

**Guide to completing this form**

- Use this form to confirm the details of the new policyholder (formerly the Reversionary Beneficiary) in the event of the original policyholder's death.
- To complete this process, please ensure the following documents are provided with this form:
  - Certified copy of death certificate
  - Statutory Declaration to confirm you are the spouse of the original policyholder if your LifeIncome was commenced with superannuation money.
  - Tax File Number Declaration form (if non-superannuation policy OR if superannuation policy whereby neither the original or new policyholder is/was over the age of 60)
- Please complete these instructions in BLACK/BLUE INK using CAPITAL LETTERS (except for email address).

**1. Deceased investor details**

Client number (if known):

Account number:

Investor name:

Date of birth:

(DD/MM/YYYY)

**2. New investor details**

**Name**

If your name has been changed since the initial investment commencement, 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):

Preferred given name(s): (OPTIONAL)

Surname:

**Residential address**

You must have a residential address recorded on your LifeIncome. You may also have a postal address.

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

Suburb/City/Town:

Postcode:

State:

Country:

**Postal address**

C/- (if applicable):

Address:

Suburb/City/Town:

Postcode:

State:

Country:

**Contact details**

Mobile number:

Phone number:

Email address:

**3. Bank account**

The bank account used to receive your LifeIncome payments must match the name of the LifeIncome account or be a joint account with another person.

If you wish to nominate a new bank account to receive payments, please complete this section.

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. 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 new 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