

Default Investment Allocation form

(includes once off rebalance and auto-rebalancing facility)

Guide to completing this form

- This form is to be completed by investors who want to make Default Investment Allocation changes to their existing Generation Life Investment Bond.
- This form is to be completed by investors who want to set up or cancel their auto-rebalancing facility, or request a once off rebalance.
- Please use BLACK/BLUE ink and complete the applicable sections in BLOCK LETTERS.

Section 1

Investor details

1.1 Investor details

Bond number

Client number (if known)

Title

Given name(s)

Surname

Date of birth

D	D	/	M	M	/	Y	Y	Y	Y
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Section 2

Default Investment Allocation

2.1 Investment allocation

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Please update my Default Investment Allocation according to the instructions provided below.
Refer to the 'Generation Life Investment Menu' document on our website for investment option codes.

Please note: By providing a new Default Investment Allocation, your existing Regular Savings Plan and progressive investing facility allocation instructions (if applicable) will be updated to reflect the investment allocation you provide below.

Please attach extra copies of this page if you need to provide more investment options than the space provided.

Option code	Option name	Allocation percentage (%)
Total amount (%)		

Total percentage (%) amount must equal 100%.

Section 3

Rebalance (optional)

3.1 Once off rebalance

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Perform a once off rebalance on my portfolio in accordance with my new Default Investment Allocation provided in Section 2.

3.2 Auto-rebalancing facility

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Auto-rebalance my account annually.
Your portfolio will be rebalanced annually in accordance with your Default Investment Allocation at that time. Refer to the current Product Disclosure Statement for terms and conditions.

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Cancel my auto-rebalancing facility.

Section 4

Declaration and signatures

4.1 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 received a copy of the current Product Disclosure Statement (PDS) and have read and understood the PDS and agree to be bound by the terms and conditions set out in the PDS.

4.2 Investor signatures

If this form is signed under Power of Attorney the attorney certifies that he/she has not received notice of revocation of that power.

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.

For more information, please refer to the 'Completing proof of identity' document on our website.

Investor 1

Full name (please print)

Signature

Date

Please select appropriate box

☐

Individual

☐

Director

☐

Trustee

☐

Power of attorney

Investor 2

Full name (please print)

Signature

Date

Please select appropriate box

☐

Individual

☐

Director

☐

Trustee

☐

Power of attorney



Outthinking today.

Contact details

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