

Lifepan FlexiGrowth Investment Nomination of Beneficiary Form



Please **PRINT** clearly in Black pen keeping well within the boxes.
 Start at the left, write one letter in each box and leave one box between words.
 Use crosses in the boxes marked with an 'X'.

A. INVESTOR(S) DETAILS

Title Mr Mrs Ms Miss Other (Please specify)

Last name

First name

Address

Suburb

State Postcode Policy Number

Phone Number Mobile Phone

B DECLARATION

I/We _____
 holder/s of the above policy, hereby by revoke any nomination previously made by me/us in respect to the monies payable on my/our death, and I/we hereby nominate the beneficiaries set out hereunder, to receive the said monies payable upon my/our death accordance with the Fund Rules.

C. BENEFICIARY/IES - PLEASE WRITE IN BLOCK CAPITALS

Beneficiary 1

Beneficiary's Full Name

Address

Date of Birth DDMMYYYY Relationship to investor(s) % of Benefit %

Beneficiary 2

Beneficiary's Full Name

Address

Date of Birth DDMMYYYY Relationship to investor(s) % of Benefit %

Beneficiary 3

Beneficiary's Full Name

Address

Date of Birth DDMMYYYY Relationship to investor(s) % of Benefit %

* Ensure that the total proportion payable is equal to 100%

D. SIGNATURE (S)

Signature of investor 1

Signature box

Date

DDMMYYYY

Signature of Investor 2

Signature box

Date

DDMMYYYY



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