

# APPLICATION TO MODIFY/ADD NOMINATED BENEFICIARIES



Policy number

**Please note: The insured person & 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.

Name of nominated beneficiary (individual, charitable foundation or company)	Address	Relationship to the person to be insured	Date of birth (of beneficiary)	Proportion of sum insured %
				%
				%
				%
				%
				%
				%
				%
				%
				%
				%
				%
<b>Total</b>				%

Signature of insured  
person/policy owner

Date  /  /

If you have any queries about completing this form please call Life Customer Service 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](mailto:life_customerservice@asteronlife.com.au)

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