

**Guide to completing this form**

- Use this form to transfer ownership of a FuneralBond to a funeral director as part of a pre-paid funeral arrangement.
- Please use BLACK/BLUE ink and complete the applicable sections in BLOCK LETTERS.
- All registered investors must sign this form.

**1. Investor details**

Client number (if known)

Account number

**Personal details**

Title

Full given name(s)

Surname

Date of birth (dd/mm/yyyy)

 /  / 

Mobile number

Phone number

Email Address

## 2. Funeral director details

I request to transfer my FuneralBond in Section 1 to the funeral director detailed below.

**IMPORTANT:** The funeral director can only be a natural person or a company. The funeral director or company will be required to provide appropriate certified copies of their identity documents as part of the transfer process.

Please refer to the 'Completing proof of identity' document on our website for information on what identity documents are required.

### Funeral director business details

Name of funeral director business

Australian Business Number (ABN) or Australian Company Number (ACN)

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Pre-paid funeral contract/arrangement number

### Funeral director contact details

Title

Full given name(s)

Surname

Mobile number

Business telephone number

Email address

Business address (PO Box / RMB / Locked Bag is not accepted)

Suburb/City/Town

Postcode

State

Country

### 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 acknowledge and agree that Generation Life does not accept any liability or responsibility to ensure that such contract, arrangement or other obligations are met in part or in full. These are my/our private arrangements between me/us and my/our funeral director.

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  Power of attorney

Name (please print)

Signature

Date (dd/mm/yyyy)

 /  / 

#### Signature of Investor 2

Please select the appropriate box

Individual  Power of attorney

Name (please print)

Signature

Date (dd/mm/yyyy)

 /  / 

#### Funeral director signature

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