

# Adviser Representative appointment form

## Guide to completing this form

This form is to be completed by investors who want to appoint or remove an Adviser Representative.

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. Adviser Representative instruction

Cancel the current Adviser Representative attached to my investment

OR

Appoint my nominated financial adviser as my Adviser Representative. My Adviser Representative may authorise officers or employees of the nominated financial adviser to give Generation Life instructions in relation to my investment. Refer to the current disclosure document for terms and conditions. I understand and accept that any previous Adviser Representative will be revoked automatically when I appoint a new Adviser Representative.

## 3. Adviser Representative details

### Financial adviser details

Given name(s)

Surname

AFS Licensee name

AFS Licensee number

### Financial adviser business address

Address (PO Box / RMB / Locked Bag is not acceptable)



Suburb/City/Town

Postcode

State

Country

### Financial adviser contact details

Mobile number

Phone number

Email address

### Financial adviser signature

Signature

Date (dd/mm/yyyy)

## 4. Declaration and signatures

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

I/We cancel and revoke any previous Adviser Representative instructions made by me/us in respect to the above investment.

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 disclosure document and have read and understood the disclosure document and agree to be bound by the terms and conditions set out in the disclosure document.

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)