

Guide to completing this form

- Use this form to establish, change or cancel a Regular Withdrawal facility for a LifeBuilder or ChildBuilder investment.
- Use this form to authorise us to withdraw funds from your nominated investment(s) and credit your nominated Australian financial institution account.
- Please use BLACK/BLUE ink and complete the applicable sections in BLOCK LETTERS.

1. Investor details

Client number (if known)

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Account number

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Investor name

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Date of birth (dd/mm/yyyy)

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2. Regular Withdrawal facility instructions

Please select one only.

- ☐ **Establish a Regular Withdrawal facility**
Please complete all Sections of this form.
- ☐ **Change my Regular Withdrawal facility**
Please complete all Sections of this form.
- ☐ **Cancel my Regular Withdrawal facility**
Please proceed to Section 6.

3. Frequency and amount of regular withdrawal

3.1 Regular withdrawal frequency

Please note: Annually is the default option and will apply automatically if a selection is not made.

- ☐ Monthly ☐ Quarterly
- ☐ Half yearly ☐ Annually

3.1 Regular withdrawal amount

Amount to withdraw for selected withdrawal period

\$

Withdrawal payments processed from (dd/mm/yyyy)

0	8						
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IMPORTANT: The Regular Withdrawal facility is run on the 8th day of each month or the preceding Melbourne business day. The minimum withdrawal amount for the Regular Withdrawal facility is \$500 per month.

The establishment of, or changes to, your Regular Withdrawal facility must be received at least 5 Melbourne business days before the end of a month in order to be effective for your next scheduled payment. Instructions not received within this timeframe will be considered to have been received in the following month.

► FORM CONTINUES OVER PAGE

Specify the investment options you want to withdraw from.

OR

Select whether to allocate in % or \$ ☐ % OR ☐ \$

Please list your partial withdrawal instructions.

Fund code	Fund name	Amount to be withdrawn
Total amount (% or \$)		

Total percentage (%) amount must equal 100%.

Please attach extra copies of this page if you need to provide more investment options than the space provided.

4. Financial institution details

Please provide your Australian financial institution information for the withdrawal payment.

Bank and branch name

Account name

BSB number

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Account number

Important note: The account name for the above financial institution must be the same as the account name of the investment bond. Withdrawals cannot be paid to third parties.

5. 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 execute transactions to commence or amend my/our Regular Withdrawal facility instructions until further notice. I/We request you, until further notice in writing, to withdraw from my/our nominated investment options as described above to credit my/our nominated financial institution account in connection with my/our Regular Withdrawal facility.

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

I/We understand that I/we may be required to provide additional proof of identification information for the purposes of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Laws).

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 AML/CTF Laws.

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)

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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

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