

## Change of Details form Generation Life LifeIncome

## Guide to completing this form

- Use this form to change your contact details, bank account and/or beneficiary nominations.
- Please complete these instructions in RLACK/RLUE INK

	using CAPITAL LETTERS (except for email add				
1.	Investor details				
	Client number (if known):				
	Account number:				
	Investor name:	Date of birth:			
		(DD/MM/YYYY)			
2.	Update investor information				
	Change of Name				
	certified linking document that proves a relationship exists between two (or more) names. Please refer to 'Completing proof of identity' at www.genlife.com.au for more information on supporting documents required for a change of name.  Given name(s): (OPTIONAL)				
	Preferred given name(s):				
	Surname:				
	Change of Residential Address				
	Complete this section to update your residential address. You must have a residential address recorded on your Lifelncome. You may also have a postal address.				
	Address: (PO BOX / RMB / LOCKED BAG IS NOT ACCEPTABLE)				
	Suburb/City/Town:	Postcode:			
	State: Country:				

C/- (if applical	<b>s section to update your բ</b> ble):				
Address:					
Suburb/City/T	own:	Postcode:			
State:	Country:				
Change of Contact Details					
Complete this section to update your contact details.					
•	• •				
Mobile numbe	• •	number:			
•	Phone				
Mobile numbe	Phone				
Mobile numbe	Phone				
Mobile numbe	Phone				
Mobile number Email address Bank acc	Phone S:	number:			
Mobile number  Email address  Bank acc  Complete thi	Phone  Signature:  Phone  Count  Signature:  Sount	number: pank account details			
Mobile number  Email address  Bank acc  Complete thi  Please note, the LifeIncom	Phone  Phone  S:  Phone  S:  Phone	number:  Dank account details at match the name of the count with another			
Bank acc Complete thi Please note, t the Lifelncom person. We re	Phone  Phone  S:  Phone  S:  Phone  Phone	pank account details at match the name of tount with another for bank account			
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Beneficiaries		
Nominated beneficiaries		
Complete this section to update your nomina beneficiaries.	ated	
ou can nominate a single beneficiary, or multiple beneficiaries. you commenced your Lifelncome with superannuation money, beneficiary must be a dependant at the time of nomination and the time of your death. If you commenced your Lifelncome with non-superannuation money, the dependant rules that apply a superannuation do not apply. Any individual or legal entity can be nominated as a beneficiary.		
References to 'your dependant' means any pers your spouse; your child; or	son who is:	
in an interdependency relationship with you	ı.	
Updating your nominated beneficiaries on this fany previous nominations.	orm will replace	
First nominated beneficiary		
Full name:	Date of birth:	
Allocation:	(DD/MM/YYYY)	
% (WHOLE PERCENTAGE VALUES ONLY, E.	G. 25%)	
Relationship:		
Spouse Child		
Interdependency relationship		
Other (non-superannuation only)		
Second nominated beneficiary		
Full name:	Date of birth:	
	/ /	
Allocation:	(DD/MM/YYYY)	
% (WHOLE PERCENTAGE VALUES ONLY, E.	G. 25%)	
Relationship:	,	
Spouse Child		
Interdependency relationship		
Other (non-superannuation only)		
Third nominated beneficiary		
Full name:	Date of birth:	
	/ /	
Allocation:	(DD/MM/YYYY)	
% (WHOLE PERCENTAGE VALUES ONLY, E.	G. 25%)	
Relationship:		
Spouse Child		
Interdependency relationship		

Full name:	Date of birth:
Allocation:	(DD/MM/YYYY)
% (WHOLE PERCENTAGE VALUES ONL	Y, E.G. 25%)
Relationship:	
Spouse Child	
Interdependency relationship	
Other (non-superannuation only)	
Fifth nominated beneficiary	
Full name:	Date of birth:
	/ /
Allocation:	(DD/MM/YYYY)
% (WHOLE PERCENTAGE VALUES ONL	Y. E.G. 25%)
Relationship:	, ,
Spouse Child	
Interdependency relationship	
Other (non-superannuation only)	
Total allocations for all beneficiaries:	
Note: Allocation percentage must total 100	10%
1101017 modalion porodinage made total red	,,,
OR .	
<u>OR</u>	
<b>REMOVE</b> my existing beneficiary nominatio or replacing it). I understand any Death Benepaid to my estate.	
Reversionary Beneficiary	
Complete this section to remove your Re-	versionary
REMOVE my Reversionary Beneficiary from understand this will not change my Income	
Please note: You cannot change the details	of an existing

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Other (non-superannuation only)

## 5. **Declaration and signatures**

I declare that all details in this form are true and correct.

I authorise Generation Life Limited to process the instructions set out in this form.

I release, discharge and agree to indemnify Generation Life Limited and any other related body corporate from and against any action, proceeding claims, losses, liabilities or costs arising from processing the instructions set out in this form.

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)	
C:	
Signature:	Date:
	/ /
	(DD/MM/YYYY)
Please select the appropriate box:	
Individual Power of Attorney	

Postal address

Melbourne VIC 8007

## You can submit this form by:

Email: enquiry@genlife.com.au GPO Box 263, Collins Street West Melbourne VIC 8007

