

Guide to completing this form

- Complete this form to make a full withdrawal from your LifeIncome. Please note, no partial withdrawal requests can be accepted.
- Please complete these instructions in BLACK/BLUE INK using CAPITAL LETTERS (except for email address).

1. Investor details

Client number (if known):

Account number:

Investor name:

Date of birth:

(DD/MM/YYYY)

2. Withdrawal instruction

- ☐ Yes, I would like to make a full withdrawal.

If you choose to exercise this choice, your LifeIncome will cease and no further income payments will be made to you. Any ongoing/fixed term adviser fee arrangement will cease.

3. Payment instructions

Please indicate how you would like to receive the withdrawal benefit payment.

If your LifeIncome is funded by superannuation money, you can choose to rollover your withdrawal amount or have it paid to you as a lump sum.

- ☐ **Lump sum to bank account**

Please provide your bank account details. Please note, the bank account name must match the name of the LifeIncome account, or be a joint account with another person.

Bank and branch name:

Account name:

BSB:

Account number:

OR

- ☐ **Use the bank account where my income payments are made**

Withdrawals cannot be paid to third parties.

OR

- ☐ **Rollover to your superannuation fund**
Please provide your superannuation fund details.

Account name:

Superannuation fund name:

Superannuation account number:

Unique Superannuation Identifier (USI):

ABN (only relevant for SMSFs):

3. Declaration and signatures

I declare that all details in this form are true and correct.

I authorise Generation Life Limited to process the instructions set out in this form.

I confirm that I 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.

Signature of Investor

Name: (PLEASE PRINT)

Signature:

Date:

(DD/MM/YYYY)

Please select the appropriate box:

- ☐ Individual ☐ Power of Attorney

You can submit this form by:

Email: enquiry@genlife.com.au

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