

Any questions?  
Please call us

 1300 880 750

## Your policy details

Policy Owner and Life Insured	<input type="text"/>
Policy Number	<input type="text"/>

## Example of how to nominate a SOLE beneficiary

Life Insured	<input type="text" value="Mr Sam Sample"/>				
Beneficiary 1	<input type="text" value="Miss Sally Sample"/>				
Relationship	<input type="text" value="Sister"/>	Contact Number	<input type="text" value="1234 5678"/>	Percentage Allocated	<input type="text" value="100%"/>
Beneficiary 2	<input type="text"/>				
Relationship	<input type="text"/>	Contact Number	<input type="text"/>	Percentage Allocated	<input type="text"/>

## Example of how to nominate MULTIPLE beneficiaries

Life Insured	<input type="text" value="Mr Sam Sample"/>				
Beneficiary 1	<input type="text" value="Miss Sally Sample"/>				
Relationship	<input type="text" value="Sister"/>	Contact Number	<input type="text" value="1234 5678"/>	Percentage Allocated	<input type="text" value="50%"/>
Beneficiary 2	<input type="text" value="Mr Simon Sample"/>				
Relationship	<input type="text" value="Brother"/>	Contact Number	<input type="text" value="1234 5678"/>	Percentage Allocated	<input type="text" value="50%"/>

### Please note, the total percentage should always equal 100%.

Please feel free to attach a separate sheet of paper if the beneficiaries for your policy exceed 4 people.

Life Insured	<input type="text"/>				
Beneficiary 1	<input type="text"/>				
Relationship	<input type="text"/>	Contact Number	<input type="text"/>	Percentage Allocated	<input type="text"/>
Beneficiary 2	<input type="text"/>				
Relationship	<input type="text"/>	Contact Number	<input type="text"/>	Percentage Allocated	<input type="text"/>
Beneficiary 3	<input type="text"/>				
Relationship	<input type="text"/>	Contact Number	<input type="text"/>	Percentage Allocated	<input type="text"/>
Beneficiary 4	<input type="text"/>				
Relationship	<input type="text"/>	Contact Number	<input type="text"/>	Percentage Allocated	<input type="text"/>

Beneficiaries **MUST** be over 18 years old.

Policy Owner and Life Insured sign here	<input type="text"/>	Date	<input type="text" value="dd / mm / yyyy"/>
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### How to return your documents

Please return this form to Reply Paid 5380, Sydney NSW 2001

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