

Regular Savings Plan form

Generation Life Tax Effective Equity Income Fund

Guide to completing this form

- Use this form to commence, change or cancel a Regular Savings Plan or automatic escalation facility.
- 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 Savings Plan instructions

Please select one only.

- Establish a Regular Savings Plan**
Please complete all sections of this form.
- Change my Regular Savings Plan**
Please complete all sections of this form.
- Cancel my Regular Savings Plan**
Please proceed to Section 5.

2.1 Frequency and amount of Regular Savings Plan

The total annual minimum regular contribution is \$6,000 per investment. For example, \$500 per month or \$1,500 per quarter.

Select Regular Savings Plan frequency

- Monthly Quarterly
- Half yearly Annually

Direct debit amount

\$

IMPORTANT: The deduction of your Regular Savings Plan amount from your nominated Australian financial institution account will normally be initiated on the 15th day of each month or the next Melbourne Business Day. Funds may take up to three (3) Melbourne Business Days to be received by us.

Regular Savings Plan requests to establish, change or cancel must be received 5 Melbourne business days prior to the 15th day of the month to ensure that they are processed for that month.

3. Direct debit details and authorisation

Complete this section only if you do not have an existing direct debit account set up for this investment or if you want to use a different account.

Bank and branch name

Account name

BSB number

Account number

I/We request Generation Life Limited (Direct Debit User ID 263858) to arrange for funds to be debited from my/our account as described in this form. I/We have read and understood the terms and conditions of the Direct Debit Service Agreement contained in the current disclosure document and agree to them.

IMPORTANT: The account name for the above financial institution must be the same as the account name of the investment.

Account holder 1

Signature

Date (dd/mm/yyyy)

Account holder 2

Signature

Date (dd/mm/yyyy)

4. Automatic escalation facility (optional)

4.1 Automatic escalation instructions

Please select the annual Regular Savings Plan increase amount

5%
 10%
 15%
 20%
 25%
 other % (between 1% and 25%)

Automatic escalation instructions to establish or cancel must be received 5 Melbourne business days prior to your investment's new investment year to ensure that the instruction is processed in time for the new investment year.

4.2 Cancel the automatic escalation facility

Cancel the automatic escalation facility on my existing Regular Savings Plan.

Please note: The existing Regular Savings Plan contribution amount at the time of cancellation will remain in place. The same level of contributions will continue to be deducted from the nominated Australian financial institution account at the selected frequency until instructed otherwise.

5. 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.

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:

Email: enquiry@genlife.com.au

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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