

EstatePlanner Future Event transfer form

Generation Life Tax Effective Equity Income Fund

Guide to completing this form

- Use this form to nominate or update your Future Event transfer instructions.
- 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) (if applicable)

2. Future Event transfer(s) instructions

- Revoke/cancel all existing Future Event transfer instructions
– **complete Section 5.**
- Add new Future Event transfer instructions
– **complete all sections.**
- Change/replace existing Future Event transfer instructions
– **complete all sections.**

Select the date or event that the future transfer of your investment is to occur:

 Date of future transfer

Please select how you would like your transfer to be handled in the event of your death (in the event of joint owners, the death of the last surviving joint owner) prior to the selected transfer date (select one). **Note:** This is applicable to individual or joint owners only.

 Transfer on the selected date above (default).

OR

 Transfer on death of the account owner(s).

If you have selected 'Transfer on the selected date above', do you wish to restrict your estate representative from making a withdrawal, create a charge over the investment or transferring or assigning ownership. You may change this instruction at any time prior to your death.

 Yes (default) No

OR

 On death of the account owner(s). In the event of joint owners, the transfer will occur on the death of the last surviving joint owner. **Note:** This is applicable to individual or joint owners only.

Please complete the transferee details below. The transferee(s) can only be a natural person or a trust.

3. Transferee details

I/We wish to transfer ownership of the my investment to:

Transferee 1 - Primary transferee

Personal details

Title

Given name(s)

Surname

Date of birth (dd/mm/yyyy)

Mobile number

Phone number

Email address

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

Suburb/City/Town Postcode State

Country

Transferee 2 - Joint transferee

Important: Please provide joint transferee details only if you wish your investment to be transferred to a joint ownership investment.

Joint ownership transfer is a transfer of this investment to a joint ownership and not split into separate individual investments.

Personal details

Title

Given name(s)

Surname

Date of birth (dd/mm/yyyy)

Mobile number

Phone number

Email address

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

Suburb/City/Town Postcode State

Country

Access to funds after transfer

Nominate how and when funds can be accessed by the transferee(s) under the Future Event transfer facility.

No restrictions
 The transferee(s) will be able to access the investment's funds immediately on transfer.

OR
 Restrictions
 The transferee(s) will be able to access the investment's funds based on the below restrictions.

Access to funds after the following date

Annual maximum withdrawal limit (optional)
 Select a fixed dollar amount
 \$ p.a.

OR
 Select % of investment balance
 % p.a.

(Optional)
 Restrict withdrawals for the following number of years from fund access date
 years

4. Important Future Event transfer information

The new owners (transferee(s)) will be required to complete all identification verification requirements and any other requirements we may have prior to us registering the transfer.

The transferee(s) will be registered as an additional life insured to this investment.

The future event or date will be the Operative Date under the Product Rules.

The transfer will be completed once the future Operative Date has been attained and we have registered the transfer.

5. Declaration and signatures

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.

I/We agree that if I/we transfer the above investments before the stated future event, then the nominations will be cancelled and revoked with effect as from the date of the transfer.

I/We cancel and revoke all previous Future Event transfer instructions made by me/us in respect to the above investment.

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:

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