

# EstatePlanner Beneficiary Nomination form

Generation Life Investment Bonds - LifeBuilder

## Guide to completing this form

- Use this form to nominate or update your LifeBuilder beneficiaries.
- Please use BLACK/BLUE ink and complete the applicable sections in BLOCK LETTERS.

## 1. Investor details

Client number (if known)

Account number

Investor name




Date of birth (dd/mm/yyyy)

## 2. Beneficiary nomination instruction

Beneficiary nominations can only be made by individuals. Companies and trusts are not able to nominate beneficiaries. A life insured cannot be nominated as a beneficiary.

Revoke/cancel all existing beneficiary nominations  
– **complete Section 4.**

Change/replace existing or make new beneficiary nominations  
– **complete all Sections.**

You can make a partial nomination by indicating (below) a total percentage (%) of your benefits less than 100% that will apply to this nomination, with the balance of the benefit proceeds to pass under your will and legal estate.

I/We nominate the following person(s) or entity(ies) to receive the proceeds of the investment benefits balance in the event of the death of the nominated life insured in accordance with the instructions below and in accordance with the most current Product Disclosure Statement and Product Rules.

## 3. Beneficiary details

### Beneficiary 1

Title

Given name(s)

Surname

Date of birth (dd/mm/yyyy)

Benefit payable

 %

Address



Suburb/City/Town

Postcode

State

Country

**Beneficiary 2**

Title

Given name(s)  Surname

Date of birth (dd/mm/yyyy)  Benefit payable  %

Address

Suburb/City/Town  Postcode  State

Country

**Beneficiary 3**

Title

Given name(s)  Surname

Date of birth (dd/mm/yyyy)  Benefit payable  %

Address

Suburb/City/Town  Postcode  State

Country

**Beneficiary 4 details**

If you are nominating a legal entity, such as a company or incorporated association, please take care to correctly name and identify the legal entity – we recommend that you obtain legal advice with these kinds of nominations.

Entity name

ABN or ACN  Benefit payable  %

Address/registered office

Suburb/City/Town  Postcode  State

Country

**Important:** If there is insufficient space to identify all nominated beneficiaries, please provide details on a separate attachment to this form.

If a nominated beneficiary, who is an individual person predeceases me/us, then the nominations will be dealt as follows (select one only):

**Joint survivorship (default)** - the portion of benefit allocated to the deceased beneficiary(ies) will lapse and be allocated on a joint survivorship basis to the remaining individual person nominee or nominees on a pro-rata basis in accordance with their applicable proportional entitlement derived from the percentages of benefits indicated above.

**OR**

**Down-the-line** - their respective share or shares shall be distributed to their respective legal personal representative (being the person duly appointed as their executor, administrator or legal estate trustee).

### 4. Declaration and signatures

I/We declare that all details in this form are true and correct.

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

By giving instructions under authority of a power of attorney, I/We declare that:

- at the relevant time I was acting in that capacity and that the power of attorney is current and valid.
- I have not received notice of revocation of that power and agree to provide a certified copy of the power of attorney if requested by Generation Life.
- the instructions given are not inconsistent with the powers granted under the power of attorney.
- the power of attorney will not be used to directly or indirectly negate or be used in a fashion contrary to the Will or interests of the beneficiaries of the legal estate of the applicant, as donor of the power of attorney.

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.

#### Signature of Investor 1

Name (please print)

Signature

Date (dd/mm/yyyy)

Please select the appropriate box

Individual

Trustee

Director

Power of attorney

#### Signature of Investor 2

Name (please print)

Signature

Date (dd/mm/yyyy)

Please select the appropriate box

Individual

Trustee

Director/Company secretary

Power of attorney

#### You can submit this form by:

**Mail:** PO Box 263, Collins Street West  
Melbourne VIC 8007



**Postal address**

GPO Box 263, Collins Street West  
Melbourne VIC 8007

**Email**

enquiry@genlife.com.au

**Enquiries**

Investor services: 1800 806 362  
Adviser services: 1800 333 657

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