# Additional Investment form



### Use this form if you want to make additional investments to your existing Generation Life bond investment.

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

The minimum additional investment amount is \$500. Please ensure the minimum amount is provided with your application.

1. Investor de	tails												
Client number					Boi	nd n	umber						
Title	Mr	Mr	S		Ms		Other (ple	ase speci	fy)				
Given name(s)													
Surname													
Date of Birth	/		/										
Phone number		)						M	obile nur	mber			
Email address													
2. Amount to	2. Amount to be invested and method of investment												

Additional one-off investment amount \$

#### Select your method of investment:

**Regular BPAY® periodical transfers** - You can make a contribution if this facility is available from your nominated financial institution. Payments via credit cards are not accepted. Please arrange with your financial institution to transfer amounts via BPAY.

#### BPAY payments must be made by electronic transfer to:

Biller code: 249979 BPAY Customer Reference Number:

If you do not know your BPAY Customer Reference Number please contact us on 1800 806 362 to obtain your number.

**EFT/direct credit** – We will provide bank account details and instructions after your application has been received. We cannot establish your investment until we receive cleared funds from you. Please ensure you also include your investor name and application reference number when making a payment.

**Direct debit** – Please complete the direct debit authorisation at section 3. Please ensure you have funds in your bank account. Funds will normally be debited within 2-3 business days of receiving your completed application.

Cheque - please make sure your cheque payable to Generation Life Ltd and cross it "Not Negotiable".

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3. Direct debit authorisation						
Name of financial li	nstitution					
Branch name						
Account name						
BSB number	-	Account number				

I/We request Generation Life Limited (Direct Debit User ID 263858) to arrange for funds to be debited from my/our account as described in this form. I/We have read and understood the terms and conditions of the Direct Debit Service Agreement contained in the current Product Disclosure Statement and agree to them.

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

Account Holder 1	
Signature	
Account Holder 2	
Signature	

# 4. Identification information

Anti- Money Laundering and Counter Terrorism Financing Laws require that we collect this information.

Please select the origin and source of funds being invested

Income from regular employment
Investments
Business income
Sale of assets
Windfall (e.g. gift, lottery winnings)
Borrowed funds
Other (please specify)

# 5. Progressive investing

For investment amounts of \$25,000 or more, you can elect to have your investment amount progressively invested into your selected investment options. Your investment will initially be invested in the cash investment option (Macquarie Treasury Fund).

Progressively invest	\$	per month.
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The progressive investment facility is subject to the terms and conditions contained in the current Product Disclosure Statement.

## 6. Investment allocation

Please allocate my investment according to my existing investment allocation.

#### OR

Specify the amount you wish to invest in each investment option (refer to the current Product Disclosure Statement for details of investment options available)

Option code	Amount to be invested				
	\$	OR	%		
	\$	OR	%		
	\$	OR	%		
	\$	OR	%		
	\$	OR	%		
	\$	OR	%		
	\$	OR	%		
	\$	OR	%		
	\$	OR	%		
	\$	OR	%		
Total	\$		%		

Total dollar (\$) amount must equal the amount invested in section 2.

Important: A minimum of \$500 must be allocated to each investment option.

# 7. 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.

8. 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

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