

Withdrawal form

Generation Life Tax Effective Equity Income Fund

Guide to completing this form

Use this form to make a full or partial withdrawal from your investment.

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. Withdrawal instruction

Please select one only.

Full withdrawal. **Please proceed to Section 4.**

OR

Partial withdrawal. Please specify the amount below.

\$

Please note: The minimum partial withdrawal amount is \$5,000.

3. Financial institution details

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

Outthinking today.

genlife.com.au