

Nomination of Beneficiaries Form

This Nomination of Beneficiaries form allows you, as the policy owner, to nominate up to 5 beneficiaries to receive benefits payable under your policy as a result of your death.

As the policy owner, if you choose not to nominate a beneficiary using this form, any payments payable under your policy as a result of your death will be made to your estate. Please refer to your Product Disclosure Statement for full terms and conditions.

Your Policy Number:

Policy Owner Name:

As the policy owner, I understand the beneficiaries noted below or my estate (if applicable) will receive proceeds from any benefits payable under my Suncorp policy, subject to the terms and conditions of my policy and any requirements of, or limitations imposed by law at the time of payment. I also understand that:

- I can nominate a maximum of 5 beneficiaries under my Suncorp policy;
- if a nominee cannot be located or they pre-decease me, the portion otherwise payable to them will be payable to my estate;
- if at the time of payment, a nominated beneficiary is a minor, the payment will be made to the minor's legal guardian, a trust for the benefit of the minor or to any person we are authorised to pay under the relevant law;
- I can alter my nominations at any stage, however, nominations are not effective until they are confirmed in writing by us; and
- a payment made to my nominated beneficiaries will be based on the latest valid nomination received and accepted by the insurer.

Nominated beneficiary details

Full name	Address	Relationship to you	Date of birth	Proportion of the amount insured (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>	<input style="width: 50px;" type="text" value="%"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>	<input style="width: 50px;" type="text" value="%"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>	<input style="width: 50px;" type="text" value="%"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>	<input style="width: 50px;" type="text" value="%"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>	<input style="width: 50px;" type="text" value="%"/>
			Estate	<input style="width: 50px;" type="text" value="%"/>
			Total (must add up to 100%)	<input style="width: 50px;" type="text" value="100%"/>

Policy owner signature

Date:

Please return this form to Life Customer Service:

Fax: 1300 766 833
Email: customerservice@suncorplifeinsurance.com.au
Mail: GPO Box 68, Sydney NSW 2001

