

Guide to completing this form

- Use this form to confirm the details of the new policyholder (formerly the Reversionary Beneficiary) in the event of the original policyholder's death.
- To complete this process, please ensure the following documents are provided with this form:
 - Certified copy of death certificate
 - Statutory Declaration to confirm you are the spouse of the original policyholder if your Lifeline was commenced with Superannuation money.
 - Tax File Number Declaration form (if non-superannuation policy OR if superannuation policy whereby neither the original or new policyholder is/was over the age of 60)
- Please complete these instructions in BLACK/BLUE INK using CAPITAL LETTERS (except for email address).

1. Deceased investor details

Client number (if known):

Account number:

Investor name:

Date of birth:

(DD/MM/YYYY)

2. New investor details

Name

If your name has been changed since the initial investment commencement, you will need to provide a certified linking document that proves a relationship exists between two (or more) names. Please refer to 'Completing proof of identity' at www.genlife.com.au for more information on supporting documents required for a change of name.

Given name(s):

Preferred given name(s): (OPTIONAL)

Surname:

Residential address

You must have a residential address recorded on your Lifeline. You may also have a postal address.

Address: (PO BOX / RMB / LOCKED BAG IS NOT ACCEPTABLE)

Suburb/City/Town:

Postcode:

State:

Country:

Postal address

C/- (if applicable):

Address:

Suburb/City/Town:

Postcode:

State:

Country:

Contact details

Mobile number:

Phone number:

Email address:

3. Bank account

The bank account used to receive your Lifeline payments must match the name of the Lifeline account or be a joint account with another person.

If you wish to nominate a new bank account to receive payments, please complete this section.

We require a certified copy of ID for bank account changes. Please refer to 'Completing proof of identity' at www.genlife.com.au for more information.

Account name:

BSB:

Account number:

4. Beneficiaries

Nominated beneficiaries

Complete this section to update your nominated beneficiaries.

You can nominate a single beneficiary, or multiple beneficiaries. If the LifeIncome was commenced with superannuation money, a beneficiary must be a dependant at the time of nomination and at the time of your death. If the LifeIncome was commenced with non-superannuation money, the dependant rules that apply to superannuation do not apply.

Any individual or legal entity can be nominated as a beneficiary, including a Legal Personal Representative (on behalf of your estate).

References to 'your dependant' means any person who is:
your spouse;
your child; or
in an interdependency relationship with you.

Updating your nominated beneficiaries on this form will replace any previous nominations.

Legal personal representative

Nominate my legal personal representative (on behalf of my estate)

% (WHOLE PERCENTAGE VALUES ONLY, E.G. 25%)

AND/OR

First nominated beneficiary

Full name: Date of birth: (DD/MM/YYYY)

Allocation: % (WHOLE PERCENTAGE VALUES ONLY, E.G. 25%)

Relationship:
 Spouse Child
 Interdependency relationship
 Other (non-superannuation only)

Second nominated beneficiary

Full name: Date of birth: (DD/MM/YYYY)

Allocation: % (WHOLE PERCENTAGE VALUES ONLY, E.G. 25%)

Relationship:
 Spouse Child
 Interdependency relationship
 Other (non-superannuation only)

Third nominated beneficiary

Full name: Date of birth: (DD/MM/YYYY)

Allocation: % (WHOLE PERCENTAGE VALUES ONLY, E.G. 25%)

Relationship:
 Spouse Child
 Interdependency relationship
 Other (non-superannuation only)

Fourth nominated beneficiary

Full name: Date of birth: (DD/MM/YYYY)

Allocation: % (WHOLE PERCENTAGE VALUES ONLY, E.G. 25%)

Relationship:
 Spouse Child
 Interdependency relationship
 Other (non-superannuation only)

Fifth nominated beneficiary

Full name: Date of birth: (DD/MM/YYYY)

Allocation: % (WHOLE PERCENTAGE VALUES ONLY, E.G. 25%)

Relationship:
 Spouse Child
 Interdependency relationship
 Other (non-superannuation only)

Total allocations for all beneficiaries: %

Note: Allocation percentage must total 100%

5. 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 new 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