

Guide to completing this form

- Use this form to make a full or partial withdrawal from your LifeBuilder or ChildBuilder investment.
- Please use BLACK/BLOCK 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.

OR

Select whether to allocate in % or \$ ☐ % OR ☐ \$

Please list your partial withdrawal instructions.

Fund name	Amount to be withdrawn
Total Allocation (% or \$)	

Please attach extra copies of this page if you need to provide more investment options than the space provided.

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



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