

# Regular payment form

Generation Life Tax Effective Equity Income Fund

## Guide to completing this form

Use this form to establish or cancel a regular payment instruction for your investment.

Please use BLUE/BLACK ink and complete the applicable sections in BLOCK LETTERS.

We may also, at our discretion, change the regular payment frequency (provided that the payment frequency cannot be longer than one year). You will be advised if the payment frequency is extended.

Requests to establish or cancel regular quarterly payment instructions must be received 5 Melbourne Business Days prior to the end of the periods ending 30 June, 30 September, 31 December and 31 March to ensure that they are processed for that respective period.

## 1. Investor details

Client number (if known)

Account number

Investor name




Date of birth (dd/mm/yyyy) (if applicable)

## 2. Regular payment instructions

Complete this section if you want to establish or cancel the regular payment feature for your investment.

Establish the regular payment feature for my investment.

OR

Cancel the regular payment feature for my investment.

**Please proceed to Section 4.**

**Please note:** The Fund generally makes regular payments quarterly for the periods ending 30 June, 30 September, 31 December and 31 March.

The payments will typically be paid within 10 Melbourne Business Days after the end of the quarter by deposit into your nominated Australian bank, building society or credit union account.

## 3. Financial institution details

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

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. Regular payments cannot be paid to third parties.

### 4. 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 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 declare 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

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