

4. Financial institution details

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

Account holder name

BSB number

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Account number

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Important note: The account holder name for the above financial institution must be the same as the account owner's name of the investment bond. Payments can only be made to account holder(s) and 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

X

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