

Transfer of Ownership Form

Generation Life Investment Bonds - LifeBuilder and Childbuilder

Guide to completing this form

Use this form to transfer ownership of your LifeBuilder or ChildBuilder investment.

Transfer of ownership from the current owner to the new owner will occur on the transfer being registered by us. The registration of the transfer will revoke/cancel all existing:

- beneficiary nomination or future dated transfer instructions.
- Adviser Representative facility or power of attorney nominated to act on behalf of the existing investor(s).
- direct debit authorisation, Regular Savings Plan and Regular Withdrawal facility attached to the investment.
- Please use BLACK/BLUE ink and complete the applicable sections in BLOCK LETTERS.

Transfer of ownership will not change the life insured(s). The existing life insured(s) will remain on the investment. You can add additional life insured(s) on a LifeBuilder investment by completing Section 6.

Residency status for tax purposes

Under the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) laws, we are required to ask all investors to provide additional information about their tax residency. For the United States of America (US), tax residency can be as a result of citizenship or residency.

FATCA and CRS are regulatory requirements that aim to deter tax evasion by US and other foreign taxpayers. The Australian and many other foreign governments have agreements through their tax offices where reporting financial institutions are required to collect and report to the Australian Taxation Office (ATO) certain information about the tax residency of account holders. The ATO shares this information with the tax authorities of other jurisdictions. For more information, visit www.ato.gov.au.

| Existing investor details | |
|--|--------------|
| Client number (if known) | |
| | |
| Account number | |
| | |
| Investor name | |
| | |
| Date of birth (dd/mm/yyyy) (if applicable) | |
| / / / | |
| Mobile number | Phone number |
| | |
| Email address | |
| | |

| 1.1 | App | licable investments | | | | | | | | |
|-----|-------|---|--|--|--|--|--|--|--|--|
| | The | se instructions are to apply to: | | | | | | | | |
| | | all LifeBuilder and/or ChildBuilder investments held | | | | | | | | |
| | | the following investment(s) (please provide account number(s)) | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1.2 | Pov | ver of attorney | | | | | | | | |
| | To b | e completed if a power of attorney is acting on behalf of the investor(s). | | | | | | | | |
| | Title | | | | | | | | | |
| | | | | | | | | | | |
| | Give | iven name(s) | | | | | | | | |
| | | Than (5) | | | | | | | | |
| | | | | | | | | | | |
| | Surr | Surname | | | | | | | | |
| | | | | | | | | | | |
| | as tl | ur power of attorney has not previously been registered by us, we will require a certified copy of the power of attorney document as well be appropriate proof of identification documents in accordance with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 L/CTF Laws). | | | | | | | | |
| 2. | Ne | w investor details | | | | | | | | |
| | To b | e completed by new owner(s). | | | | | | | | |
| | | Individual(s). Proceed to Section 3. | | | | | | | | |
| | | Company. Proceed to Section 4. | | | | | | | | |
| | | Trust (including trusts with individual trustees, corporate trustees and deceased estates). Proceed to Section 4. | | | | | | | | |
| 3. | Inc | lividual and joint account holders | | | | | | | | |
| | Req | uired identification documents | | | | | | | | |
| | Cer | ified copies of the following identification documents are required for each individual. | | | | | | | | |
| | | a current driver's licence (front and back) or passport (current or expired passport within the last 2 years) | | | | | | | | |
| | OR | | | | | | | | | |
| | | a birth certificate and | | | | | | | | |
| | | either a tax assessment (less than 12 months old), council rates notice or utilities provider account statement (less than 3 months old). | | | | | | | | |
| | For | other accepted forms of identification, please refer to the 'Completing proof of identity' document on our website. | | | | | | | | |

If there are more than two joint holders, you will need to complete a separate form for the additional transferee.

3.1 Transferee 1 (must be at least 10 years old) Personal details (all correspondence will be sent to this investor) Given name(s) Surname Date of birth (dd/mm/yyyy) Occupation IMPORTANT: If aged from 10 to less than 16 years old then a parent or guardian must provide their details in Section 3.2 Transferee 2 below, provide identification documents and must also sign this form. Phone number Mobile phone number Email address This email address may be used for investor correspondence. Residential address Address (PO Box / RMB / Locked Bag is not acceptable) Suburb/City/Town Postcode State Country Postal address (if different to residential address) (C/- if applicable) Address Suburb/City/Town Postcode State Country Correspondence will be sent to your postal address. Identification information AML/CTF Laws require that we collect this information. Your instructions cannot be processed without this information. Are you a Politically Exposed Person? Yes No Residency status for tax purposes Under the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) laws, we are required to ask all investors to provide additional information about their tax residency. Please refer to the 'Guide to completing this form' section at the start of this form for more information. Are you a tax resident of Australia? Yes Are you a tax resident of a country other than Australia or a Specified U.S Person? If YES, you will need to complete a separate FATCA/CRS Self-Certification Form available on our website. ► FORM CONTINUES OVER PAGE

3.2 Transferee 2 (must be at least 10 years old) Personal details (all correspondence will be sent to this investor) Title Given name(s) Surname Date of birth (dd/mm/yyyy) Occupation IMPORTANT: If aged from 10 to less than 16 years old then a parent or guardian must provide their details in Section 3.2 Transferee 2 below, provide identification documents and must also sign this form. Phone number Mobile phone number Email address This email address may be used for investor correspondence. Residential address Address (PO Box / RMB / Locked Bag is not acceptable) Suburb/City/Town Postcode State Country Postal address (if different to residential address) (C/- if applicable) Address Suburb/City/Town Postcode State Country Correspondence will be sent to your postal address. Identification information AML/CTF Laws require that we collect this information. Your instructions cannot be processed without this information. Are you a Politically Exposed Person? Yes No Residency status for tax purposes Under the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) laws, we are required to ask all investors to provide additional information about their tax residency. Please refer to the 'Guide to completing this form' section at the start of this form for more information. Are you a tax resident of Australia? Yes Nο

If YES, you will need to complete a separate FATCA/CRS Self-Certification Form available on our website.

Are you a tax resident of a country other than Australia or a Specified U.S Person?

► FORM CONTINUES OVER PAGE

Yes

No

| 3.3 | Authority to operate the account (Joint transferees only) | | | | |
|-----|---|--|--|--|--|
| | Please elect which joint transferees have authority to operate the account and bind the other joint investor(s) for future transactions (including additional investments, switches and withdrawals). | | | | |
| | All transferees (default) Transferee 1 Transferee 2 Either transferee | | | | |
| 3.4 | Sole trader (optional for individual account holders only) | | | | |
| | Are you a sole trader? | | | | |
| | Yes No. Please go to Section 6. | | | | |
| | If you are a sole trader you will need to provide the following additional details. | | | | |
| | Business name (if applicable) | | | | |
| | | | | | |
| | Australian Business Number (ABN) | | | | |
| | | | | | |
| | Business address (if different to residential address) (PO Box / RMB / Locked Bag is not accepted) | | | | |
| | | | | | |
| | Suburb/City/Town Postcode State Country | | | | |
| | | | | | |

4. Company

NOTE: Not available for ChildBuilder investments.

Required identification documents

Certified copies of the following identification documents are required.

a certificate of registration issued by ASIC

OR

- a current company search from the ASIC database
- Certified copies of the following identification documents are required for each director and beneficial owner.
- a current driver's licence (front and back) or passport (current or expired passport within the last 2 years)

OR

- a birth certificate and
- either a tax assessment (less than 12 months old), council rates notice or utilities provider account statement (less than 3 months old). For
 other accepted forms of identification, please refer to the 'Completing proof of identity' document on our website.

| Company details | | | | | | | |
|---|---------------------------------|--------------|--|--|--|--|--|
| Full name of company | | | | | | | |
| | | | | | | | |
| Australian Business Number (ABN) or Australian Company Num | ber (ACN) | | | | | | |
| | | | | | | | |
| Company contact person | | | | | | | |
| Title | | | | | | | |
| | | | | | | | |
| Given name(s) | | | | | | | |
| , | | | | | | | |
| Cumana | | | | | | | |
| Surname | | | | | | | |
| | | | | | | | |
| Mobile number | Business telep | hone number | | | | | |
| | | | | | | | |
| Email address | | | | | | | |
| | | | | | | | |
| Registered office | | | | | | | |
| Registered office Address (PO Box / RMB / Locked Bag is not acceptable) | Postcode | State | Country | | | | |
| Registered office Address (PO Box / RMB / Locked Bag is not acceptable) | Postcode | State | Country | | | | |
| Registered office Address (PO Box / RMB / Locked Bag is not acceptable) Suburb/City/Town Postal address (if different to registered office) | Postcode | State | Country | | | | |
| Registered office Address (PO Box / RMB / Locked Bag is not acceptable) Suburb/City/Town Postal address (if different to registered office) (C/- if applicable) | Postcode | State | Country | | | | |
| Registered office Address (PO Box / RMB / Locked Bag is not acceptable) Suburb/City/Town Postal address (if different to registered office) (C/- if applicable) | Postcode | State | Country | | | | |
| Registered office Address (PO Box / RMB / Locked Bag is not acceptable) Suburb/City/Town Postal address (if different to registered office) (C/- if applicable) Address | Postcode | State | Country | | | | |
| This email address may be used for investor correspondence. Registered office Address (PO Box / RMB / Locked Bag is not acceptable) Suburb/City/Town Postal address (if different to registered office) (C/- if applicable) Address Suburb/City/Town | | | | | | | |
| Registered office Address (PO Box / RMB / Locked Bag is not acceptable) Suburb/City/Town Postal address (if different to registered office) (C/- if applicable) Address Suburb/City/Town | | | | | | | |
| Registered office Address (PO Box / RMB / Locked Bag is not acceptable) Suburb/City/Town Postal address (if different to registered office) (C/- if applicable) Address Suburb/City/Town Correspondence will be sent to your postal address. | | | | | | | |
| Registered office Address (PO Box / RMB / Locked Bag is not acceptable) Suburb/City/Town Postal address (if different to registered office) (C/- if applicable) Address Suburb/City/Town Correspondence will be sent to your postal address. Residency status for tax purposes | Postcode | State | Country | | | | |
| Registered office Address (PO Box / RMB / Locked Bag is not acceptable) Suburb/City/Town Postal address (if different to registered office) (C/- if applicable) Address Suburb/City/Town Correspondence will be sent to your postal address. Residency status for tax purposes Under the Foreign Account Tax Compliance Act (FATCA) and Coprovide additional information about their tax residency. Please in | Postcode pommon Reporting Star | State State | Country Ye are required to ask all investors to | | | | |
| Registered office Address (PO Box / RMB / Locked Bag is not acceptable) Suburb/City/Town Postal address (if different to registered office) (C/- if applicable) Address Suburb/City/Town Correspondence will be sent to your postal address. Residency status for tax purposes Under the Foreign Account Tax Compliance Act (FATCA) and Coprovide additional information about their tax residency. Please more information. | Postcode pommon Reporting Star | State State | Country Ye are required to ask all investors to | | | | |
| Registered office Address (PO Box / RMB / Locked Bag is not acceptable) Suburb/City/Town Postal address (if different to registered office) (C/- if applicable) Address | Postcode pommon Reporting Star | State State | Country Ye are required to ask all investors to | | | | |

| | Is the company a tax resident of a country other than Australia or a Specified U.S Person? |
|---|---|
| | Yes No |
| | Is the company a U.S. Company, U.S. Trust or U.S. Partnership? |
| | Yes No |
| | Is the company an Australian Financial Institution or Other Partner Jurisdiction Financial Institution? |
| | Yes No |
| 3 | Director details (proprietary companies only) |
| | Is the company a proprietary/private company (i.e. a Pty Ltd company)? |
| | Yes. Please continue below. No. Please go to section 6. |
| | If there are more than two directors please attach their details to this form. |
| | Director 1 details |
| | Title |
| | |
| | Given name(s) |
| | |
| | Surname |
| | |
| | Politically Exposed Person and residency status for tax purposes (Please refer to the 'Guide to completing this form' section at the start of |
| | this form for more information) |
| | Is the director a Politically Exposed Person? |
| | Yes No |
| | Is the director a tax resident of Australia? |
| | Yes No |
| | Is the director a tax resident of a country other than Australia or a Specified U.S Person? |
| | Yes No |
| | If YES, the director will need to complete a separate FATCA/CRS Self-Certification Form available on our website. Director 2 details |
| | |
| | Title |
| | |
| | Given name(s) |
| | 0 |
| | Surname |
| | |
| | Politically Exposed Person and residency status for tax purposes (Please refer to the 'Guide to completing this form' section at the start of this form for more information) |
| | Is the director a Politically Exposed Person? |
| | Yes No |
| | Is the director a tax resident of Australia? |
| | Yes No |
| | ► FORM CONTINUES OVER PAGE |

Page 7 of 21

| | Is the director a tax resident of a country other than Australia or a Specified U.S Person? | | | | | |
|----|--|----------|-------------------------|----------------------|-----|-----------------------|
| | Yes No | | | | | |
| | If YES, the director will need to complete a separate FATCA/CRS Self-Certification Form available on our website. | | | | | |
| .4 | Beneficial Owners (proprietary companies only) Please provide full name and address details of those persons who owns or controls 25% or more of the issued capital of the company. | | | | | |
| | If there are more than three beneficial owners please attach their | | | Thore of the issued | | pital of the company. |
| | Beneficial owner 1 details | | | | | |
| | Title | | | | | |
| | Title | | | | | |
| | Given name(s) | | | | | |
| | | | | | | |
| | Surname | | | | | |
| | | | | | | |
| | Address | | | | | |
| | Cubush (City Tayur | | Dantanda | Ctata | _ | Oto |
| | Suburb/City/Town Postcode State Country | | | | | |
| | Politically Exposed Person and residency status for tax purposes (Please refer to the 'Guide to completing this form' section at the start of | | | | | |
| | this form for more information) Is the beneficial owner a Politically Exposed Person? | | | | | |
| | | | | | | |
| | Yes No | | | | | |
| | Is the beneficial owner a tax resident of Australia? | | | | | |
| | Yes No | | | | | |
| | Is the beneficial owner a tax resident of a country other than Australia or a Specified U.S Person? | | | | | |
| | Yes No | . | D0 0 15 0 175 17 1 | - " | | |
| | If YES, the beneficial owner will need to complete a separate FATCA | /CI | RS Self-Certification I | rorm available on ou | ır١ | website. |
| | Beneficial owner 2 details | | | | | |
| | Title | | | | | |
| | | | | | | |
| | Given name(s) | | | | | |
| | Surname | | | | | |
| | | | | | | |
| | Address | | | | | |
| | | | | | | |
| | Suburb/City/Town | | Postcode | State | | Country |
| | | | | | | |

| this form for more information) | (Flease refer to the | duide to completing th | is form section at the start of |
|--|--------------------------|-------------------------|----------------------------------|
| Is the beneficial owner a Politically Exposed Person? | | | |
| Yes No | | | |
| Is the beneficial owner a tax resident of Australia? | | | |
| Yes No | | | |
| Is the beneficial owner a tax resident of a country other than Australia | a or a Specified U.S P | erson? | |
| Yes No | | | |
| If YES, the beneficial owner will need to complete a separate FATCA | CRS Self-Certification | n Form available on our | r website. |
| Beneficial owner 3 details | | | |
| Title Given name(s) | | | |
| | | | |
| Surname | | | |
| | | | |
| Address | | | |
| | | | |
| Suburb/City/Town | Postcode | State | Country |
| | | | |
| Politically Exposed Person and residency status for tax purposes this form for more information) | s (Please refer to the ' | Guide to completing th | is form' section at the start of |
| Is the beneficial owner a Politically Exposed Person? | | | |
| Yes No | | | |
| Is the beneficial owner a tax resident of Australia? | | | |
| Yes No | | | |
| Is the beneficial owner a tax resident of a country other than Australia | a or a Specified U.S P | erson? | |
| Yes No | | | |
| If YES, the beneficial owner will need to complete a separate FATCA | CRS Self-Certification | n Form available on our | r website. |

5. Trusts (including corporate trustees, individual trustees and deceased estates)

Required identification documents

For trusts that do not have an ABN

a certified copy of the trust deed or extracts of the trust deed showing the name of the trust, name and address of the settlor, amount of the initial settled sum, name(s) and address(es) of the trustee(s), the beneficiaries/unitholders, names/class(es) and the trust's execution page.

For individual Key Beneficial Owners of the Trust and individual trustees (including trustee of a deceased estate) certified copies of the following identification documents are required for each individual.

OR

- a birth certificate and
- either a tax assessment (less than 12 months old), council rates notice or utilities provider account statement (less than 3 months old).

For company Key Beneficial Owners and company trustees (including trustee of a deceased estate), please provide the identification documents in 'Required identification documents' in Section 4 - Company above.

For other accepted forms of identification, please refer to the 'Completing proof of identity' document on our website.

| 5.1 | Trust details | | | | |
|-----|--|--|--|--|--|
| | Trust/Fund/Estate name | | | | |
| | | | | | |
| | Business name (if applicable) | | | | |
| | | | | | |
| | Australian Business Number (ABN) (if applicable) | | | | |
| | | | | | |
| 5.2 | Type of trust | | | | |
| | Please select the type of trust and provide the relevant information | | | | |
| | Family trust or discretionery trust Unit trust Foreign trust Testamentary trust (i.e. under a Will) | | | | |
| | Other (please specify) | | | | |
| | | | | | |
| | Residency status for tax purposes | | | | |
| | Under the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) laws, we are required to ask all investors to provide additional information about their tax residency. Please refer to the 'Guide to completing this form' section at the start of this form for more information. | | | | |
| | Is the trust a tax resident of Australia? | | | | |
| | Yes No | | | | |
| | IMPORTANT: The trust will need to complete a separate FATCA/CRS Self-Certification Form if any of the following apply to the company. This form is available on our website. | | | | |
| | Is the trust a tax resident of a country other than Australia or a Specified U.S Person? | | | | |
| | Yes No | | | | |
| | Is the trust a U.S. Company, U.S. Trust or U.S. Partnership? | | | | |
| | Yes No | | | | |
| | Is the trust an Australian Financial Institution or Other Partner Jurisdiction Financial Institution? | | | | |
| | Yes No | | | | |

| 3 | Trust beneficiaries |
|---|--|
| | Does the trust deed name the beneficiaries? |
| | Yes No |
| | If YES, please list their full names. |
| | If there are more than four beneficiaries/unit holders, please provide details on a separate attachment to this form. |
| | Beneficiary 1 full name (or entity name) |
| | |
| | Are they Key Beneficial Owners? |
| | Yes No |
| | Beneficiary 2 full name (or entity name) |
| | |
| | Are they Key Beneficial Owners? |
| | Yes No |
| | Beneficiary 3 full name (or entity name) |
| | |
| | Are they Key Beneficial Owners? |
| | Yes No |
| | Beneficiary 4 full name (or entity name) |
| | |
| | Are they Key Beneficial Owners? |
| | Yes No |
| | For any of the above trust beneficiaries/unitholders identified as being a Key Beneficial Owner, is that person(s) a Politically Exposed Person? |
| | Yes No |
| | For any of the above trust beneficiaries/unitholders identified as being a Key Beneficial Owner, is that person(s) a tax resident of a |
| | country other than Australia or a Specified U.S Person? Please refer to the 'Guide to completing this form' section at the start of this form for more information. |
| | Yes No |
| | If YES, each Key Beneficial Owner who is a tax resident of a country other than Australia or a Specified U.S Person will need to complete a separate FATCA/CRS Self-Certification Form available on our website. |
| | If the trust identifies its beneficiaries/unit holders by specified classes and/or by names and specified classes, please list the class below and also the beneficiaries named (if any) within specified classes: |
| | 1. |
| | 2. |
| | <u></u> |

Country

State

| 5.4 | Trust settlor details |
|-----|--|
| | If the initial settled sum to establish the trust is \$10,000 or more, please provide name and address of the settlor(s) of the trust. |
| | A settlor is the person or entity that subscribes for or settles the initial sum to create the trust. |
| | Name of settlor |
| | |
| | Address of settlor |
| | |
| | Address of settlor |

Postcode

5.5 Type of trustee

Suburb/City/Town

| Are you an individual trustee? (i | includina trustee | of a deceased | estate) |
|-----------------------------------|-------------------|---------------|---------|
|-----------------------------------|-------------------|---------------|---------|

| Yes. Continue to Section 5.6. | No. Proceed to Section 5.7. |
|-------------------------------|-----------------------------|
| | |

5.6 Individual trustee(s)

| Trustee details | | | |
|--|---------------------------|-----------------------------------|---------------------------------------|
| Trustee 1 | | | |
| Title | | | |
| | | | |
| Given name(s) | | | |
| | | | |
| Surname | | | |
| | | | |
| Date of birth (dd/mm/yyyy) | Occupation | | |
| | | | |
| Mobile number | Phone number | | |
| | | | |
| Email address | | | |
| | | | |
| This email address may be used for investor correspondence. | | | |
| Residential address Address (PO Box / RMB / Locked Bag is not acceptable) | | | |
| Address (FO BOX / TIMB / Econed Bag is not acceptable) | | | |
| Suburb/City/Town | Postcode | State | Country |
| | | | |
| Postal address (if different to residential address) | | | |
| (C/- if applicable) | | | |
| | | | |
| Address | | | |
| | | | |
| Suburb/City/Town | Postcode | State | Country |
| | | | |
| Correspondence will be sent to your postal address. | - (Diagram of the line (C | N. Salas I.a. a sanana la Para di | to formation although the calculation |
| Politically Exposed Person and residency status for tax purposes this form for more information) | s (Please refer to the "C | suide to completing th | is form' section at the start of |
| Is the trustee a Politically Exposed Person? | | | |
| Yes No | | | |
| Is the trustee a tax resident of Australia? | | | |
| Yes No | | | |
| Is the trustee a tax resident of a country other than Australia or a Spe | | | |
| | ecified U.S Person? | | |
| Yes No | ecified U.S Person? | | |

| Trustee 2 | | | |
|--|-------------------------|-------------------------|----------------------------------|
| Title | | | |
| | | | |
| Given name(s) | | | |
| | | | |
| Surname | | | |
| | | | |
| Date of birth (dd/mm/yyyy) | Occupation | | |
| / / / | | | |
| Mobile number | Phone number | | |
| | | | |
| Email address | | | |
| | | | |
| This email address may be used for investor correspondence. | | | |
| Residential address Address (PO Box / RMB / Locked Bag is not acceptable) | | | |
| Address (Fo Box / Timb / Eddred Bag to Het addeptable) | | | |
| Suburb/City/Town | Postcode | State | Country |
| | | | |
| Postal address (if different to residential address) | | | |
| (C/- if applicable) | | | |
| | | | |
| Address | | | |
| | | | |
| Suburb/City/Town | Postcode | State | Country |
| | | | |
| Correspondence will be sent to your postal address. | | | |
| Politically Exposed Person and residency status for tax purposes this form for more information) | (Please refer to the 'G | Guide to completing th | is form' section at the start of |
| Is the trustee a Politically Exposed Person? | | | |
| Yes No | | | |
| Is the trustee a tax resident of Australia? | | | |
| Yes No | | | |
| Is the trustee a tax resident of a country other than Australia or a Spe | cified U.S Person? | | |
| Yes No | | | |
| If YES, the trustee will need to complete a separate FATCA/CRS Self- | -Certification Form ava | ailable on our website. | |

5.7 Company as trustee

| down on a piece of paper and attach to this form. | | | |
|--|--------------------------|-------------------------|----------------------------------|
| Full name of company | | | |
| | | | |
| Australian Business Number (ABN) or Australian Company Number (ABN) | ACN) | | |
| | | | |
| Company contact person | | | |
| Title | | | |
| | | | |
| Given name(s) | | | |
| | | | |
| Surname | | | |
| | | | |
| Mobile number | Business number | | |
| | | | |
| Email address | | | |
| | | | |
| This email address may be used for investor correspondence. | | | |
| | | | |
| Registered office Address (PO Box / RMB / Locked Bag is not acceptable) | | | |
| | | | |
| Suburb/City/Town | Postcode | State | Country |
| | | | |
| Postal address (if different to registered office) | | | |
| (C/- if applicable) | | | |
| Addison | | | |
| Address | | | |
| Suburb/City/Town | Postcode | State | Country |
| Suburb/Oity/Town | Ostcode | State | Country |
| Correspondence will be sent to your postal address. | | | |
| Residency status for tax purposes | | | |
| Under the Foreign Account Tax Compliance Act (FATCA) and Commo provide additional information about their tax residency. Please refer to more information. | | | |
| Is the company a tax resident of Australia? | | | |
| Yes No | | | |
| IMPORTANT: You will need to complete a separate FATCA/CRS Self-available on our website. | -Certification Form if a | ny of the following app | ply to the company. This form is |

If there are more corporate trustees, repeat those details for each additional trustee and write the full name and address of each trustee

| Is the company a tax resident of a country other than Australia or a Specified U.S Person? |
|---|
| Yes No |
| Is the company a U.S. Company, U.S. Trust or U.S. Partnership? |
| Yes No |
| Is the company an Australian Financial Institution or Other Partner Jurisdiction Financial Institution? |
| Yes No |
| Director details (proprietary companies only) |
| Is the company a proprietary/private company (i.e. a Pty Ltd company)? |
| Yes. Please continue below. No. Please go to section 6. |
| If there are more than two directors please attach their details to this form. |
| Director 1 details |
| Title |
| |
| Given name(s) |
| |
| Surname |
| |
| Politically Exposed Person and residency status for tax purposes (Please refer to the 'Guide to completing this form' section at the start of this form for more information) |
| Is the director a Politically Exposed Person? |
| Yes No |
| Is the director a tax resident of Australia? |
| Yes No |
| Is the director a tax resident of a country other than Australia or a Specified U.S Person? |
| Yes No |
| If YES, the director will need to complete a separate FATCA/CRS Self-Certification Form available on our website. |
| Director 2 details |
| Title |
| |
| Given name(s) |
| |
| Surname |
| |
| Politically Exposed Person and residency status for tax purposes (Please refer to the 'Guide to completing this form' section at the start of this form for more information) |
| Is the director a Politically Exposed Person? |
| Yes No |
| Is the director a tax resident of Australia? |
| Yes No |

| Is the director a tax resident of a country other than Australia or a Specified U.S Person? | | | |
|---|-------------------------|-------------------------|---------------------------------|
| Yes No | | | |
| If YES, the director will need to complete a separate FATCA/CRS Self- | Certification Form av | ailable on our website. | |
| Beneficial Owners | | | |
| To be completed by proprietary companies only. | | | |
| Please provide full name and address details of those persons who over | vns or controls 25% o | or more of the issued c | apital of the company. |
| If there are more than three beneficial owners please attach their | details to this form. | | |
| Beneficial owner 1 details | | | |
| Title | | | |
| | | | |
| Given name(s) | | | |
| | | | |
| Surname | | | |
| | | | |
| Address | | | |
| | | | |
| Suburb/City/Town | Postcode | State | Country |
| | | | |
| Politically Exposed Person and residency status for tax purposes this form for more information) | (Please refer to the 'G | Guide to completing thi | s form' section at the start of |
| Is the beneficial owner a Politically Exposed Person? | | | |
| Yes No | | | |
| Is the beneficial owner a tax resident of Australia? | | | |
| Yes No | | | |
| Is the beneficial owner a tax resident of a country other than Australia or a Specified U.S Person? | | | |
| Yes No | | | |
| If YES, the beneficial owner will need to complete a separate FATCA/CRS Self-Certification Form available on our website. | | | |
| Beneficial owner 2 details | | | |
| Title | | | |
| | | | |
| Given name(s) | | | |
| | | | |
| Surname | | | |
| | | | |
| Address | | | |
| | | | |
| Suburb/City/Town | Postcode | State | Country |
| | | | |

| Politically Exposed Person and residency status for tax purposes this form for more information) | (Please refer to the 'G | uide to completing this | s form' section at the start of |
|--|-------------------------|-------------------------|---------------------------------|
| Is the beneficial owner a Politically Exposed Person? | | | |
| Yes No | | | |
| Is the beneficial owner a tax resident of Australia? | | | |
| Yes No | | | |
| Is the beneficial owner a tax resident of a country other than Australia | or a Specified U.S Per | rson? | |
| Yes No | | | |
| If YES, the beneficial owner will need to complete a separate FATCA/0 | CRS Self-Certification | Form available on our | website. |
| Beneficial owner 3 details | | | |
| Title Given name(s) | | | |
| | | | |
| Surname | | | |
| | | | |
| Address | | | |
| | | | |
| Suburb/City/Town | Postcode | State | Country |
| | | | |
| Politically Exposed Person and residency status for tax purposes this form for more information) | (Please refer to the 'G | uide to completing thi | s form' section at the start of |
| Is the beneficial owner a Politically Exposed Person? | | | |
| Yes No | | | |
| Is the beneficial owner a tax resident of Australia? | | | |
| Yes No | | | |
| Is the beneficial owner a tax resident of a country other than Australia | or a Specified U.S Per | rson? | |
| Yes No | | | |
| If YES, the beneficial owner will need to complete a separate FATCA/0 | CRS Self-Certification | Form available on our | website. |

| 6. | Life Insured | | | | |
|-----|---|--------------------------|-------|---------|--|
| | The existing life insured(s) will remain registered on the account. | | | | |
| | If the transfer relates to a ChildBuilder account, then the life insured (child) cannot be changed or added to. | | | | |
| | Is this a transfer of a LifeBuilder investment? | | | | |
| | Yes. Please continue below. | Section 8. | | | |
| 6.1 | Investor(s) as the life insured | | | | |
| | Do you want the new owners named in Section 3 to be the life (joint li | ves) insured? | | | |
| | Yes (default). Each new owner will be registered as the life/ live | s insured. | | | |
| | No. Please provide additional life insured details below. | | | | |
| 6.2 | Life insured details | | | | |
| | If there are more than two additional lives insured please attach t | their details to this fo | rm. | | |
| | Life insured 1 (if different to individual owners and for new compa | any or trust owners) | | | |
| | Title | | | | |
| | | | | | |
| | Given name(s) | | | | |
| | | | | | |
| | Surname | | | | |
| | | | | | |
| | Date of birth (dd/mm/yyyy) | Occupation | | | |
| | / | | | | |
| | Residential address (PO Box / RMB / Locked Bag is not accepted) | | | | |
| | | | | | |
| | Suburb/City/Town Postcode State Country | | | | |
| | | | | | |
| | Life insured 2 (if required) | | | | |
| | Tale | | | | |
| | Title | | | | |
| | | | | | |
| | Given name(s) | | | | |
| | | | | | |
| | Surname | | | | |
| | | | | | |
| | Date of birth (dd/mm/yyyy) | Occupation | | | |
| | | | | | |
| | Residential address (PO Box / RMB / Locked Bag is not accepted) | | | | |
| | | | | | |
| | Suburb/City/Town | Postcode | State | Country | |
| | | | | | |

7. New investor declaration and signature(s)

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.

| New Investor 1 | |
|---|-------------------|
| Please select the appropriate box | |
| Individual Trustee Director / Company secretary | Power of attorney |
| Name (please print) | |
| Signature | Date (dd/mm/yyyy) |
| New Investor 2 | |
| Please select the appropriate box | |
| Individual Trustee Director Power of attorney | Parent / Guardian |
| Name (please print) | |
| Signature | Date (dd/mm/yyyy) |
| | |

If signed under a 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 AML/CTF Laws.

For more information, please refer to the `Completing proof of identity' document on our website.

8. Existing investor declaration and signature(s)

I/we being the investment owner(s) named above confirm that I/we am/are the legal and beneficial owner(s) of the above investment(s) and that I/we have not transferred, assigned, mortgaged or charged the investment(s), or any rights or interests under the investment(s). I/we transfer my/our rights, powers and interest in the above investment(s) to the person(s) named above as the Transferee(s), and further acknowledge that any beneficiary nomination or Future Event transfer that I/we have made will be revoked and cancelled.

| Existing owner 1 |
|--|
| Please select the appropriate box |
| Individual Trustee Director Power of attorney |
| Name (please print) |
| |
| Signature Date (dd/mm/yyyy) |
| |
| X |
| |
| |
| Existing owner 2 |
| Please select the appropriate box |
| Individual Trustee Director / Company secretary Power of attorney Parent / Guardian |
| Name (please print) |
| |
| Signature Date (dd/mm/yyyy) |
| |
| X |
| |
| If signed under a 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 AML/CTF Laws. |
| For more information, please refer to the `Completing proof of identity' document on our website. |
| |
| |
| You can submit this form by: |
| Email: enquiry@genlife.com.au |
| Mail: GPO Box 263, Collins Street West, Melbourne VIC 8007 |
| |



Investor services: 1800 806 362 Adviser services: 1800 333 657 Outthinking today.