

## Guide to completing this form

- This form is to be completed by investors who want to appoint or remove an Adviser Representative.
- Please complete these instructions in BLACK/BLUE INK using CAPITAL LETTERS (except for email address).

## 1. Investor details

Client number (if known):

Account number:

Investor name:

Date of birth:

(DD/MM/YYYY)

## 2. Adviser Representative instruction

- Cancel the current Adviser Representative attached to my investment
- Appoint my nominated financial adviser as my Adviser Representative. My Adviser Representative may authorise officers or employees of the nominated financial adviser's dealer group to give Generation Life instructions in relation to my investment. Refer to the current disclosure document for terms and conditions. I understand and accept that any previous Adviser Representative will be revoked automatically when I appoint a new Adviser Representative.

## 3. Adviser Representative details

### Financial adviser details

Given name(s):

Surname:

AFS Licensee name:

AFS Licensee number:

### Financial adviser business address

Address: (PO BOX / RMB / LOCKED BAG IS NOT ACCEPTABLE)

Suburb/City/Town:

Postcode:

State:

Country:

## Financial adviser contact details

Mobile number:

Phone number:

Email address:

## Financial adviser signature

Signature:

Date:

(DD/MM/YYYY)

## 4. Declaration and signatures

I declare that all details in this form are true and correct. I cancel and revoke any previous Adviser Representative instructions made by me in respect to the above investment. I authorise Generation Life Limited to process the instructions set out in this form.

I confirm that I 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

Name: (please print):

Signature:

Date:

(DD/MM/YYYY)

Please select the appropriate box:

- Individual  Power of Attorney

### You can submit this form by:

**Email:**  
enquiry@genlife.com.au

**Mail:**  
GPO Box 263, Collins Street  
West Melbourne VIC 8007