

APPLICATION TO MODIFY/ADD NOMINATED BENEFICIARIES



Policy number

Please note: The insured person and policy owner must be the same person.

A. Personal details Please use block letters

Title	Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐ Please specify		
Surname			
Given name(s)			
Date of birth			
Home address			
		State	Postcode
Postal address			
		State	Postcode
Telephone	Home ()	Work ()	Mobile

Nomination

Note: The nominated beneficiaries must be individuals, companies or charitable organisations.

I nominate the following beneficiaries to receive the specified proportion of the sum insured payable on my death. The payment is subject to the terms and conditions of the policy and any requirements of, or limitations imposed by law at the time of payment. Where a payment is made to a nominated beneficiary under the age of 18, a trust deed may be required as the benefit will be held for them in trust.

I understand that this nomination will be void if the policy owner changes.

Full name			
Address			
Date of birth		Relationship to You	Proportion of the amount insured %
Full name			
Address			
Date of birth		Relationship to You	Proportion of the amount insured %
Full name			
Address			
Date of birth		Relationship to You	Proportion of the amount insured %
Full name			
Address			
Date of birth		Relationship to You	Proportion of the amount insured %
Signature of insured person/policy owner			Date / /

If you have any queries about completing this form please call us on 1800 221 727.

The completed form may be posted to GPO Box 68, Sydney NSW 2001 or emailed to life_customerservice@asteronlife.com.au

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