

# Lifeplan 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'.

## 1. INVESTOR(S) DETAILS

Title Mr  Mrs  Ms  Miss  Other (Please specify) \_\_\_\_\_

Last name

First name

Address

Suburb

State  Postcode  Policy number

Phone number  Mobile number

## 2. 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.

## 3. BENEFICIARY/IES - PLEASE WRITE IN BLOCK CAPITALS

### Beneficiary 1

Beneficiary's full name

Address

State  Postcode

Date of birth  Relationship to investor(s)  % of Benefit

### Beneficiary 2

Beneficiary's full name

Address

State  Postcode

Date of birth  Relationship to investor(s)  % of Benefit

### Beneficiary 3

Beneficiary's full name

Address

State  Postcode

Date of birth  Relationship to investor(s)  % of Benefit

## 4. SIGNATURE(S)

I confirm I have retained a copy of this form for my files.

### Signature of investor 1

Date

### Signature of investor 2

Date