

APPLICATION TO MODIFY/ADD NOMINATED BENEFICIARIES



Issued 1 March 2019

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

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 %
				%
				%
				%
				%
				%
				%
				%
				%
				%
				%
Total				%

Signature of insured person/policy owner Date

If you have any queries about completing this form please call Asteron Life Customer Service on 1800 221 727.

The completed form may be faxed to 1300 766 833 or emailed to life_customerservice@asteronlife.com.au

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