

### Guide to completing this form

- Use this form to change details for your ChildBuilder investment.
- Please use BLACK/BLUE ink and complete the applicable sections in BLOCK LETTERS.

## 1. Investor details

Client number (if known)

Account number

Investor name

Date of birth (dd/mm/yyyy)

 /  / 

Nominated child's name

Nominated child's date of birth (dd/mm/yyyy)

 /  / 

## 2. Change nominated child vesting age or date

Change child vesting date

On attaining age

years old (10-25 years old)

**OR**

Set a vesting date (dd/mm/yyyy)

 /  / 

Vesting date must not be before the child's 10th birthday or after the child's 25th birthday.

### Account Guardian election (individual or joint individual applicants only)

You can elect to nominate an Account Guardian to hold and manage the ChildBuilder investment in the event of your death prior to the nominated child attaining the nominated vesting age or the vesting date being reached on the effective transfer date. This election can be made by completing the Account Guardian form available on our website.

If no election is made, your investment will be held by your estate representative on trust until the child reaches the nominated vesting age or the vesting date is reached.

Further information about the Account Guardian facility can be found in the Product Disclosure Statement (PDS).

### 3. Declaration and signatures

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

I/We understand that any directions which I/we have given in this form will override any similar directions which I/we have previously given.

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

I/We confirm that I/We have received a copy of the current PDS and have read and understood the PDS and agree to be bound by the terms and conditions set out in the PDS.

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

Date (dd/mm/yyyy)

 /  / 

#### Signature of Investor 2

Please select the appropriate box

Individual  Trustee  Director/Company secretary  Power of attorney

Name (please print)

Signature

Date (dd/mm/yyyy)

 /  / 

#### You can submit this form by:

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

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