

# Nomination of Beneficiaries Form

**As the policyowner, you have the option to nominate up to 5 beneficiaries to receive benefits payable under your policy on your death. The option to nominate a beneficiary is subject to the conditions listed below.**


If you choose not to nominate a beneficiary using this form, or do not submit a valid nomination (explained below) any benefit payable from your policy will be settled in accordance with provisions outlined in your Product Disclosure Statement and the Life Insurance Act 1995.

## Helpful tips when completing the Nomination of Beneficiaries Form



- We accept forms that have been completed and signed both manually or electronically. The accepted digital signature platform is DocuSign.
- If manually completed, please ensure to initial any alteration or correction to the form.
- Please note that when completing the proportion of benefit section, it must equal 100%; we cannot accept dollar amounts, fractions, or statements such as 'All', 'Half', or 'The Rest'.
- We require complete phone numbers for all nominees, except if they are under 18 years of age.
- We are unable to accept any additional instructions on the form, other than the fields included.


## Example of how to nominate a beneficiary(ies)

| Full name of beneficiary    | Address                          | Phone number | Date of birth | Relationship to policyowner | Proportion of benefit |
|-----------------------------|----------------------------------|--------------|---------------|-----------------------------|-----------------------|
| Mr Travis Smith             | 1 Sample Street, Smithville NSW  | 02 1234 5678 | 01/05/1980    | Brother                     | 30%                   |
| Ms Sarah Jones              | 35 Sample Street, Smithville NSW | 02 5678 1234 | 30/06/1995    | Daughter                    | 70%                   |
| <b>SAMPLE</b>               |                                  |              |               |                             | %                     |
|                             |                                  |              |               |                             | %                     |
| Total (must add up to 100%) |                                  |              |               |                             | 100%                  |

|                          |  |                    |                  |
|--------------------------|--|--------------------|------------------|
| Name of policyowner      | Mrs Vanessa Harmens  | Your policy number | 750123456        |
| Signature of policyowner | <div>DocuSigned by:<br/><br/>01F0471B304248C...</div> |                    | Date: 10/01/2024 |

**The form can be signed manually or using an electronic signature. Electronic signatures – are digitally signed, not copy and pasted or typed – please see sample below. The accepted digital signature platform is DocuSign.**

|                          |  |                    |                  |
|--------------------------|--|--------------------|------------------|
| Name of policyowner      | Mrs Vanessa Harmens  | Your policy number | 750123456        |
| Signature of policyowner | <div>DocuSigned by:<br/><br/>01F0471B304248C...</div>  |                    | Date: 10/01/2024 |

|                          |  |                    |                  |
|--------------------------|--|--------------------|------------------|
| Name of policyowner      | Mrs Vanessa Harmens  | Your policy number | 750123456        |
| Signature of policyowner | <div>Vanessa Harmens</div>  |                    | Date: 10/01/2024 |

# Nomination of Beneficiaries Form

## 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, on our website or you can request a copy by contacting us on **1800 004 005**.

## Conditions

To make a valid nomination, the following conditions apply:

- Only the policyowner can sign the Nomination of Beneficiaries Form; and
- Only the key life insured/policyowner can nominate beneficiaries; and
- You can nominate a maximum of 5 beneficiaries under your policy; and
- Nominations must be a natural person; and
- If a nominee pre-deceases you, the portion otherwise payable to them will be payable to your estate; and
- If at time of payment, a nominated beneficiary is a minor, the payment will be made to the minor's legal guardian or trust for the benefit of the minor; and
- Payment of benefits will be made on the basis of the latest valid nomination received by Australian Seniors prior to the death of the policyowner; and
- You may vary the nomination at any time by calling us on **1800 004 005** or by properly completing and signing a new Nomination of Beneficiaries Form and returning it to Australian Seniors. The variation takes effect when it is received by Australian Seniors.

| Full name of beneficiary    | Address | Phone number | Date of birth | Relationship to policyowner | Proportion of benefit |
|-----------------------------|---------|--------------|---------------|-----------------------------|-----------------------|
|                             |         |              |               |                             | %                     |
|                             |         |              |               |                             | %                     |
|                             |         |              |               |                             | %                     |
|                             |         |              |               |                             | %                     |
|                             |         |              |               |                             | %                     |
| Total (must add up to 100%) |         |              |               |                             | %                     |

I agree the information I have provided on this form is correct. I agree that if electronically signing and submitting this form, and the insurer agreeing to accept it electronically, it has the same status as if I had physically signed it.

|                          |  |                    |  |
|--------------------------|--|--------------------|--|
| Name of policyowner      |  | Your policy number |  |
| Signature of policyowner |  | Date:              |  |

**Please return this form to Australian Seniors. Email: [service@seniors.com.au](mailto:service@seniors.com.au)  
Mail: Customer Support, Reply Paid 6728, Baulkham Hills NSW 2153 (no stamp required)**