

Nominated Beneficiary Form

(Please refer to the last page for important notes on using this form)

Policy Owner(s)

Family name:	<input type="text"/>	Given name(s):	<input type="text"/>
Family name:	<input type="text"/>	Given name(s):	<input type="text"/>
Family name:	<input type="text"/>	Given name(s):	<input type="text"/>

Beneficiary 1

Family name:	<input type="text"/>
Given name(s):	<input type="text"/>
Date of Birth:	<input type="text" value="/"/> / <input type="text" value="/"/>
Relationship to insured:	<input type="text"/>
Postal Address:	<input type="text"/>
	<input type="text" value="Post Code"/>
Email:	<input type="text"/>
Home ph:	<input type="text" value="(0)"/>
Work ph:	<input type="text" value="(0)"/>
Mobile ph:	<input type="text" value="(0)"/>

Beneficiary 2

Family name:	<input type="text"/>
Given name(s):	<input type="text"/>
Date of Birth:	<input type="text" value="/"/> / <input type="text" value="/"/>
Relationship to insured:	<input type="text"/>
Postal Address:	<input type="text"/>
	<input type="text" value="Post Code"/>
Email:	<input type="text"/>
Home ph:	<input type="text" value="(0)"/>
Work ph:	<input type="text" value="(0)"/>
Mobile ph:	<input type="text" value="(0)"/>

Trust or Charity Beneficiary

Name of Trust or Charity:	<input type="text"/>		
Contact name:	<input type="text"/>	Contact ph:	<input type="text" value="(0)"/>
Contact postal address:	<input type="text"/>	Contact Mobile ph:	<input type="text" value="(0)"/>
	<input type="text" value="Post Code"/>	Branch (if a charity):	<input type="text" value="(0)"/>
Contact Email:	<input type="text"/>		

If a Trust:

Family name of Trustee 1:	<input type="text"/>	Given name(s):	<input type="text"/>
Family name of Trustee 2:	<input type="text"/>	Given name(s):	<input type="text"/>
Family name of Trustee 3:	<input type="text"/>	Given name(s):	<input type="text"/>

Schedule of Benefit Allocation

Please note:

1. Where different types of cover apply, please indicate these in the left hand column e.g., stepped premium or level premium and accelerated or stand-alone cover types.
2. The amounts specified for all beneficiaries cannot exceed the total sum insured for that cover type. If the total amount specified is less than the total sum insured then the balance would be payable to the Policy Owner(s).
3. If a joint Policy Owner who is also the life insured wishes to ensure that a portion of the payment goes to their estate, then they need to be listed as a beneficiary.
4. Please indicate (tick) whether any allocated amount is to remain as a fixed amount. The non-fixed percentages of the Sum Insured will be subject to any inflationary adjustments in accordance with the terms of the policy, whereas the fixed amount will remain the same as at the date of this nomination.

Cover Type	Total Sum Insured	Amount to Beneficiary 1	Keep Fixed	Amount to Beneficiary 2	Keep Fixed	Amount to Trustees / Charity	Keep Fixed
Life Covers							
	\$	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
Other Covers							
	\$	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>

Declarations and Acknowledgments

This Nominated Beneficiary Form applies to insurance on the life of:

Family name: Given name(s):
Date of Birth:

This Nominated Beneficiary Form is:

For a new policy
 For an existing policy
 To replace a previous Nominated Beneficiary Form

Application date:
Policy number:
Date of previous Form:

Declaration

I/We confirm that:

- by nominating beneficiaries/a beneficiary for the above policy, I/we instruct Asteron Life Limited ("Asteron Life") to pay the specified benefits to the nominated beneficiaries/beneficiary in the event of a valid claim in accordance with the instructions set out in the 'Schedule of Benefit Allocation';
- the above policy, and the nomination/s in this form, are not intended to create any obligation enforceable by anyone other than the Policy Owner(s) and Asteron Life;
- any previous Nominated Beneficiary Forms are revoked upon receipt of this form by Asteron Life; and
- I/we have read and acknowledge the 'Notes on the use of nominated beneficiaries' on the last page of this document.

Signature(s)

Policy Owner 1: Date:

Policy Owner 2: Date:

Policy Owner 3: Date:

Witness

(Must not be a nominated beneficiary or other interested party under the policy.)

Full name:
Address:
Occupation:
Signature: Date:

Notes on the use of nominated beneficiaries

1. A separate form must be used for each life insured.
2. If the Policy Owner(s) have nominated a beneficiary or beneficiaries under the policy, then Asteron Life is legally obliged to pay the specified benefits to that nominated beneficiary/beneficiaries so long as the nomination is still in place at the time of claim and identity of the beneficiary is clearly established.
3. Nominated beneficiaries and the amounts specified for each nominated beneficiary can be changed at any time prior to the death of the life insured. This will require the Policy Owner(s) to execute a new Nominated Beneficiary Form. This will revoke and replace all previous forms if received by Asteron Life prior to the death of the life insured.
4. Payment to a nominated beneficiary can be legally challenged in certain circumstances. For example, where there is intent to defeat creditors or a spouse. Changing circumstances could impact on the allocation of the sums insured and intended recipients. You should review your situation regularly and seek legal advice if you have any concerns.
5. Any number of beneficiaries can be nominated. If there are to be more than two individual (non trustee) beneficiaries, please use another page from another form to add these.
6. Children can be nominated as beneficiaries and there is no minimum age. It is suggested that legal advice be sought to ensure estate planning measures are put in place for minor children to have appropriate support in receiving/managing the funds. If there are no other provisions made, then the legal guardian of the minor child would provide claim payment instructions on their behalf.
7. If a policy has more than one Policy Owner (i.e., joint ownership) then, when a claim is made, the balance of the claim not paid to a nominated beneficiary will be paid to the surviving Policy Owner(s).
8. If a nominated beneficiary dies before any claim under a policy is made, then the entitlement will be paid to the deceased beneficiary's estate. If this is not the wish of the Policy Owner(s), then the Policy Owner(s) should ensure Asteron Life receives an updated Nominated Beneficiary Form prior to the death of the life insured.
9. When entering details for a trust as beneficiary you will need to use the individual names of the trustees as the beneficiaries. A trust only has legal standing through its trustees.
10. If nominating a charity, it is important to ensure the address and branch of any charity is provided.
11. Correspondence regarding this policy will be sent to the Policy Owner(s) and not the beneficiaries.
12. It is important that Policy Owners advise Asteron Life of any change of address of Policy Owner and / or nominated beneficiary named in this form.
13. It is recommended that a copy of this form be retained by the Policy Owner(s) and life insured.
14. The personal information collected in this form is collected for the purpose of administering the policy/policies referred to in the Schedule of Benefit Allocation and may be disclosed to third parties where necessary for this purpose or in order to comply with legal requirements. Personal details are stored securely by companies within the Suncorp Group and the Policy Owner(s) can contact Asteron Life at any time to request access to and correction of personal information.