

**Guide to completing this form**

- Use this form to provide your bank account details for:
  - Payments made to you
  - Providing direct debit authorisation for initial application or additional investment requests
- Please use BLACK/BLEU ink and complete the applicable sections in BLOCK LETTERS.

**1. Instruction type**

Please select the instruction type bank account details are required for.

☐ Death benefit payment

**Note:** The account name for the nominated bank account provided in Section 3 must be the same as the name of the intended death benefit payment recipient.

Death benefit payments cannot be paid to third parties except to a child under 18 years of age where payments can be paid into parent/guardian accounts.

☐ Direct debit authorisation

I/We request Generation Life Limited (Direct Debit User ID 263858) to arrange for funds of any amount Generation Life Limited may debit to be debited from my/our account held at the financial institution described below. I/We have read and understood the terms and conditions of the Direct Debit Service Agreement contained in the PDS and agree to them.

**Note:** The account name for the nominated bank account provided in Section 3 must be the same as the investment bond account name. Please ensure there are sufficient funds in the nominated bank account. It may take up to three (3) Melbourne business days for funds to clear. Only a bank account can be nominated for direct debits. We cannot direct debit from any other facility (e.g. credit card, mortgage account).

**2. Investor or payee details**

Client number (if known)

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Account number

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Investor/payee name

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Date of birth (dd/mm/yyyy) (if applicable)

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**3. Nominated bank account**

Name of financial institution

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Branch name

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Account name

BSB number

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Account number

## 5. 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 if I/we have provided direct debit authorisation, 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.

If bank account details are provided for the payment of a death benefit to a child aged under 18 years, you confirm that the death benefit proceeds will be held either in the child's bank account or in another bank account on trust for the recipient child.

**If the nominated bank account is in joint names, signatures of all account holders are required.**

### Account holder 1

Please select the appropriate box

- ☐ Individual ☐ Trustee ☐ Director ☐ Executive/Personal Representatives  
☐ Power of attorney ☐ Parent/Guardian

Name (please print)

Signature

Date (dd/mm/yyyy)

 /  / 

### Account holder 2

Please select the appropriate box

- ☐ Individual ☐ Trustee ☐ Director ☐ Executive/Personal Representatives  
☐ Power of attorney ☐ Parent/Guardian

Name (please print)

Signature

Date (dd/mm/yyyy)

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**Important note**

Please provide a certified copy of your:

- current driver's licence

OR

- passport (current or expired passport within the last 2 years).

For other acceptable forms of identification documents or more information, please refer to the '**Completing Proof of Identity**' document on our website.

**Death benefit payments to a child only**

For payments to a child under 18 years we will require a certified copy of a document detailing the full name and date of birth of the child (e.g. birth certificate or adoption papers) noting the parent/guardian on the document.

Certified identification for the child may include a passport, birth certificate extract, Medicare card or student card.

**You can submit this form by:**

**Email:** enquiry@genlife.com.au

**Mail:** GPO Box 263, Collins Street West, Melbourne VIC 8007