

Transfer of ownership form



Use this form to transfer ownership of your LifeBuilder or ChildBuilder investment.

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

Transfer of ownership from the current owner to the new owner will occur on the transfer being registered by us.

The registration of the transfer will revoke/cancel all existing:

- beneficiary nomination or future dated transfer instructions.
- authorised representative facility or power of attorney nominated to act on behalf of the existing investor(s).
- direct debit authorisation and regular savings plans attached to the investment.

Transfer of ownership will not change the life insured(s). The existing life insured(s) will remain on the investment. You can add additional life insured(s) on a LifeBuilder investment by completing section 6.

Individual investors aged 16 years or more can arrange to have their investment ownership transferred.

1. Existing investor details

Client number

Title Mr Mrs Ms Other (please specify)

Given name(s)

Surname

Date of Birth / /

Phone number () Mobile number

Email address

A. Bond investment

These instructions are to apply to:

- all LifeBuilder and ChildBuilder investments held
- the following investment(s) (please provide bond number(s))

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

B. Power of Attorney

To be completed if a Power of Attorney is acting on behalf of the investor(s).

Title Mr Mrs Ms Other (please specify)

Given name(s)

Surname

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).

2. New investor details – new owner(s) to complete

Type of owner

- Individual(s). Go to Section 3
- Company. Go to Section 4
- Trust (including trusts with individual trustees, corporate trustees and deceased estates). Go to Section 4

3. Individual and joint account holders – new owner(s) to complete

Required Identification Documents:

The following identification documents are required for each individual

- a current driver's licence or passport **OR**
- a birth certificate **and**
- a tax assessment (less than 12 months old), council rates notice or utilities provider account (less than 3 months old).

For other acceptable forms of identification, please visit our website or contact us on 1800 806 362.

If there are more than two transferees you will need to complete a separate form for the additional transferee.

A. Transferee 1 (must be at least 10 years old)

Personal details (all correspondence will be sent to this investor)

Title Mr Mrs Ms Other (please specify)

Given name(s)

Surname

Occupation Date of Birth / /

(if aged between 10 and 16 years then a parent or guardian must provide their details in Section 3, provide identification documents and must also sign this form)

Residential address Unit/Street No. Street name

(A PO Box/RMB/ Locked Bag is not acceptable) Suburb

State Post code Country

Postal address c/- (if applicable)

(if different to residential address) Unit/Street No. Street name

Suburb

State Post code Country

All correspondence will be sent to your postal address.

Contact details

Home number () Mobile number

Email address

This email address may be used for investor correspondence.

Identification information

AML/CTF Law requires that we collect this information. Your instructions cannot be processed without this information.

Are you a Politically Exposed Person? Yes No

3. Individual and joint account holders – new owner(s) to complete continued

Residency status for tax purposes

Under FATCA and CRS laws, we are required to ask all investors to provide additional information about their tax residency.

Are you a tax resident of Australia? Yes No

Are you a tax resident of a country other than Australia or a U.S. citizen? Yes No

If YES, you will need to complete a separate Tax Residency Form.

B. Transferee 2 (joint investor must be at least 10 years old)

Are you completing this section as a Joint investor Parent/Guardian of Transferee 1?

Personal details (all correspondence will be sent to this investor)

Title Mr Mrs Ms Other (please specify)

Given name(s)

Surname

Occupation Date of Birth / /

Residential address Unit/Street No. Street name

(A PO Box/RMB/ Suburb

Locked Bag is not acceptable) State Post code Country

Postal address c/- (if applicable)

(if different to residential address) Unit/Street No. Street name

Suburb

State Post code Country

Contact details

Home number () Mobile number

Email address

This email address may be used for investor correspondence.

Identification information

AML/CTF Law requires that we collect this information. Your instructions cannot be processed without this information.

Are you a Politically Exposed Person? Yes No

Residency status for tax purposes

Under FATCA and CRS laws, we are required to ask all investors to provide additional information about their tax residency.

Are you a tax resident of Australia? Yes No

Are you a tax resident of a country other than Australia or a U.S. citizen? Yes No

If YES, you will need to complete a separate Tax Residency Form.

C. Authority to operate the account (Joint applicants only)

Please elect which joint transferees have authority to operate the account and bind the other joint investor(s) for future transactions (including additional investments, switches and withdrawals).

All transferees (default) Transferee 1 Transferee 2 Either transferee

3. Individual and joint account holders – new owner(s) to complete continued

D. Sole trader

Are you a sole trader? Yes No (Please go to Section X)

If you are a sole trader you will need to provide the following additional details.

Business name (if applicable)	<input type="text"/>			
Australian Business Number (ABN)	<input type="text"/>			
Business address	Unit/Street No.	<input type="text"/>	Street name	<input type="text"/>
<i>(if different from residential address above. PO Box not accepted)</i>	Suburb	<input type="text"/>		
	State	<input type="text"/>	Post code	<input type="text"/>
			Country	<input type="text"/>

4. Company – new owner(s) to complete (not available for ChildBuilder investments)

REQUIRED IDENTIFICATION DOCUMENTS

The following identification documents are required for the company

a certificate of registration issued by ASIC **OR**

a current company search from the ASIC database

For other acceptable forms of identification, please visit our website or contact us on 1800 806 362.

A. Company details

Full name of company

ACN or ABN

Contact Person

Title Mr Mrs Ms Other (please specify)

Given name(s)

Surname

Business number () Mobile number

Email address

This email address is the default email address for investor correspondence.

Registered office address Unit/Street No. Street name

(A PO Box/RMB/ Locked Bag is not acceptable) Suburb

State Post code Country

Postal address Unit/Street No. Street name

(if different to above) Suburb

State Post code Country

All correspondence will be sent to your postal address.

4. Company – new owner(s) to complete (not available for ChildBuilder investments) continued

B. Residency status for tax purposes

Under FATCA and CRS laws, we are required to ask all investors to provide additional information about their tax residency.

Is the company a tax resident of Australia? Yes No

You will need to complete a separate FACTA/CRS Form if any of the following apply to the company:

- a tax resident of a country other than Australia or a U.S. citizen? Yes No
- a US Company, US Trust or US Partnership? Yes No
- an Australian Financial Institution ('AFI') or Other Partner Jurisdiction Financial Institution ('FI')? Yes No

If you answered YES to any of the above, you will need to complete a separate FACTA/CRS Form.

C. Director details (proprietary companies only)

Is the company a proprietary/private company (i.e. Pty Ltd company)? Yes No Please go to section 6.

Director 1

Title Mr Mrs Ms Other (please specify)

Given name(s)

Surname

Are you a Politically Exposed Person? Yes No

Are you a US citizen or US tax resident? Yes No

If YES, please provide your Taxpayer Identification Number (TIN)

Director 2

Title Mr Mrs Ms Other (please specify)

Given name(s)

Surname

Are you a Politically Exposed Person? Yes No

Are you a US citizen or US tax resident? Yes No

If YES, please provide your Taxpayer Identification Number (TIN)

If there are more than two directors please attach their details to the Form.

D. Beneficial owners (proprietary companies only)

Please provide full name and address details of those persons who owns or controls 25% or more of the issued capital of the company.

Beneficial owner 1

Given name(s)

Surname

Address details Unit/Street No. Street name

Suburb

State Post code Country

4. Company – new owner(s) to complete (not available for ChildBuilder investments) continued

Beneficial owner 2

Given name(s)

Surname

Address details Unit/Street No. Street name

Suburb

State Post code Country

Beneficial owner 3

Given name(s)

Surname

Address details Unit/Street No. Street name

Suburb

State Post code Country

If there are more than three beneficial owners please attach their details to the Form.

5. Trusts (including corporate trustees, individual trustees and deceased estates) – new owner(s) to complete

REQUIRED IDENTIFICATION DOCUMENTS

The following identification documents are required for the trust

For trusts that do not have an ABN:

a certified copy of extracts of the trust deed showing the name of the trust, the name and address of the settlor, amount of the initial settled sum, name(s) and address(es) of the trustee(s), the beneficiaries/unitholder names/class(es) and the trust's execution page.

For all of the individual trustees (including trustee of a deceased estate)

a current drivers licence or passport **OR**

a birth certificate **and**

a tax assessment (less than 12 months old), council rates notice or utilities provider account (less than 3 months old).

For other acceptable forms of identification, please visit our website or contact us on 1800 806 362.

A. Trust details

Trust/Fund/Estate name

Business name (if applicable)

ABN (if applicable)

B. Type of trust

Please select the type of trust and provide the relevant information

Family trust or discretionary trust Unit trust Foreign trust Testamentary trust (i.e. under a Will)

Other (please specify)

5. Trusts (including corporate trustees, individual trustees and deceased estates) – new owner(s) to complete) continued

C. Trust Beneficiaries

Does the trust deed name the beneficiaries? Yes No If YES, please list their full names.

Full name (or entity name)	Are they Key Beneficial Owners?
1 <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

If there are more than four beneficiaries/unit holders, please provide details on a separate attachment to this Form.

For any of the above trust beneficiaries/unit holders identified as being a Key Beneficial Owner, is that person(s) a Politically Exposed Person? Yes No

If the trust identifies its beneficiaries/unit holders by specified classes and/or by names and specified classes, please list the class below and also the beneficiaries named (if any) within specified classes:

- 1
- 2

D. Trust Settlor details

If the initial settled sum to establish the trust is \$10,000 or more, please provide name and address of the settlor(s)* of the trust:

Name of settlor

Address of settlor

* A settlor is the person or entity that subscribes for or settles the initial sum to create the trust

E. Are you an individual trustee? (including trustee of a deceased estate)

Yes. Go to section 6 No. Please continue.

F. Company as trustee

Full name of company

ACN or ABN

Contact Person

Title Mr Mrs Ms Other (please specify)

Given name(s)

Surname

Business number () Mobile number

Email address

This email address is the default email address for investor correspondence.

Registered office address Unit/Street No. Street name

(A PO Box/RMB/ Locked Bag is not acceptable) Suburb

State Post code Country

5. Trusts (including corporate trustees, individual trustees and deceased estates) – new owner(s) to complete) continued

Postal address Unit/Street No. Street name
(if different Suburb
to above)
State Post code Country

All correspondence will be sent to your postal address.

G. Residency status for tax purposes

Under FATCA and CRS laws, we are required to ask all investors to provide additional information about their tax residency.

Is the company a tax resident of Australia? Yes No

You will need to complete a separate FACTA/CRS Form if any of the following apply to the company:

- a tax resident of a country other than Australia or a U.S.citizen? Yes No
- a US Company, US Trust or US Partnership? Yes No
- an Australian Financial Institution ('AFI') or Other Partner Jurisdiction Financial Institution ('FI')? Yes No

If you answered YES to any of the above, you will need to complete a separate FACTA/CRS Form.

If there are more corporate trustees, repeat those details for each additional trustee and write the full name and address of each trustee down on a piece of paper and attach to this form.

H. Director details (proprietary companies only)

Is the company a proprietary/private company (i.e. Pty Ltd company)? Yes No Please go to section 6.

Director 1

Title Mr Mrs Ms Other (please specify)
Given name(s)
Surname
Are you a Politically Exposed Person? Yes No
Are you a US citizen or US tax resident? Yes No
If YES, please provide your Taxpayer Identification Number (TIN)

Director 2

Title Mr Mrs Ms Other (please specify)
Given name(s)
Surname
Are you a Politically Exposed Person? Yes No
Are you a US citizen or US tax resident? Yes No
If YES, please provide your Taxpayer Identification Number (TIN)

If there are more than two directors please attach their details to the Form.

5. Trusts (including corporate trustees, individual trustees and deceased estates) – new owner(s) to complete) continued

I. Beneficial owners (proprietary companies only)

Please provide full name and address details of those persons who owns or controls 25% or more of the issued capital of the company.

Beneficial owner 1

Given name(s)

Surname

Address details Unit/Street No. Street name

Suburb

State Post code Country

Beneficial owner 2

Given name(s)

Surname

Address details Unit/Street No. Street name

Suburb

State Post code Country

Beneficial owner 3

Given name(s)

Surname

Address details Unit/Street No. Street name

Suburb

State Post code Country

If there are more than three beneficial owners please attach their details to the Form.

J. Individual(s) as trustee(s)

Trustee 1

Personal details

Title Mr Mrs Ms Other (please specify)

Given name(s)

Surname

Occupation Date of Birth / /

Residential address Unit/Street No. Street name

(A PO Box/RMB/ Suburb
Locked Bag is State Post code Country
not acceptable)

Postal address c/- (if applicable)
(if different Unit/Street No. Street name
to residential Suburb
address) State Post code Country

All correspondence will be sent to your postal address.

5. Trusts (including corporate trustees, individual trustees and deceased estates) – new owner(s) to complete) continued

Contact details

Home number () Mobile number

Email address

This email address may be used for investor correspondence.

Trustee 2

Personal details

Title Mr Mrs Ms Other (please specify)

Given name(s)

Surname

Occupation Date of Birth / /

Residential address Unit/Street No. Street name

(A PO Box/RMB/ Suburb

Locked Bag is State Post code Country

Postal address c/- (if applicable)

(if different Unit/Street No. Street name

to residential Suburb

address) State Post code Country

Contact details

Home number () Mobile number

Email address

This email address may be used for investor correspondence.

6. Life insured details (new investors(s) to complete)

The existing life insured(s) will remain registered on the account.

If the transfer relates to a ChildBuilder account, then the life insured (child) cannot be changed or added to.

Is this a transfer of a LifeBuilder investment? Yes. Continue No. Go to section 8.

A. Individual and joint owners

Do you want the new owners named in Section 3 to be the life (joint lives) insured?

Yes (default). Each new owner will be registered as the life/lives insured.

No. Please provide additional life insured details below.

6. Life insured details (new investors(s) to complete) continued

B. Life insured details

Life insured 1 (if different to individual owners and for new company or trust owners)

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"/>					
Occupation	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>			
Residential address	Unit/Street No.	<input type="text"/>	Street name	<input type="text"/>		
(A PO Box/RMB/ Locked Bag is not acceptable)	Suburb	<input type="text"/>				
	State	<input type="text"/>	Post code	<input type="text"/>	Country	<input type="text"/>

Life insured 2 (if required)

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"/>					
Occupation	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>			
Residential address	Unit/Street No.	<input type="text"/>	Street name	<input type="text"/>		
(A PO Box/RMB/ Locked Bag is not acceptable)	Suburb	<input type="text"/>				
	State	<input type="text"/>	Post code	<input type="text"/>	Country	<input type="text"/>

7. New investor declaration and signature(s)

I/We confirm that I/we have a copy of the most current Product Disclosure Statement and that I/we have read, understood and retained for future references. If signed under a power of attorney, the attorney certifies that he/she has not received notice of revocation of that power.

New investor 1

Name (please print)	<input type="text"/>				
Signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>		

Please select appropriate box Individual Director Trustee Power of attorney

New investor 2

Name (please print)	<input type="text"/>				
Signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>		

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).

8. Existing investor declaration and signature(s)

I/we being the bond owner(s) named above confirm that I/we am/are the legal and beneficial owner(s) of the above Bond(s) and that I/we have not transferred, assigned, mortgaged or charged the Bond, or any rights or interests under the Bond. I/we transfer my/our rights, powers and interest in the above Bond(s) to the person(s) named above as the Transferee(s), and further acknowledge that any bond nomination or future event transfer that I/we have made will be revoked and cancelled.

Existing owner 1

Name *(please print)*

Signature

Date / /

Please select appropriate box Individual Director Trustee Power of attorney

Existing owner 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

www.genlife.com.au

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