

Nomination of Beneficiaries Form

As the Policyowner, you have the option to nominate a beneficiary or beneficiaries to receive benefits payable under your Policy on your death. The option to nominate a beneficiary is subject to the conditions listed below.

Unless a valid nomination applies (explained below):

- we make all benefit payments to you, the Policyowner; or
- if the Policyowner dies, for a Family Plan, the Insurance benefit will be paid to the surviving Partner Life Insured, or for a Single Plan, the Insurance benefit will be paid to the Policyowner's legal personal representative, or other person that Hannover Life Re of Australasia Ltd (**we** or **us**) are permitted to pay under the Life Insurance Act 1995.

Nominations

As Policyowner, you can nominate beneficiaries to receive payment of any benefits on your death. To make a nomination, you need to complete this Nomination of Beneficiaries Form and return it to Australian Seniors Insurance Agency, PO Box 6728, Baulkham Hills NSW 2153.

Conditions

The following conditions apply:

- there must not be more than 5 nominees; and
- nominations must be of a natural person; and
- nominations must be in writing on a Nomination of Beneficiaries Form; and
- you may vary the nomination at any time by properly completing and signing a new Nomination of Beneficiaries Form and forwarding it to Australian Seniors Insurance Agency. The variation takes effect when it is received by us; and
- payment of benefits will be made on the basis of the latest valid nomination received by us; and
- if a nominee is a minor when payment is made, the payment will be made to the minor's legal guardian or trust for the benefit of the minor; and
- if a nominee pre-deceases the Policyowner, that nominee's share is payable to the Policyowner's legal personal representative, or other person that we are permitted to pay under the Life Insurance Act 1995.

Privacy

Greenstone Financial Services Pty Ltd ("GFS", "we", "us" or "our") collects the following personal information in order to record your nominated beneficiaries and to assist in the management of future claims. You confirm that you have gained consent from the individuals to provide this information. This information will be shared with your insurer and any of its service providers, including claims assessors should you lodge a claim under your Policy. If you fail to provide the requested information, or do not provide the information in full, your nomination will be deemed invalid and will not be processed. We are unlikely to send your information to any foreign jurisdiction. You can obtain a copy of our Privacy Policy, which contains information about accessing and correcting information and how to complain about a breach of the Privacy Principles, from seniors.com.au or you can request a copy by contacting us on 1800 004 005.

Full Name of Beneficiary	Address	Date of Birth	Relationship to Policyowner	Proportion of Benefit (%)
		/ /		%
		/ /		%
		/ /		%
		/ /		%
		/ /		%
Your Policy number				
Name of Policyowner				
Signature of Policyowner				Date: / /

Please return this form to Australian Seniors Insurance Agency, PO Box 6728, Baulkham Hills NSW 2153