

**Guide to completing this form**

- Use this form to make a full or partial withdrawal from your LifeBuilder or ChildBuilder investment.
- Please use BLACK/BLUE ink and complete the applicable sections in BLOCK LETTERS.

**1. Investor details**

Client number (if known)

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Account number

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Investor name

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Date of birth (dd/mm/yyyy)

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**2. Withdrawal instruction****Please select one only.**

- Full withdrawal. **Please proceed to Section 4.**

**OR**

- Partial withdrawal. Please specify the amount below.

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If selecting partial withdrawal, please complete all sections of this form.

**Please note:** The minimum partial withdrawal amount is \$500.



#### 4. Financial institution details

Please provide your Australian financial institution information for the withdrawal payment.

Bank and branch name

Account name

BSB number

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Account number

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**Important note:** The account name for the above financial institution must be the same as the account name of the investment bond. Withdrawals cannot be paid to third parties.

#### 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 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.

I/We understand that I/we may be required to provide additional proof of identification information for the purposes of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Laws).

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 AML/CTF Laws.

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

##### Signature of Investor 1

Please select the appropriate box

Individual
  Trustee
  Director
  Power of attorney

Name (please print)

Signature

X

Date (dd/mm/yyyy)

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**Signature of Investor 2**

Please select the appropriate box

Individual  Trustee  Director/Company secretary  Power of attorney

Name (please print)

Signature

Date (dd/mm/yyyy)

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**You can submit this form by:**

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

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