

4. Financial institution details

Please provide your Australian financial institution information for the withdrawal payment.

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. 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 acknowledge that if my/our withdrawal includes moving out of a Limited Liquidity investment option that takes longer to withdraw from, that part may be processed later as a separate transaction. I/We acknowledge that the ability to make a withdrawal and receive proceeds from Limited Liquidity options 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.

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)

 / /

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