

Guide to completing this form

- Use this form to waive or reinstate the right of your Reversionary Beneficiary to make a request for, or receive, a Withdrawal Benefit after the event of your death.
- 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. Change Reversionary Beneficiary's right to a Withdrawal Benefit

- Remove the right of my Reversionary Beneficiary to make a request for, or receive, a Withdrawal Benefit after the event of my death.
- Reinstate the right of my Reversionary Beneficiary to make a request for, or receive, a Withdrawal Benefit after the event of my death.

Please only select one option.

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 release, discharge and agree to indemnify Generation Life Limited and any other related body corporate from and against any action, proceeding claims, losses, liabilities or costs arising from processing the instructions set out in this form.

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