

Regular Savings Plan form



Guide to completing this form

- Use this form to commence, change or cancel a Regular Savings Plan or automatic escalation facility.
- Please use BLUE/BLACK 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
---	---	---	---	---	---	---	---	---	---

Section 2

Regular Savings Plan instructions

2.1 Instructions

Please select one only.

Establish a Regular Savings Plan

Please complete all sections of this form.

Change my Regular Savings Plan

Please complete all sections of this form.

Cancel my Regular Savings Plan

Please proceed to Section 5.

2.2 Frequency and amount of Regular Savings Plan

The total annual minimum regular contribution is \$1,200 per investment bond.

E.g. \$100 per month or \$300 per quarter.

Select Regular Savings Plan frequency

Monthly

Quarterly

Half yearly

Annually

Direct debit amount

\$, , .



IMPORTANT:

The Regular Savings Plan amount will normally be deducted from your nominated Australian financial institution account on the 15th day of each month or the next Melbourne business day.

Regular Savings Plan requests to establish, change or cancel must be received 5 Melbourne business days prior to the 15th day of the month to ensure that they are processed for that month.

Please note: Your Regular Savings Plan amount will be invested according to your Default Investment Allocation.

You can establish or update your Default Investment Allocation at any time by providing us a completed Default Investment Allocation form.

You can view your Default Investment Allocation online by logging in to Investor Online via our website.

Section 3

Direct debit details

3.1 Your Australian financial institution information

Bank and 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 for the above financial institution must be the same as the account name of the investment bond.

3.2 Direct debit authorisation

Account holder 1 signature

Date

 / /

Account holder 2 signature

Date

 / /

Section 4

Automatic escalation facility (LifeBuilder and ChildBuilder only)

4.1 Automatic escalation instructions

Automatic escalation instructions to establish or cancel must be received 5 Melbourne business days prior to your investment bond's new investment year to ensure that the instruction is processed in time for the new investment year.

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

Yes

No (default)

If yes, please select the annual regular savings plan increase amount

5%

10%

15%

20%

25%

other % (between 1% and 25%)

IMPORTANT: 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 investment bond.

4.2 Cancel the automatic escalation facility

Cancel the automatic escalation facility on my existing Regular Savings Plan.

Please note: 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 Australian financial institution account at the selected frequency until instructed otherwise.

Section 5

Declaration and signatures

5.1 Declaration and 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.

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.

Investor 1

Full name (please print)

Signature

Date

 / /

Please select the appropriate box

Individual

Trustee

Director

Power of attorney

Investor 2

Full name (please print)

Signature

Date

 / /

Please select the appropriate box

Individual

Trustee

Director

Power of attorney



Outthinking today.

Form submission

Email

enquiry@genlife.com.au

Postal address

GPO Box 263
Collins Street West
Melbourne VIC 8007

Enquiries

Investor services

1800 806 362

Adviser services

1800 333 657

Investment Bonds

LifeBuilder | ChildBuilder | FuneralBond

Australia's number one Investment Bond provider.

genlife.com.au

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

Issue date: 18 June 2020