

### Guide to completing this form

- Use this form to nominate the Australian financial institution account to receive your investment proceeds on the maturity of your LifeBuilder investment term.
- Please use BLACK/BLEU 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. Maturity payment instructions

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

Account holder name

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BSB number

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Account number

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**IMPORTANT:** The account holder name for the above financial institution must be the same as the account owner's name of the investment bond. Maturity payments can only be made to account holder(s) and cannot be paid to third parties.

Maturity payment proceeds from a Limited Liquidity investment option may be paid separately, depending on the withdrawal rules applicable for that investment option. Refer to the PDS for more information about Limited Liquidity investment options.

### 3. 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 release, discharge and agree to indemnify Generation Life Limited and any other related body corporate from and against any action, proceeding claims, losses, liabilities or costs arising from processing the instructions set out in this form.

I/We acknowledge that if my/our maturity payment includes a Limited Liquidity investment option that it may take longer to receive withdrawal proceeds from that investment option.

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/Company secretary ☐ 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