



Woolworths

# Nomination of Beneficiaries Form

The Policyowner may nominate beneficiaries to receive allocated shares of the Benefit Amount payable under their Policy on their death, in accordance with their most recent valid beneficiary nomination.

## Valid beneficiary nomination

To make a valid beneficiary nomination, the Policyowner must correctly complete this Nomination of Beneficiaries Form by providing details of nominated beneficiaries in accordance with the rules and procedures below and return it to:

Policyowner Services, Woolworths Insurance, Reply Paid 6728, Baulkham Hills NSW 2153.

If a valid beneficiary nomination does not exist at the date of the Policyowner's death, the Benefit Amount will be paid to their legal personal representative, or other person that the insurer is legally permitted to pay.

## Rules and Procedures

To make a valid nomination the Policyowner must provide details of the nominated beneficiaries in the table below. The following additional rules and procedures apply:

- up to 5 beneficiaries can be nominated with a specified whole percentage share for each beneficiary that must total 100%;
- only natural persons can be nominated (not, for example companies or organisations);
- nominations must be made by the Policyowner sending us a validly completed and signed nomination form, or by calling us. A nomination takes effect when it is received by us;
- nominations may be varied by the Policyowner sending us a new validly completed and signed nomination form, or by calling us. A new nomination takes effect when it is received by us;
- if the nominated beneficiary is a minor when the benefit is payable, his or her specified percentage share will be paid to a trustee or a legal guardian for the benefit of the minor during his/her minority;
- if the nominated beneficiary dies before the Policyowner, the nomination in favour of that beneficiary fails and the percentage share specified for the deceased beneficiary will be paid to the Policyowner's legal personal representative (or other person that we are legally permitted to pay). The remaining nominations, if any, will continue to be effective; and
- if the Policy ownership changes e.g. due to assignment, any existing nomination will be invalidated.

Once the completed form has been received, the Policy details will be updated and the Policyowner will be issued with a revised Policy Schedule.

## Privacy

Greenstone Financial Services Pty Ltd on behalf of Swiss Re Life and Health Australia Limited ("we", "us" or "our") collects the following personal information in order to record your nominated beneficiaries and to assist in the management of future claims. You confirm that you have gained consent from the individuals to provide this information. This information will be shared with your insurer and any of its service providers, including claims assessors should you lodge a claim under your Policy. If you fail to provide the requested information, or do not provide the information in full, your nomination will be deemed invalid and will not be processed. We are unlikely to send your information to any foreign jurisdiction. You can obtain a copy of our Privacy Policy, which contains information about accessing and correcting information and how to complain about a breach of the Privacy Principles, on our website or you can request a copy by contacting us on **1300 10 1234** weekdays between 8am to 8pm AEST except public holidays.

Life Insurance Products

# Nomination of Beneficiaries Form



## To be completed by the Policyowner

Your Policy number	Policyowner's title	Policyowner's first name	Policyowner's surname

## Details of nominated beneficiaries

Full name of nominated beneficiary	Address	Phone number	Date of birth	Relationship to Policyowner	Proportion of Benefit (%)
1.			DD / MM / YYYY		%
2.			DD / MM / YYYY		%
3.			DD / MM / YYYY		%
4.			DD / MM / YYYY		%
5.			DD / MM / YYYY		%

Must add up to 100%

## Policyowner Declaration

I hereby nominate the persons named above to receive the allocated shares of the Benefit Amount payable on my death. I understand and agree that the nominations will not become valid until the completed form has been received.

Your Policy number:

Name of Witness:

Signature of Policyowner:

Signature of Witness (cannot be a nominee):

Date of birth

Today's date



Date of birth

Today's date



Please return this form to Woolworths Insurance, Policyowner Services, Reply Paid 6728, Baulkham Hills NSW 2153 (no stamp required)

**Important things you should know:** Woolworths life insurance products are issued by the insurer, Swiss Re Life & Health Australia Limited ABN 74 000 218 306; Australian Financial Services Licence No. (AFSL) 324908, Level 36, Tower Two, International Towers Sydney, 200 Barangaroo Avenue, Sydney NSW 2000, and are subject to the Terms and Conditions as set out in the relevant Product Disclosure Statement made available to you at policy inception. Woolworths life insurance products are distributed by Greenstone Financial Services Pty Ltd ABN 53 128 692 884; AFSL 343079, 50 Norwest Boulevard, Bella Vista NSW 2153, and are promoted by its Authorised Representative Woolworths Group Limited ABN 88 000 014 675; Authorised Representative No. 245476, 1 Woolworths Way, Bella Vista NSW 2153.

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