

Guide to completing this form

- Use this form to provide notification of a death related to a LifeBuilder, ChildBuilder, or Generation Life Tax Effective Equity Income Fund account(s).
- Please use BLACK/BLUE ink and complete the applicable sections in BLOCK LETTERS.

Required document

Please provide a certified copy of the deceased person's death certificate.

For more information on who can certify documents, please refer to the **'Completing Proof of Identity'** document on our website.

We may contact you once we have assessed this notification for any further required information or documentation.

1. Deceased person's details

Given name(s)

Surname

Date of birth (dd/mm/yyyy)

 / /

Date of death (dd/mm/yyyy)

 / /

Last known residential address

Address (PO Box / RMB / Locked Bag is not acceptable)

Suburb/City/Town

Postcode

State

Country

2. Details of account(s)

Please provide details of all accounts that this notification relates to.

Client number (if known)

Account number

Account name

Client number (if known)

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Account number

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Account name

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Client number (if known)

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Account number

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Account name

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Note: If additional accounts relate to this notification, please attach an additional form(s).

3. Notifier's details

Given name(s)

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Surname

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Contact number

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Email address

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What was your relationship to the deceased person?

- Financial adviser
- Executor of estate
- Administrator of estate
- Legal practitioner
- Owner/Joint owner
- Nominated beneficiary

Other (please specify)

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4. Privacy and personal information

We collect and use the personal information that you provide to us, to process and/or update related accounts as a result of this notification.

We may disclose information in accordance with our privacy policy, including where required or authorised by law. We do not disclose personal information to recipients in foreign jurisdictions unless it is necessary to do so to process this notification.

If you wish to correct, update or make a complaint in relation to the personal information we hold (if you feel it has been misused), please contact us on 1800 806 362. Our privacy policy contains additional information and can be accessed at www.genlife.com.au or by contacting us.

5. Declaration and signatures

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

I acknowledge that I have read the Privacy and personal information section above, and the privacy policy, and I consent to all the uses and disclosures of my personal information as outlined.

I confirm that any third party information in this form has been provided with their consent.

Name (please print)

Signature

X

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