

# Regular Withdrawal facility form

Generation Life Investment Bonds - LifeBuilder and ChildBuilder

## Guide to completing this form

- Use this form to establish, change or cancel a Regular Withdrawal facility for a LifeBuilder or ChildBuilder investment.
- Use this form to authorise us to withdraw funds from your nominated investment(s) and credit your nominated Australian financial institution account.
- 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. Regular Withdrawal facility instructions

Please select one only.

- Establish a Regular Withdrawal facility**  
Please complete all Sections of this form.
- Change my Regular Withdrawal facility**  
Please complete all Sections of this form.
- Cancel my Regular Withdrawal facility**  
Please proceed to Section 6.

## 3. Frequency and amount of regular withdrawal

### 3.1 Regular withdrawal frequency

**Please note:** Annually is the default option and will apply automatically if a selection is not made.

|                                      |                                    |
|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Monthly     | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Half yearly | <input type="checkbox"/> Annually  |

### 3.2 Regular withdrawal amount

Amount to withdraw for selected withdrawal period

Withdrawal payments processed from (dd/mm/yyyy)

**IMPORTANT:** The Regular Withdrawal facility is run on the 15th day of each month or the next Melbourne business day. The minimum withdrawal amount for the Regular Withdrawal facility is \$500 per month.

Regular Withdrawal facility 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.

4. Investments to be withdrawn from

Specify the investment options you want to withdraw from.

Please make the withdrawals according to my Default Investment Allocation.

OR

Please make the withdrawal according to the specific instructions below.

Select whether to allocate in % or \$

%

\$

Please refer to the ‘Generation Life Investment Menu’ document on our website for fund codes.

| Fund code              | Fund name | Amount to be withdrawn |
|------------------------|-----------|------------------------|
|                        |           |                        |
|                        |           |                        |
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|                        |           |                        |
|                        |           |                        |
| Total amount (% or \$) |           |                        |

Total dollar (\$) amount must equal the amount requested in Section 3.

Total percentage (%) amount must equal 100%.

**The Regular Withdrawal facility amount will normally be processed on the 15th day of each month or the next business day and may take up to 48 hours to clear into your nominated bank account.**

**Please note:** A minimum balance of \$500 must be maintained in each investment option and a minimum total balance of \$1,000 must remain in your account, otherwise your investment bond may be closed and the remaining funds returned to you.

Please attach extra copies of this page if you need to provide more investment options than the space provided.

### 5. Financial institution details

Please provide your Australian financial institution information for the withdrawal payments.

Bank and branch name

Account name

BSB number

     

Account number

         

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

### 6. Declaration and signatures

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

I/We understand that any directions which I/we have given in this form will override any similar directions which I/we have previously given.

I/We authorise Generation Life Limited to execute transactions to commence or amend my/our Regular Withdrawal facility instructions until further notice. I/We request you, until further notice in writing, to withdraw from my/our nominated investment options as described above to credit my/our nominated financial institution account in connection with my/our Regular Withdrawal facility.

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.

I/We understand that I/we may be required to provide additional proof of identification information for the purposes of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Laws).

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 AML/CTF Laws.

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

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Trustee           |
| <input type="checkbox"/> Director   | <input type="checkbox"/> Power of attorney |

#### Signature of Investor 2

Name (please print)

Signature

Date (dd/mm/yyyy)

Please select the appropriate box

- |   |  |
|---|--|
| <input type="checkbox"/> Individual                 | <input type="checkbox"/> Trustee           |
| <input type="checkbox"/> Director/Company secretary | <input type="checkbox"/> 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)