

Use this form to make a partial or full withdrawal from your LifeBuilder or ChildBuilder investment.

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. Withdrawal amount

Please select ONE

- Full withdrawal** - please complete section 4.
- Partial withdrawal of \$**  Please complete all sections of this form.

## 3. Partial withdrawal instructions

Please withdraw from the same investment portfolios and in the same proportions that I/we are currently invested in.

**OR**

Please withdraw from the investment portfolios as indicated below:

Option code	Amount to be withdrawn		
<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"/> %
<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> %

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

#### 4. Withdrawal payment instructions

**Direct credit** - The following Australian financial institution account:

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.

OR

**Cheque** - A cheque will be issued in favour of the investor(s).

#### 5. 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 release, discharge and agree to indemnify Generation Life Limited and any other related body corporate from and against any action, proceeding claims, losses, liabilities or costs arising from processing the instructions set out in this form.

#### 6. 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  
[www.genlife.com.au](http://www.genlife.com.au)

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