

Additional Investment Via Direct Debit Form (includes Dollar Cost Averaging Facility)

Generation Life Investment Bonds

Guide to completing this form

- This form is to be completed by investors who want to make an additional investment via direct debit.
- This form is to be completed by investors who want to set up a Dollar Cost Averaging facility.
- The minimum total additional investment amount is \$500.
- Please use BLACK/BLUE ink and complete the applicable sections in BLOCK LETTERS.

1. Investor details

Client number (if known)

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

Account number

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

Account owner(s)

2. Investment details

2.1 Additional amount to be invested

Additional one-off investment amount

\$

Do you want to proceed with this additional investment if it will exceed the 125% limit? (LifeBuilder and ChildBuilder only)

- Yes, I/we acknowledge and accept that the start date of my/our 10-year period will be reset to the start of the investment year in which the excess additional investment is processed.
- No, do not proceed if it will exceed the 125% limit.

2.2 Investment allocation

Please select one only.

- Please allocate my investment according to my existing Default Investment Allocation.
Please proceed to complete Sections 4, 5 and 6 of this form.

OR

- Please progressively invest my investment according to my Dollar Cost Averaging instruction provided in Section 3 (only available for investment amounts of \$25,000 or more). **Please proceed to complete Sections 3, 4, 5 and 6 of this form.**

OR

- Please allocate my investment according to the specific investment allocations I provide on the next page.
Please proceed to complete Sections 2.3, 4, 5 and 6 of this form.

► FORM CONTINUES OVER PAGE

3. Dollar Cost Averaging facility (optional)

For investment amounts of \$25,000 or more, you can elect to have your investment amount progressively invested on a monthly basis (up to a maximum of 12 payments) according to your Default Investment Allocation. Your investment will initially be invested in the cash investment option (Generation Life Term Deposit Fund).

Please provide the number of payments below if you want to dollar cost average your additional investment.

Invest according to my Default Investment Allocation in

equal payments
(maximum of 12 payments)

The Dollar Cost Averaging facility is subject to the terms and conditions contained in the Product Disclosure Statement.

The first payment will occur when this additional investment via direct debit request is finalised and second and subsequent payments will normally occur on the 24th of each following month or the next Melbourne business day.

Important note:

If the annual auto-rebalancing facility is selected in your investment portfolio, the annual auto-rebalancing will not occur while a current active Dollar Cost Averaging facility is in place.

The Dollar Cost Averaging facility will invest according to your Default Investment Allocation. Please also complete the Investment Strategy Change, Switch & Auto-Rebalancing form available on our website if you would like to establish or update your Default Investment Allocation.

4. Identification information

Select the origin and source of funds being invested

To comply with Anti-Money Laundering and Counter-Terrorism Financing Act 2006, we require you to disclose whether you (or any key beneficial owners) are or have an association with a politically exposed person. Your additional investment cannot be processed without this information.

Are you a Politically Exposed Person or are you associated with a Politically Exposed Person?

Yes No

Please select the origin and source of funds being invested

Income from regular employment Investments Business income
 Borrowed funds Sale of assets Windfall (e.g. gift or lottery winning)

Other please specify

5. Direct debit details and authorisation

Account name

BSB number

-

Account number

I/We request Generation Life Limited (Direct Debit User ID 263858) to arrange for funds to be debited from my/our account as described in this form. I/We have read and understood the terms and conditions of the Direct Debit Service Agreement contained in the current Product Disclosure Statement and agree to them.

IMPORTANT: The account name for the above financial institution must be the same as the account name of the investment.

Signature of account holder 1

Name (please print)

Signature

Date (dd/mm/yyyy)

 / /

Signature of account holder 2

Name (please print)

Signature

Date (dd/mm/yyyy)

 / /

6. 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 acknowledge that if I/we invest in Limited Liquidity investment options in my/our Generation Life investment bond, these investment options may limit or delay my/our ability to make withdrawals, switch from, or for Generation Life to pay death benefit payments from these investment options, and I/we acknowledge that the ability to make a withdrawal and receive proceeds is not generally available on a daily basis.

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.

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 Investor 1

Please select the appropriate box

Individual Trustee Director Power of attorney

Name (please print)

Signature

Date (dd/mm/yyyy)

 / /

Signature of Investor 2

Please select the appropriate box

Individual Trustee Director 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