generation

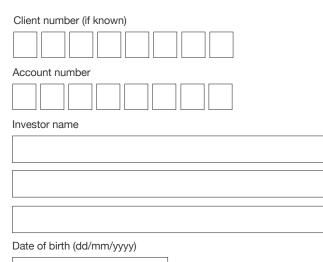
Change of contact details form

Guide to completing this form

Use this form to change your contact details.

Please complete these instructions in BLACK/BLUE INK using CAPITAL LETTERS (except for your email address).

1. Investor details



2. New contact information

Residential address

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

Suburb/City/Town	Postcode	State
	FOSICOUE	
Country		

Postal address (if different to residential address)

C/- (if applicable)

Address

Suburb/City/Town
Postcode
State
Country
Contact details
Mobile number
Phone number
Email address

3. 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 release, discharge and agree to indemnify Generation Life Limited and any other related body corporate from and against any action, proceeding claims, losses, liabilities or costs arising from processing the instructions set out in this form.

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.

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	ure of Investor 1	
Name (please print)	
Signatu	ire	
Date (d	d/mm/yyyy)	
	u/mm/yyyy)	
Plaza	select the appropriate box	
	Individual	Trustee
	Director	Power of
	Director	attorney
0.		
Signatu	ure of Investor 2	
	ure of Investor 2 please print)	
Name (please print)	
	please print)	
Name (please print) Ire	
Name (please print) Ire	
Name (j	please print) Ire	
Name (j	please print) Ire d/mm/yyyy) select the appropriate box	Trustee
Name (j	please print) Ire d/mm/yyyy) select the appropriate box Individual	Trustee
Name (j	please print) Ire d/mm/yyyy) select the appropriate box	Trustee Power of attorney

generation life

Postal address

GPO Box 263, Collins Street West Melbourne VIC 8007

Email

enquiry@genlife.com.au

You can submit this form by:

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

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

Enquiries

genlife.com.au

Outthinking today.