

Investment switching & auto-rebalance form



Use this form if you want to:

- switch between investment options
- set up or cancel your auto-rebalancing facility

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

1. Investor details

Client number Bond number

Title Mr Mrs Ms Other (please specify)

Given name(s)

Surname

Date of Birth / /

Phone number () Mobile number

Email address

2. Switch or once off rebalance

Once off rebalance. Please include percentage allocation in the Switch to column.

Switch. Total switch amount \$

| Option code | Switch from | | | Option code | Switch to | | |
|----------------------|--------------------------------|----|------------------------|----------------------|--------------------------------|----|------------------------|
| <input type="text"/> | \$ <input type="text"/> | OR | <input type="text"/> % | <input type="text"/> | \$ <input type="text"/> | OR | <input type="text"/> % |
| <input type="text"/> | \$ <input type="text"/> | OR | <input type="text"/> % | <input type="text"/> | \$ <input type="text"/> | OR | <input type="text"/> % |
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| <input type="text"/> | \$ <input type="text"/> | OR | <input type="text"/> % | <input type="text"/> | \$ <input type="text"/> | OR | <input type="text"/> % |
| Total | \$ <input type="text"/> | | 100% | Total | \$ <input type="text"/> | | 100% |

Refer to the current PDS Application Form for the investment option codes.

The minimum investment switch amount is \$100 per investment option. A minimum of \$500 must be retained in an investment option after a switch.

3. Auto-rebalancing facility

Auto-rebalance the investment portfolio annually.

Your portfolio will be rebalanced in accordance with your investment weightings. Any additional investments you make will be invested in line with the investment option weightings. Your auto-rebalancing weightings and any Regular Savings Plan allocations or Regular Withdrawal investment allocations must be the same. The auto-rebalance will occur in May each year. Refer to the current Product Disclosure Statement for terms and conditions.

Cancel the auto-rebalancing facility.

4. Declaration

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

I/We authorise Generation Life Limited to process the instructions set out in this form.

I/We confirm that I/we have a copy of the current Product Disclosure Statement and that I/we have read, understood and retained for future references.

5. 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 GPO Box 263, Collins Street West, Melbourne VIC 8007

Enquiries

Phone: 1800 806 362

Email: enquiry@genlife.com.au

www.genlife.com.au

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