

# Maturity payment form

Generation Life Investment Bonds - LifeBuilder

## Guide to completing this form

- Use this form to nominate the Australian financial institution account to receive your investment proceeds on the maturity of your LifeBuilder investment term.
- 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) (if applicable)

## 2. Maturity payment instructions

Please provide your Australian financial institution information for the maturity payment.

Bank and branch name

Account name

BSB number

Account number

**Important:** The account name for the above financial institution must be the same as the name of the investment bond. Maturity payments cannot be paid to third parties.

### 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.

#### Investor 1

Name (please print)

Signature

Date (dd/mm/yyyy)

Please select appropriate box

- Individual
- Director
- Trustee
- Power of attorney

#### Investor 2

Name (please print)

Signature

Date (dd/mm/yyyy)

Please select appropriate box

- Individual
- Director / Company secretary
- Trustee
- 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

Outthinking today.

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