



## Use this form to:

- Commence, change or cancel a Regular Savings Plan (LifeBuilder, ChildBuilder or FuneralBond).
- Commence or cancel.

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

### 1. Investor details

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. Instructions

Please select one:

- Establish a Regular Savings Plan
- Change your Regular Savings Plan
- Cancel your Regular Savings Plan – please sign section 7

### 3. Frequency and amount of Regular Savings

- Monthly
- Quarterly
- Half yearly
- Annually

Direct Debit Amount \$   
*(minimum \$100 per month or equivalent should you select an alternate frequency)*

### 4. Investment allocation

Invest in the same investment portfolios and in the same proportions that I/We specified in my/our original Application form.

**OR**

Invest in the investment options as indicated below:

Write the Regular Savings amount in \$ OR % (must be a minimum of \$100 per month and \$50 per investment option).

## 5. Investment allocation continued

Option code	Amount to be invested for the selected period		
	\$	OR	%
	\$	OR	%
	\$	OR	%
	\$	OR	%
	\$	OR	%
	\$	OR	%
	\$	OR	%
	\$	OR	%
	\$	OR	%
	\$	OR	%
	\$	OR	%
<b>Total</b>	<b>\$</b>		<b>%</b>

**Note:** If you have an auto-rebalancing facility, your Regular Savings Plan allocations must match your auto-rebalancing allocations.

## 6. Direct debit authorisation

Name of financial Institution

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.

Please ensure you have funds in your bank account. Funds will normally be debited within 2-3 business days of receiving your completed application. Please note only one bank account can be nominated for direct debits.

*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

## 7. Automatic Escalation Facility (LifeBuilder and ChildBuilder only)

Do you want to automatically increase the amount of your Regular Savings Plan contributions annually?

No

Yes. Please select the annual regular savings plan increase amount:

5%    10%    15%    20%    25%    Other (between 1% and 25%)    .00%

By selecting this facility you understand that the Regular Savings Plan contributions will be automatically increased at the start of each investment anniversary year by the selected percentage amount. It is important to consider the 125% limit when making any additional contributions to your account. Refer to the current Product Disclosure Statement for further details.

OR

Cancel the Automatic Escalation Facility on an existing Regular Savings Plan.

(The existing Regular Savings Plan contribution amount at the time of cancellation will remain in place. The same level of contributions will continue to be deducted from the nominated ADI at the selected frequency until instructed otherwise).

## 8. 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.

## 9. Investor 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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