

ANZ Super Advantage Nomination of Beneficiary Form



12 March 2014

Customer Services

Phone 13 38 63

Email customer@onepath.com.au

Website anz.com/wealth/super

INSTRUCTIONS

This form is for existing members to nominate, revoke, or reconfirm a beneficiary nomination in ANZ Super Advantage.

Please complete this form in **capital letters** using **black** or **blue** pen.

In completing the proportions of benefits, your nominations must add up to 100% (no fractions or decimals). If the proportions do not equal 100%, you will be asked to complete a new form.

To make a new non-lapsing nomination or revoke your existing nomination, you must sign section 4a and two witnesses must sign section 4b. Any alterations to your form must be initialled by you and both witnesses.

Please complete this form and send it to:

ANZ Super Advantage

OnePath Life Limited

GPO Box 4028

Sydney NSW 2001

This form cannot be faxed. We require the original form.

1. MEMBER DETAILS

Member number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer Plan name (if applicable)	<input type="text"/>								
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	Other	<input type="text"/>		
Surname	<input type="text"/>								
Given name(s)	<input type="text"/>								
Date of birth (dd/mm/yy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Residential address (this cannot be a PO Box)	<input type="text"/>								
Suburb/Town	<input type="text"/>			State	<input type="text"/>		Postcode	<input type="text"/>	
Phone (during business hours)	<input type="text"/>								
Email	<input type="text"/>								

2. NOMINATION INSTRUCTION

Select (x) from the below:

New nomination – I would like to provide new nomination details (complete sections 3, 4a and 4b)

or

Revoke – I would like to revoke the existing nomination without replacing it (go to section 4a. and two witnesses must also sign section 4b).

and/or

Reconfirm – I would like to reconfirm my existing death benefit nomination as a non-lapsing nomination (go to section 4a only).



3. BENEFICIARY DETAILS

You can only nominate your legal personal representative (your estate), and/or a person(s) who is a dependant, to receive your death benefit. Please refer to the relevant PDS and Member Guide (which forms part of the PDS) for more information. Your existing beneficiary nomination will be replaced by the new non-lapsing beneficiary nomination details you provide here.

Name of nominated beneficiary (Print in capital letters)	Gender	Relationship to member (select one)	Date of birth (dd/mm/yy)	Proportion of death benefit %
1 My Legal Personal Representative (My Estate)	Not applicable	Not applicable	Not applicable	<input type="text"/> %
and/or nominated beneficiary(ies) below				
2 <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant	<input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship	<input type="text"/> / <input type="text"/> / <input type="text"/> %
3 <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant	<input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship	<input type="text"/> / <input type="text"/> / <input type="text"/> %
4 <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant	<input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship	<input type="text"/> / <input type="text"/> / <input type="text"/> %
5 <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant	<input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship	<input type="text"/> / <input type="text"/> / <input type="text"/> %
The total of your beneficiary nominations, including your legal personal representative (your estate), must be 100%				<input type="text" value="100"/> %

Where you wish to nominate more than four beneficiaries, please photocopy this page and attach to your completed form.

4A. MEMBER DECLARATION

By signing this form, I confirm that I:

- consent to the collection, use, storage and disclosure of my personal information (including health information) as described in OnePath’s Privacy Policy which is available at anz.com/privacy, or by calling Customer Services. If I have provided information about another person in this application (for example a beneficiary or life insured), I declare that I have the consent of that person to do so. I understand that OnePath Custodians requires me to inform the person concerned that I have done so and direct them to the Privacy Policy which is located at anz.com/privacy
- accept that OnePath may send me information about its products or services from time to time. I understand that I may notify you of my decision not to receive further information by contacting you directly
- agree that my beneficiaries and I are bound by the provisions of the relevant trust deed
- agree that this nomination only applies to the relevant ANZ Super Advantage account associated with the member numbers identified on this form.

Name of member	Signature of member (sign clearly within the box)	Date (dd/mm/yy)
<input type="text"/>	<input type="text" value="X"/>	<input type="text" value="/ /"/>

4B. WITNESS DECLARATION

This section must be completed for the non-lapsing death benefit nomination to be valid and/or you have chosen to revoke an existing nomination.

Declaration: I am 18 years or over; I am not a named beneficiary on this form; and the member’s signature was signed and dated by the member in the presence of us both.

Full name of witness 1 (Print in capital letters)	Signature of witness 1 (sign clearly within the box)	Date (dd/mm/yy)
<input type="text"/>	<input type="text" value="X"/>	<input type="text" value="/ /"/>

The date of the member and witness signatures must be the same.

Full name of witness 2 (Print in capital letters)	Signature of witness 2 (sign clearly within the box)	Date (dd/mm/yy)
<input type="text"/>	<input type="text" value="X"/>	<input type="text" value="/ /"/>

The date of the member and witness signatures must be the same.