

AFS Licensee number

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Name of financial advisory firm (if applicable)

Financial adviser postal address

Address

Suburb/City/Town

Postcode

State

Country

Financial adviser mobile phone number

Financial adviser business telephone number

Financial adviser email address **(This email address will be used for general and client correspondence.)**

Adviser Online accessAdviser Online email address **(This email address will be used for the adviser's Adviser Online access.)**

If the adviser is already registered for Adviser Online (Adviser Portal), please ensure to provide the same email address used currently to access this service.

Your Financial Adviser must hold a current Australian Financial Services Licence, or are otherwise authorised to advise on your account(s).

3. Transfer of existing advice fee arrangements

If you are appointing a new financial adviser, all current adviser fee arrangements will continue to be deducted from your account(s) and paid to your new financial adviser unless instructed otherwise.

Tick the following box only if you do **NOT** wish for your current adviser fee arrangements to continue to be deducted from your account(s) and paid to your new financial adviser.

Cease the deduction of adviser fee payments from my account(s). I will provide new fee arrangements.

Note: Please complete the 'Advice fees' form available from your financial adviser.

4. Adviser Representative instruction

Your financial adviser is automatically appointed as your Adviser Representative (unless you instruct us otherwise). Your Adviser Representative is able to act on your behalf and provide certain instructions to us on your behalf. Officers or staff of your financial adviser are also authorised to give instructions in relation to your investment and they are bound by the same terms and conditions as your Adviser Representative. Please refer to the relevant disclosure document for the full terms and conditions.

Tick this box only if you do **NOT** wish for the financial adviser to have authority to act as your Adviser Representative

I do NOT wish for my financial adviser to be my Adviser Representative.

Note: If you do not authorise your financial adviser to act as your Adviser Representative your Financial Adviser will still have access to your account but will be unable to perform transactions on your account.

5. Cancel a financial adviser

I no longer wish to be advised by the financial adviser on record.

► **FORM CONTINUES OVER PAGE**

6. Investor 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 agree and acknowledge, as applicable to my/our instructions, that for the account(s) listed in section 1:

- I/we are not receiving advice from my/our previous financial adviser.
- My/our previous financial adviser will no longer be remunerated for advising me/us and will no longer have access to my/our information.
- My/our new financial adviser will be responsible for advising me/us, will be remunerated for this advice and will have access to my/our information.
- Unless I/we have instructed otherwise in this form, all existing adviser fee arrangements will continue to be deducted from my/our account(s) and I/we will provide separate instructions should my/our adviser fee arrangements change.
- I/we will advise Generation Life if I/we change or cancel my/our financial adviser or if there are any changes to my/our advise remuneration arrangements.
- I/we will not hold Generation Life Limited accountable for any advice (financial or otherwise), which my/our financial adviser may provide me/us.

I/we can confirm that I/we have received a copy of the current relevant disclosure document and have read and understood the disclosure document and agree to be bound by the terms and conditions set out in the disclosure document.

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 Trustee Director/Company secretary 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)

 / /

7. New financial adviser declaration and signature

I confirm that I hold a current Australian Financial Services Licence, or am otherwise authorised to advise on the above account(s).

Name (please print)

Signature

Date (dd/mm/yyyy)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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