

# EstatePlanner

## Future event transfer form



Use this form to nominate or update your LifeBuilder future event transfer nominees.

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

### 1. Investor details (Applicant 1 only to complete)

Client number

Title  Mr  Mrs  Ms  Other (please specify)

Given name(s)

Surname

Date of Birth  /  /

Phone number (  )  Mobile number

Email address

### 2. Bond investment

These instructions are to apply to:

- all LifeBuilder investments
- 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"/>

### 3. Instructions

I/We wish to:

- Revoke/cancel all existing Future Event Facility nominations – complete section 6.
- Nominate a new transferee(s) for an investment - complete this section.
- Change/replace existing transferee nominations – complete this section.

Select the date or event that the future transfer of your LifeBuilder investment is to occur:

The following date  /  /

Please select how you would like your transfer to be handled in the event of your death prior to the selected transfer date (select one).

Transfer on the selected date above (default) **OR**  Transfer on death

If you have selected 'Transfer on the date above' do you wish to restrict your estate representative from making a withdrawal, create a charge over the investment or transferring or assigning ownership. You may change this instruction at any time prior to your death.

Yes (Default)  No

**OR**

- On death of the LifeBuilder owner. In the event of joint owners, the transfer will occur on the death of the last surviving joint owner. Please complete the transferee details below. The transferee(s) can only be a natural person or a company (including a corporate trustee).

### 3. Instructions continued

I/We wish to transfer ownership of the my/our LifeBuilder investment to:

#### Transferee 1 (Person)

Title  Mr  Mrs  Ms  Other (please specify)

Given name(s)

Surname

Date of Birth  /  /

Email address

Residential Address Unit/Street No.  Street name   
(A PO Box/RMB/ Locked Bag is not acceptable) Suburb

State  Post code  Country

#### Transferee 2 (Person)

Title  Mr  Mrs  Ms  Other (please specify)

Given name(s)

Surname

Date of Birth  /  /

Email address

Residential Address Unit/Street No.  Street name   
(A PO Box/RMB/ Locked Bag is not acceptable) Suburb

State  Post code  Country

#### Transferee 3 (Company including corporate trust)

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

### 3. Instructions continued

#### Access to funds on transfer

Nominate how and when funds can be accessed by the intended recipients:

- No restrictions (the transferee will be able to access the account's funds immediately on transfer).
- Access to funds after the following date  /  /
- Annual maximum withdrawal limit (select amount)
- Fixed dollar amount of \$  **OR**
- Percentage of the investment account balance p.a.  %
- Restrict withdrawals for  years from transfer date.

#### 4. Transferee authorisation

- The new owners (transferee(s)) will be required to complete all identification verification requirements and any other requirements we may have prior to us registering the transfer.
- The transferee(s) will also be registered as an additional life insured.
- The future event or date will be the Operative Date under the Product Rules.
- The transfer will be completed once the future Operative Date has been attained and we have registered the transfer.

#### 5. Investor declaration and signature(s)

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.

I/We agree that if I/we transfer the above investments before the stated future event, then the nominations will be cancelled and revoked with effect as from the date of the transfer.

I/We cancel and revoke all previous future event dated transfer instructions made by me/us in respect to the above investment(s).

If signed under a power of attorney, the attorney certifies that he/she has not received notice of revocation of that power.

##### Investor 1

Name

Signature  Date  /  /

##### Investor 2

Name

Signature  Date  /  /

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.*

**Forms to be sent to**

**Postal Address**

GPO Box 263  
Collins Street West  
Melbourne VIC 8007



Outthinking today.

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**Contact Us**

**Telephone**

Investor services 1800 806 362  
Adviser services 1800 333 657

**Website**

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

**Email**

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

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