

### Guide to completing this form

- Use this form to change your contact details, bank account and/or beneficiary nominations.
- 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. Update investor information

### Change of Name

**Complete this section to update your name.**

If you have changed your name, you will need to provide a 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](http://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 LiferIncome. You may also have a postal address.

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

Suburb/City/Town:

Postcode:

State:

Country:

### Change of Postal Address

**Complete this section to update your postal address.**

C/- (if applicable):

Address:

Suburb/City/Town:

Postcode:

State:

Country:

### Change of Contact Details

**Complete this section to update your contact details.**

Mobile number:

Phone number:

Email address:

## 3. Bank account

**Complete this section to update your bank account details.**

Please note, the bank account name must match the name of the LiferIncome account, or be a joint account with another person. We require a certified copy of ID for bank account changes. Please refer to 'Completing proof of identity' at [www.genlife.com.au](http://www.genlife.com.au) for more information.

Account name:

BSB:

Account number:

## 4. Beneficiaries

### Nominated beneficiaries

**Complete this section to update your nominated beneficiaries.**

You can nominate a single beneficiary, or multiple beneficiaries. If you commenced your LifeIncome with superannuation money, a beneficiary must be a dependant at the time of nomination and at the time of your death. If you commenced your LifeIncome with non-superannuation money, the dependant rules that apply to superannuation do not apply.

Any individual or legal entity can be nominated as a beneficiary, including a Legal Personal Representative (on behalf of your estate).

References to 'your dependant' means any person who is:  
 your spouse;  
 your child; or  
 in an interdependency relationship with you.

Updating your nominated beneficiaries on this form will replace any previous nominations.

**Legal personal representative**

Nominate my legal personal representative (on behalf of my estate)

% (WHOLE PERCENTAGE VALUES ONLY, E.G. 25%)

AND/OR

**First nominated beneficiary**

Full name:  Date of birth:   
 (DD/MM/YYYY)

Allocation:  % (WHOLE PERCENTAGE VALUES ONLY, E.G. 25%)

Relationship:  
 Spouse  Child  
 Interdependency relationship  
 Other (non-superannuation only)

**Second nominated beneficiary**

Full name:  Date of birth:   
 (DD/MM/YYYY)

Allocation:  % (WHOLE PERCENTAGE VALUES ONLY, E.G. 25%)

Relationship:  
 Spouse  Child  
 Interdependency relationship  
 Other (non-superannuation only)

**Third nominated beneficiary**

Full name:  Date of birth:   
 (DD/MM/YYYY)

Allocation:  % (WHOLE PERCENTAGE VALUES ONLY, E.G. 25%)

Relationship:  
 Spouse  Child  
 Interdependency relationship  
 Other (non-superannuation only)

**Fourth nominated beneficiary**

Full name:  Date of birth:   
 (DD/MM/YYYY)

Allocation:  % (WHOLE PERCENTAGE VALUES ONLY, E.G. 25%)

Relationship:  
 Spouse  Child  
 Interdependency relationship  
 Other (non-superannuation only)

**Fifth nominated beneficiary**

Full name:  Date of birth:   
 (DD/MM/YYYY)

Allocation:  % (WHOLE PERCENTAGE VALUES ONLY, E.G. 25%)

Relationship:  
 Spouse  Child  
 Interdependency relationship  
 Other (non-superannuation only)

**Total allocations for all beneficiaries:**  %

**Note:** Allocation percentage must total 100%

**OR**

**REMOVE** my existing beneficiary nomination (without updating or replacing it). I understand any Death Benefit payable will be paid to my estate.

**Reversionary Beneficiary**

**Complete this section to remove your Reversionary Beneficiary from your account.**

**REMOVE** my Reversionary Beneficiary from my account. I understand my Income Units may reduce in line with the description in the PDS (When Income Units reduce if you choose a LifeIncome Flex percentage).

**Please note:** You cannot change the details of an existing Reversionary Beneficiary or add one after commencement of your LifeIncome. Please see the Product Disclosure Statement for more information.

## 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)

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