Please select appropriate box

Individual

Director

Trustee

Power of Attorney

### Investor 2

Name *(please print)*

Signature

Date  /  /

Please select appropriate box

Individual

Director

Trustee

Power of Attorney

If your power of attorney has not previously been registered by us, we will require a certified copy of the power of attorney document as well as the appropriate proof of identification documents in accordance with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Law).

*Please retain a copy of this form for your records.*

#### Form to be sent to

**Generation Life PO Box 263, Collins Street West, Melbourne VIC 8007**

#### Enquiries

Phone: 1800 806 362

Email: [enquiry@genlife.com.au](mailto:enquiry@genlife.com.au)

[www.genlife.com.au](http://www.genlife.com.au)

Issued by: Generation Life Limited ABN 68 092 843 902 AFS Licence 225408