

## Maturity Payment Form

Generation Life Investment Bonds - LifeBuilder

## Guide to completing this form

- Use this form to nominate the Australian financial institution account to receive your investment proceeds on the maturity of your LifeBuilder investment term.
- 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)
2.	Maturity payment instructions
	Please provide your Australian financial institution information for thematurity payment.
	Bank and branch name
	Account name
	BSB number
	Account number

**IMPORTANT:** The account name for the above financial institution must be the same as the name of the investment bond. Maturity payments cannot be paid to third parties.

## 3. 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 prin	t)			
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, Melbourn	ne VIC 8007		



Investor services: 1800 806 362 Adviser services: 1800 333 657 Outthinking today.