

## Guide to completing this form

- This form is to be completed by the recipient of a LifeBuilder Regular Income Payment arrangement.
- Use this form to change, cancel or re-instate a Regular Income Payment which was established as part of a LifeBuilder account that has been transferred to a Future Event Transfer recipient.
- Please use BLACK/BLUE ink and complete the applicable sections in BLOCK LETTERS.

## 1. Investor details

Client number (if known)

--	--	--	--	--	--	--	--	--	--

Account number

--	--	--	--	--	--	--	--	--	--

Investor name

--

Date of birth (dd/mm/yyyy)

		/			/				
--	--	---	--	--	---	--	--	--	--

## 2. Regular Income Payment instructions

Please select all that apply.

- Change my Regular Income Payment frequency**  
Please complete Sections 3.1 and 5.
- Re-instate my Regular Income Payment arrangement**  
Please complete Sections 3.2 and 5.
- Cancel my Regular Income Payment arrangement**  
Please proceed to Section 5.
- Update my Regular Income Payment bank account details**  
Please complete Sections 4 and 5.

## 3. Frequency or re-establishment of Regular Income Payment

### 3.1 Regular Income Payment frequency

**Please note:** Your set payment amounts will be adjusted to reflect the frequency selected.

- Monthly
- Quarterly
- Half yearly
- Annually

### 3.2 Regular Income Payment re-instatement start date

Regular Income Payment processed from (dd/mm/yyyy)

0	8	/			/				
---	---	---	--	--	---	--	--	--	--

**IMPORTANT:** The Regular Income Payment feature is run on the 8th day of each month or the preceding Melbourne business day. The minimum payment amount is \$100 per payment.

The re-establishment of, cancellation or changes to your Regular Income Payment arrangement must be received at least 5 Melbourne business days before the end of a month in order to be effective for your next scheduled payment. Instructions not received within this timeframe will be considered to have been received in the following month.

Limited Liquidity investment options are not available as part of the Future Event transfer Regular Income Payment arrangement. Refer to the PDS for more information about Limited Liquidity investment options.

► [FORM CONTINUES OVER PAGE](#)

## 4. Financial institution details

Please provide your Australian financial institution information for the Regular Income Payment to be deposited into.

Account name

BSB number

 - 

Account number

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

## 5. Declaration and signatures

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

I understand that any directions which I have given in this form will override any similar directions which I have previously given.

I acknowledge that Limited Liquidity investment options cannot be included as part of the Future Event transfer Regular Income Payment arrangement.

I authorise Generation Life Limited to execute transactions to commence or amend my Regular Income Payment instructions until further notice. I request you, until further notice in writing, to withdraw on a pro-rata basis from my investment options to credit my nominated financial institution account in connection with my Regular Income Payment.

I confirm that I 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 understand that I 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

Please select the appropriate box

Individual  Power of attorney

Name (please print)

Signature

Date (dd/mm/yyyy)

 /  / 

### You can submit this form by:

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

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