

# Life insured and investment term details form (LifeBuilder only)



Use this form if you want to add additional life/lives insured to your existing LifeBuilder investment, change the investment term, or change the nominated life insured for a benefit payment.

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	<input type="text"/>	Bond number	<input type="text"/>	
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"/>			
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>			
Phone number	( <input type="text"/> ) <input type="text"/>	Mobile number	<input type="text"/>	
Email address	<input type="text"/>			

## 2. Change investment term

New investment term  years (between 1-99 years)

The investment term commences from the date your investment was first established

## 3. Nominate the preferred life insured event

I/We nominate the following life insured event to effect a benefit payment:

- the death of the last surviving life insured (default)
- the occurrence of the first death of a named life insured
- the death of the following life insured (insert full name)

## 4. Additional Life Insured

Additional life insured 1

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"/>

#### 4. Additional Life Insured continued

##### Additional life insured 2

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"/>

Important: A Life insured cannot be replaced or removed after they are nominated.

#### 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 confirm we have received a copy of the current Product Disclosure Statement and that I/we have read and understood the Product Disclosure Statement and agree to be bound by the terms and conditions set out in the Product Disclosure Statement.

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

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

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