

# Regular Savings Plan form

Generation Life Investment Bonds

## 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.

## 1. Investor details

Client number (if known)

       

Account number

       

Investor name




Date of birth (dd/mm/yyyy)

## 2. Regular Savings Plan 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.

### 2.1 Frequency and amount of Regular Savings Plan

The total annual minimum regular contribution is \$1,200 per investment bond. For example, \$100 per month or \$300 per quarter.

Select Regular Savings Plan frequency

- Monthly  Quarterly
- Half yearly  Annually

Direct debit amount

 \$

**IMPORTANT:** The deduction of your Regular Savings Plan amount from your nominated Australian financial institution account will normally be initiated on the 15th day of each month or the next Melbourne business day. Funds may take up to three (3) Melbourne business days to be received by us.

Regular Savings Plan requests to establish, change or cancel must be received five (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 Investment Strategy Change, Switch & Auto-Rebalancing form.

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

### 3. Direct debit details and authorisation

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.

#### Signature of account holder 1

Name (print please)

Signature

Date (dd/mm/yyyy)

#### Signature of account holder 2

Name (please print)

Signature

Date (dd/mm/yyyy)

### 4. Automatic escalation facility (optional)

#### 4.1 Automatic escalation instructions

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

Yes  No (default)

**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.

Automatic escalation instructions to establish or cancel must be received five (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.

### 5. Declaration and signatures

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.

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:

**Email:** enquiry@genlife.com.au

**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)