

Nomination of beneficiary

Please note:

- Please complete this form using black or blue ink in capital letters. Mark appropriate answer boxes with a cross **X**.
- This form is applicable for fixed term and lifetime annuities purchased with personal savings and super. It is not applicable for companies, trusts and funds.

1. Personal details

(All fields must be completed)

Policy number

Policy owner

Title

Date of birth* (dd/mm/yyyy)

Given name(s)*

Surname*

Residential address*

Suburb

State

Postcode

Country

Postal address*

Suburb

State

Postcode

Country

Mobile number

Alternate phone number

Email address

2. Amending beneficiary nomination

I wish to (please indicate **X**):

- ☐ Cancel all current beneficiary nominations for this policy
- ☐ Nominate the following beneficiaries, in addition to any existing beneficiaries
- ☐ Replace any existing beneficiaries with the following new beneficiaries

First nominated beneficiary

Title*

Given name(s)*

Surname*

Gender*

☐ Male ☐ Female

Date of birth*

Percentage of death benefit

Residential address*

State

Postcode

Country

Relationship to you

☐ Spouse ☐ Child ☐ Financially dependent ☐ Interdependent ☐ Other

2. Amending beneficiary nomination (continued)

Second nominated beneficiary

Title*	Given name(s)*	Surname*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	Date of birth*	Percentage of death benefit
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	<input type="text"/> %
Residential address*		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
Relationship to you		
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financially dependent <input type="checkbox"/> Interdependent <input type="checkbox"/> Other <input type="text"/>		

Third nominated beneficiary

Title*	Given name(s)*	Surname*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	Date of birth*	Percentage of death benefit
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	<input type="text"/> %
Residential address*		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
Relationship to you		
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financially dependent <input type="checkbox"/> Interdependent <input type="checkbox"/> Other <input type="text"/>		

Fourth nominated beneficiary

Title*	Given name(s)*	Surname*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	Date of birth*	Percentage of death benefit
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	<input type="text"/> %
Residential address*		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
Relationship to you		
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financially dependent <input type="checkbox"/> Interdependent <input type="checkbox"/> Other <input type="text"/>		

3. Beneficiary nomination rules

Your nomination is subject to the following rules:

- A nominated beneficiary must be a natural person.
- Conditional nominations cannot be made.
- A Nominated Beneficiary can be changed or removed at any time, provided a Reversionary Beneficiary has not been chosen or the Reversionary Beneficiary.
- If purchased with money from your super, the Nominated Beneficiary must be a dependant at the time of your death.
- A nominated beneficiary is not applicable for policies owned by Australian companies, trusts or funds.
- A nominated beneficiary has no rights until the policy ownership is transferred upon death of the policy owner.
- If you nominate more than one beneficiary, the percentages must equal 100%.

4. Declaration and acknowledgement

By signing this form I declare as follows:

- All answers given on this form are true and correct.
- I understand that I indemnify Resolution Life against any liabilities whatsoever arising out of it acting on any of these details provided by me in connection with this form.
- I understand that this nomination:
 - will apply to my policy with Resolution Life until cancelled by me in writing
 - where indicated replaces any previous nomination made to Resolution Life and
 - may be cancelled at any time in writing by Resolution Life.
- If this form is signed under a Power of Attorney, the attorney certifies that he/she has not received notice of revocation of that Power. A certified copy of the Power of Attorney should be submitted with this form unless already sighted by Resolution Life.

Signature of policy owner



Date (dd mm yyyy)

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Where to send this form

This form must be mailed to:

Acenda
Guaranteed Annuities
GPO Box 3306
Sydney NSW 2001

Contact phone number

13 57 22
between 9am and 5pm (AEST/AEDT), Monday to Friday,
excluding public holidays.

What you need to know

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