

## Guide to completing this form

- Use this form if you want to add additional life/lives insured to your existing LifeBuilder investment, change the investment term, change the preferred life insured event, or change the nominated life insured for a benefit payment.
- 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. Change investment term

The investment term commences from the date your investment was first established.

New investment term

 years (between 1-99 years)

## 3. Nominate the preferred life insured event

I/We nominate the following life insured event to effect a benefit payment:

- the death of the last surviving life insured (default)
- the occurrence of the first death of a named life insured
- the death of the following nominated life insured:

Please specify name of nominated life insured

**Important:** If the Future Event transfer feature is selected on your account, your preferred life insured event will default to 'the death of the last surviving life insured'.

## 4. Additional life insured

**IMPORTANT:** A life insured cannot be replaced or removed after they are nominated. If there are more than two lives insured being nominated please complete a separate form for the additional lives insured and attach to this form.

### Additional life insured 1

Title

Full given name(s)

Surname

Date of birth (dd/mm/yyyy)

 /  / 

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

Suburb/City/Town

Postcode

State

Country

Additional life insured 2

Title

Full given name(s)

Surname

Date of birth (dd/mm/yyyy)

 /  / 

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

Suburb/City/Town

Postcode

State

Country

4. 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 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.

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.

Please retain a copy of this form for your records.

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  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