

# Investment Switching & Portfolio Rebalancing form



## Guide to completing this form

- Use this form to switch between investment options or request for a once off rebalance.
- Use this form to set up or cancel your annual auto-rebalancing facility.
- Please use BLUE/BLACK ink and complete the applicable sections in BLOCK LETTERS.

## Section 1 Investor details

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### 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

## Switch or once off rebalance

### 2.1 Switch between investment options or once off rebalance

Please select one only.

Once off rebalance – Perform a once off rebalance (re-weight) of my portfolio:

in accordance with my existing Default Investment Allocation.

OR

in accordance with the new Default Investment Allocation provided below (please provide fund code(s) and percentage allocation in the 'Switch to' columns in Section 2.2 below).

**Important note:** Once off rebalance is not available if you have a current active progressive investing facility in place.

OR

Switch between investment options (please provide fund code(s) and percentage or dollar allocation in the 'Switch from' and 'Switch to' columns in Section 2.2 below).

**Please note:** Your Default Investment Allocation will be updated to reflect your portfolio weightings as a result of the below changes.

The new Default Investment Allocation will be used for all future contributions you make to your investment bond.

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

### 2.2 Details of switch or rebalance

Select whether to allocate in % or \$

%

\$

#### Switch from

#### Switch to

Please refer to the 'Generation Life Investment Menu' document on our website for fund codes.

The minimum investment switch amount is \$50 per investment option. A minimum of \$500 must be retained in an investment option after a partial switch or once off rebalance.

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

Fund code	Amount
<b>Total (% or \$)</b>	

Fund code	Amount
<b>Total (% or \$)</b>	

Total dollar (\$) amount must equal for the 'Switch from' and 'Switch to' columns above.

Total percentage (%) amount must equal 100%.

# Section 3

## Auto-rebalancing facility (Optional)

### 3.1 Auto-rebalancing facility

Activate the annual auto-rebalancing facility for my investment portfolio.

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.

**Important note:** If you have a current active progressive investing facility in place, the annual auto-rebalancing **will not occur** until after the active progressive investing facility has ended.

Please select one only.

Cancel my annual 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

Financial Adviser  
(as Authorised Representative)

Power of attorney

#### Investor 2

Full name (please print)

Signature

Date

Please select appropriate box

Individual

Director

Trustee

Power of attorney



Outthinking today.

**Form submission**

**Email**

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