

# Co-Signatory Nomination Form

Generation Life Investment Bonds - LifeBuilder

#### Guide to completing this form

- This form should be completed if you would like to nominate, change or remove a Co-Signatory(ies) to a LifeBuilder account where you have nominated a restriction on access to funds by the intended transfer recipient.
- Please use BLACK/BLUE ink and complete the applicable sections in BLOCK LETTERS.

|    | Investor details   |  |  |  |
|----|--|--|--|--|
|    |  |  |  |  |
|    | Client number (if known)   |  |  |  |
|    |  |  |  |  |
|    | Account number(s)  |  |  |  |
|    |  |  |  |  |
|    | Account owner(s)   |  |  |  |
|    | Account owner(s)   |  |  |  |
|    |  |  |  |  |
|    |  |  |  |  |
|    |  |  |  |  |
| 2. | Co-Signatory instruction   |  |  |  |
|    | Revoke/cancel all existing Co-Signatory elections for the account nominated in Section 1 – proceed to Section 4  |  |  |  |
|    | Appoint, change/replace existing or make new Co-Signatory elections – continue to the next question in Section 2 below   |  |  |  |
|    | Do you wish to restrict your nominated Co-Signatory(ies) from appointing additional Co-Signatories when your nominated Co-Signatory(ies) is activated on the account?              |  |  |  |
|    | Yes (default) No   |  |  |  |
|    | Please elect the authority to instruct on the investment for future withdrawal requests when your nominated Co-Signatory(ies) is activated on the account.                         |  |  |  |
|    | All Co-Signatories to sign (default)  Any Co-Signatory to sign   |  |  |  |
|    | Important note: The instruction in this section may be changed at any time prior to your death or the transfer occurring (whichever is earlier), and cannot be altered thereafter. |  |  |  |
|    | Appointing a Co-Signatory  |  |  |  |
|    | Individual Co-Signatory  |  |  |  |
|    | Certified copies of the following identification documents are required for each individual Co-Signatory.  |  |  |  |
|    | a current driver's licence (both front and back must be provided) or passport (current or expired passport within the last 2 years)  |  |  |  |
|    | OR .   |  |  |  |
|    | a birth certificate and  |  |  |  |
|    | either a tax assessment (less than 12 months old), council rates notice or utilities provider account statement (less than 3 months old)   |  |  |  |

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For other accepted forms of identification, please refer to the 'Completing proof of identity' document on our website.

#### **Corporate Co-Signatory**

Certified copies of the following identification documents are required for a corporate Co-Signatory.

a certificate of registration issued by ASIC

OR

a current company search from the ASIC database

Certified copies of the following identification documents are required for each director and beneficial owner of the corporate Co-Signatory.

a current driver's licence (both front and back must be provided) or passport (current or expired passport within the last 2 years).

OR

a birth certificate and

Individual Co-Signatory 1

either a tax assessment (less than 12 months old), council rates notice or utilities provider account statement (less than 3 months old)

For other accepted forms of identification, please refer to the 'Completing proof of identity' document on our website.

## 3. Appoint, change, or replace Co-Signatory

You can appoint up to three individual Co-Signatories or one corporate Co-Signatory. An individual Co-Signatory must be at least 18 years of age.

I/we hereby revoke all previous Co-Signatory nominations made by me/us, and nominate the following as a Co-Signatory(ies) who will be authorised to approve a withdrawal request from my/our account as specified in Section 1 where I/we have nominated a restriction on access to funds by the transferee.

| Given names                |                   |  |  |  |
|----------------------------|-------------------|--|--|--|
|                            |                   |  |  |  |
| Surname                    |                   |  |  |  |
|                            |                   |  |  |  |
| Residential address        |                   |  |  |  |
|                            |                   |  |  |  |
| Date of birth (dd/mm/yyyy) |                   |  |  |  |
| Mobile number              |                   |  |  |  |
| Email address              |                   |  |  |  |
|                            |                   |  |  |  |
| Signature                  | Date (dd/mm/yyyy) |  |  |  |
| X                          |                   |  |  |  |

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| Individual Co-Signatory 2  |                   |  |  |  |
|----------------------------|-------------------|--|--|--|
| Given names                |                   |  |  |  |
|                            |                   |  |  |  |
| Surname                    |                   |  |  |  |
|                            |                   |  |  |  |
| Residential address        |                   |  |  |  |
|                            |                   |  |  |  |
| Date of birth (dd/mm/yyyy) |                   |  |  |  |
| Mobile number              |                   |  |  |  |
|                            |                   |  |  |  |
| Email address              |                   |  |  |  |
|                            |                   |  |  |  |
| Signature                  | Date (dd/mm/yyyy) |  |  |  |
| X                          |                   |  |  |  |
| Individual Co-Signatory 3  |                   |  |  |  |
| Given names                |                   |  |  |  |
|                            |                   |  |  |  |
| Surname                    |                   |  |  |  |
|                            |                   |  |  |  |
| Residential address        |                   |  |  |  |
|                            |                   |  |  |  |
| Date of birth (dd/mm/yyyy) |                   |  |  |  |
| Mobile number              |                   |  |  |  |
|                            |                   |  |  |  |
| Email address              |                   |  |  |  |
|                            |                   |  |  |  |
| Signature                  | Date (dd/mm/yyyy) |  |  |  |
|                            |                   |  |  |  |
| X                          |                   |  |  |  |
|                            |                   |  |  |  |

# **Corporate Co-Signatory** Corporate Co-Signatory details Full name of company Company Australian Business Number (ABN) Corporate Co-Signatory contact person Given name(s) Surname Mobile number Business number Email address (This email address may be used for investor correspondence.) Company registered office address (PO Box/RMB/Locked Bag is not acceptable) Suburb/City/Town Postcode State Country Signature of director Date (dd/mm/yyyy)

Date (dd/mm/yyyy)

Signature of director/company secretary

### 4. Declaration and signatures

Signature of Investor 1

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

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.

By giving instructions under authority of a power of attorney, I/We declare that:

- at the relevant time I was acting in that capacity and that the power of attorney is current and valid. I have not received notice of revocation of that power and agree to provide a certified copy of the power of attorney if requested by Generation Life.
- the instructions given are not inconsistent with the powers granted under the power of attorney.
- the power of attorney will not be used to directly or indirectly negate or be used in a fashion contrary to the Will or interests of the beneficiaries of the legal estate of the applicant, as donor of the power of attorney.

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.

| Name (please prin | nt)                                      |                   |
|-------------------|--|-------------------|
|                   |  |                   |
| Signature         |  | Date (dd/mm/yyyy) |
|                   |  |                   |
| X                 |  |                   |
|                   |  |                   |
| Signature of Inve | etor 2                                   |                   |
|                   |  |                   |
| Name (please prin | nt)                                      |                   |
|                   |  |                   |
| Signature         |  | Date (dd/mm/yyyy) |
|                   |  |                   |
| X                 |  |                   |
|                   |  |                   |
|                   |  |                   |
| You can subi      | mit this form by:                        |                   |
| Email:            | enquiry@genlife.com.au                   |                   |
| Mail:             | GPO Box 263, Collins Street West, Melbou | ırne VIC 8007     |



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