

**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 5.

**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)

|   |   |   |  |  |   |  |  |  |  |
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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



#### 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)

 /  /

**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, Melbourne VIC 8007