

We understand that your financial situation may have changed since you commenced LiferIncome, so you can request to withdraw during your Withdrawal Period. If you choose to withdraw, your LiferIncome will be closed and no further income payments will be made to you. Please note, no partial withdrawal requests can be accepted.

Please contact us, or your financial adviser, if you would like an estimate of your Withdrawal Benefit before completing this form.

All Withdrawal Benefits are subject to legislated maximums. The Product Disclosure Statement contains more information.

Guide to completing this form

- Complete this form to make a full withdrawal from your LiferIncome.
- Please complete these instructions in BLACK/BLUE INK using CAPITAL LETTERS (except for email address).

How Withdrawal Benefits are taxed

The tax payable on a lump sum Withdrawal Benefit is different depending on whether you have established your LiferIncome with superannuation or non-superannuation money.

If you invested in LiferIncome with money rolled over within the superannuation system and you are aged 60 and over, your lump sum Withdrawal Benefit is tax free.

If you invested in LiferIncome with superannuation money and you are under 60 years old, your lump sum Withdrawal Benefit may comprise tax-free and taxable components. PAYG withholding tax may be withheld on the taxable amount.

If you invested in LiferIncome with non-superannuation money, part of your lump sum Withdrawal Benefit may need to be included in your assessable income and is subject to PAYG withholding tax.

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 LiferIncome 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 LiferIncome 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 LiferIncome 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):

4. MCP Wholesale Investments Trust

The MCP Wholesale Investments Trust has limited liquidity which means that a Withdrawal Benefit based on an investment in this fund can only occur at certain times. Where your investment allocation includes the MCP Wholesale Investments Trust, that respective portion of your withdrawal may be paid to you separately.

If we receive your withdrawal request by the 10th of a month, the redemption from the MCP Wholesale Investments Trust will be processed on the last Business Day of that month (except in June when it will be processed on the third last Business Day).

If your withdrawal request is received after the 10th of a month, the redemption from the MCP Wholesale Investments Trust will be processed on the last Business Day of the following month (except in June when it will be processed on the third last Business Day).

The unit price received will be based on the date the redemption is processed.

5. Payment options

Please only complete this section if your investment allocation includes investment in the MCP Wholesale Investments Trust. Please indicate whether you would like to receive the Withdrawal Benefit in one or two payments:

I would like to receive one lump sum Withdrawal Benefit payment.

I understand that Generation Life will redeem all investments other than in the MCP Wholesale Investments Trust until a unit price is received for the MCP Wholesale Investments Trust. Investment in the MCP Wholesale Investments Trust will be redeemed, as described in section 4. The lump sum Withdrawal Benefit payment may take up to 6 to 8 weeks to be processed.

OR

I would like to receive two lump sum Withdrawal Benefit payments.

I understand that Generation Life will redeem all investments other than the MCP Wholesale Investments Trust and pay the first lump sum Withdrawal Benefit after the redemption is processed. The second lump sum Withdrawal Benefit will be paid after a unit price is received and the redemption is processed for the MCP Wholesale Investments Trust. Please refer to section 4. The second lump sum Withdrawal Benefit payment may take up to 6 to 8 weeks to be processed.

6. 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.

I understand that I may be required to provide additional proof of identification information for the purposes of the *Anti-money Laundering and Counter-Terrorism Financing Act 2006*.

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 for the purposes of 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