

Lifepan Tax Minimiser Investment Bond Nomination of Beneficiary



1. YOUR 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/ies, hereby revoke any nomination previously made by me/us in respect to the monies payable by the said Society at my/our death, and I/We hereby nominate the beneficiaries set out here under, to receive the said monies payable upon my/our death in accordance with the General Laws of the above society.

3. NOMINATION OF BENEFICIARIES (total proceeds must equal 100%)

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