

## Regular Withdrawal Facility Form

Generation Life Investment Bonds - LifeBuilder and ChildBuilder

## 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

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1.	Investor details  Client number (if known)  Account number  Investor name
	Date of birth (dd/mm/yyyy)
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)
	0 8 /  /  /  /  /  /  /  /  /  /  /  /  /
	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.

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Investments to be withdrawn from				
Specify the investment options you want to withdraw from.				
Please make the withdrawal pro-rata across my existing investment allocation. (default)				
OR				
Please make the withdrawal according to the specific instructions below.				
Select whether to allocate in % or \$ OR \$				
Please refer to the 'Generation Life Investment Menu' document on our website for fund codes.				
Please list your partial withdrawal instructions.				
Fund code Fund name	Amount to be withdrawn			
Total amount (% or \$)				

Total dollar (\$) amount must equal the amount invested in Section 3.

Total percentage (%) amount must equal 100%.

The Regular Withdrawal facility amount will normally be processed on the 8th day of each month or the preceding Melbourne business day and may take up to 48 hours to clear into your nominated bank account. Payments are subject to receipt of funds from your investments clearing. Should a delay in the receipt of funds from your investments occur, then a delay in your regular payment may occur.

Please note: A minimum balance of \$50 must be maintained in each investment option and a minimum total balance of \$1,000 must remain in your account, otherwise your investment bond may be closed and the remaining funds returned to you.

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

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5.

## 4. Financial institution details

Please provide your Australian financial institution information for the withdrawal payment.		
Bank and branch name		
Account name		
BSB number		
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.		
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 at 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)		
X		

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Signature of Inve	stor 2		
Please select the	appropriate box		
Individual	Trustee Director/Company secretary Power of attorney		
Name (please prin	nt)		
Signature	Date (dd/mm/yyyy)		
X			
You can submit this form by:			
Email:	enquiry@genlife.com.au		
Mail:	GPO Box 263, Collins Street West, Melbourne VIC 8007		

Enquiries Investor services: 1800 806 362 Adviser services: 1800 333 657

Outthinking today.