

Use this form if you would like to do the following

- Change the contact details of Investor 1 and/or Investor 2.
- Change the name of Investor 1 and/or Investor 2
- Please use BLACK/BLUE ink and complete the applicable sections in BLOCK LETTERS.

Required documents

- If submitting a change of name request please provide a certified copy of evidence of change of name (e.g. Marriage certificate, Decree Absolute, Change of name certificate).
- If you have changed your signature upon your change of name please also provide a certified copy of identification showing your new signature of change of name (e.g. Driver's License or Passport).
- For more information about certifying documents, please refer to the 'Completing proof of identity' document on our website.

1. Investor details (mandatory)

Client number (if known)

Account number(s)

Investor 1 name

Date of birth (dd/mm/yyyy)

 / /

Investor 2 name

Date of birth (dd/mm/yyyy)

 / /

2. New contact details

Investor 1

Residential address

Postal address (if different to residential address) C/- (if applicable)

Suburb/City/Town

Postcode

State

Country

Phone number

Mobile phone number

Email address

Investor 2 (if joint investors or trustees)

Residential address

Postal address (if different to residential address) C/- (if applicable)

Suburb/City/Town

Postcode

State

Country

Phone number

Mobile phone number

Email address

3. Change of name

Investor 1 new name

Investor 2 new name (if joint investors or trustees)

IMPORTANT: If you are using a new signature as a result of your change of name you must sign this form below using your new signature. Otherwise please sign the form using your existing signature.

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 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 1

Please select the appropriate box

Individual Trustee Director Power of attorney

Name (please print)

Signature

X

Date (dd/mm/yyyy)

		/			/				
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Signature of Investor 2

Please select the appropriate box

Individual Trustee Director/Company secretary Power of attorney

Name (please print)

Signature

X

Date (dd/mm/yyyy)

		/			/				
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You can submit this form by:

Email: enquiry@genlife.com.au

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