

3. Appoint Co-Signatory

You can appoint up to two Co-Signatories. A Co-Signatory must be at least 18 years of age.

I/we hereby revoke all previous Co-Signatory nominations made by me/us, and nominate the following person(s) as a Co-Signatory who will be authorised to approve a withdrawal request from my/our account(s) as specified in Section 1 where I/we have nominated a restriction on access to funds by the transferee.

Individual Co-Signatory 1

Given names

Surname

Residential address

Date of birth (dd/mm/yyyy)

 / /

Mobile number

Email address

Signature

Date (dd/mm/yyyy)

 / /

Individual Co-Signatory 2

Given names

Surname

Residential address

Date of birth (dd/mm/yyyy)

 / /

Mobile number

Email address

Signature

Date (dd/mm/yyyy)

 / /

► FORM CONTINUES OVER PAGE

4. Declaration and signatures

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

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

By giving instructions under authority of a power of attorney, I/We declare that:

- at the relevant time I was acting in that capacity and that the power of attorney is current and valid. I have not received notice of revocation of that power and agree to provide a certified copy of the power of attorney if requested by Generation Life.
- the instructions given are not inconsistent with the powers granted under the power of attorney.
- the power of attorney will not be used to directly or indirectly negate or be used in a fashion contrary to the Will or interests of the beneficiaries of the legal estate of the applicant, as donor of the power of attorney.

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

Name (please print)

Signature

X

Date (dd/mm/yyyy)

		/			/				
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Signature of Investor 2

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