

# 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 <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> Please specify	<input type="text"/>	
Surname	<input type="text"/>		
Given name(s)	<input type="text"/>		
Date of birth	<input type="text"/>		
Home address	<input type="text"/>		
	<input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
Postal address	<input type="text"/>		
	<input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
Telephone	Home ( <input type="text"/> )	Work ( <input type="text"/> )	Mobile <input type="text"/>

## 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	<input type="text"/>		
Address	<input type="text"/>		
Date of birth	<input type="text"/>	Relationship to You <input type="text"/>	Proportion of the amount insured <input type="text"/> %
Full name	<input type="text"/>		
Address	<input type="text"/>		
Date of birth	<input type="text"/>	Relationship to You <input type="text"/>	Proportion of the amount insured <input type="text"/> %
Full name	<input type="text"/>		
Address	<input type="text"/>		
Date of birth	<input type="text"/>	Relationship to You <input type="text"/>	Proportion of the amount insured <input type="text"/> %
Full name	<input type="text"/>		
Address	<input type="text"/>		
Date of birth	<input type="text"/>	Relationship to You <input type="text"/>	Proportion of the amount insured <input type="text"/> %
Signature of insured person/policy owner	<input type="text"/>		Date <input type="text"/> / <input type="text"/> / <input type="text"/>

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](mailto:life_customerservice@asteronlife.com.au)

TAL Life Limited ABN 70 050 109 450 AFSL 237848 (TAL Life) is part of the TAL Dai-ichi Life Australia (TAL) group of companies. TAL Life is the issuer of ordinary Asteron Life products and the insurer for Asteron Life products held in superannuation, which are issued by Brighter Super Trustee ABN 94 085 088 484 AFSL 230511 as trustee for Brighter Super ABN 23 053 121 564 RSE R1000160. The different entities of the Brighter Super Group and TAL Group do not guarantee, are not responsible for, or liable in respect of, products and services provided by the other.