



# nomination of beneficiaries form

**As the policyowner, you have the option to nominate a beneficiary or beneficiaries to receive benefits payable under your policy on your death. the option to nominate a beneficiary is subject to the conditions listed below.**

Unless a valid Nomination applies (explained below):

- we make all benefit payments to you, the Policyowner; or
- if the Policyowner dies, the Insurance benefit will be paid to the Policyowner's legal personal representative, or other person that Hannover Life Re of Australasia Ltd (we or us) are permitted to pay under the Life Insurance Act 1995.

## Nominations

As Policyowner, you can nominate beneficiaries to receive payment of any benefits on your death. To make a nomination, you need to complete this Nomination of Beneficiaries Form and return it to Customer Service.

## Conditions

The following conditions apply:

- There must not be more than 5 nominees. Nominations must be of a natural person.
- Nominations must be in writing on a Nomination of Beneficiaries Form.
- You may vary the nomination at any time by properly completing and signing a new Nomination of Beneficiaries Form and forwarding it to Customer Service. The variation takes effect when it is received by us.
- Payment of benefits will be made on the basis of the latest valid nomination received by us.
- If a nominee is a minor when payment is made, the payment will be made to the minor's legal guardian or trust for the benefit of the minor.
- If a nominee pre-deceases the Policyowner, that nominee's share is payable to the Policyowner's legal personal representative, or other person that we are permitted to pay under the Life Insurance Act 1995.

| full name of beneficiary  | address | date of birth | relationship to policyowner | proportion of benefit (%) |
|---|---------|---------------|-----------------------------|---------------------------|
|   |         | / /           |                             | %                         |
|   |         | / /           |                             | %                         |
|   |         | / /           |                             | %                         |
|   |         | / /           |                             | %                         |
|   |         | / /           |                             | %                         |
| <b>your policy number</b>   |         |               |                             |                           |
| <b>name of policyowner</b>  |         |               |                             |                           |
| <b>signature of policyowner</b>   |         |               |                             | <b>date:</b> / /          |
| <b>Please return this form to Customer Service PO Box 6728, Baulkham Hills NSW 2153</b> |         |               |                             |                           |