



# Nomination of Beneficiary (Non Superannuation)

1 Please provide us with your policy number

2 Details of policy owner

Title  Mr  Mrs  Miss  Ms  Other

Given name/s

Surname

Date of birth

3 What is your address?

4 Do you wish to

- cancel all current beneficiary nominations for this policy
- nominate my estate as the only beneficiary of this policy
- nominate the following beneficiaries

**Nominated beneficiary 1**

Full name

Residential address

Relationship to policy owner/s

Date of birth

Sex  Female  Male

Split %  %

**Nominated beneficiary 3**

Full name

Residential address

Relationship to policy owner/s

Date of birth

Sex  Female  Male

Split %  %

**Nominated beneficiary 2**

Full name

Residential address

Relationship to policy owner/s

Date of birth

Sex  Female  Male

Split %  %

**Nominated beneficiary 4**

Full name

Residential address

Relationship to policy owner/s

Date of birth

Sex  Female  Male

Split %  %

**Note** Policy Owner's estate cannot be nominated less than 100 %

## Beneficiary Nomination Rules

Under Section 48A of the Insurance Contracts Act your valid nomination will ensure that any death claim proceeds payable under the policy will be paid in the designated portions directly to the nominated beneficiary/ies such that the proceeds will not be paid to you or your estate.

Your nomination is subject to the following rules:

- A nominated beneficiary can be a natural person, corporation or trust;
- Conditional nominations cannot be made;
- You may change a nominated beneficiary or revoke a previous nomination at any time prior to a claim event occurring;
- If a nominated beneficiary dies before a claim is made under the policy and no change in nomination has been made, then any money payable will be paid to the nominated beneficiaries legal personal representative;
- If ownership of the policy is assigned to another person or entity, then any previous nomination is automatically superseded (ie the nomination is revoked); and
- A nominated beneficiary has no rights under the policy, other than to receive the nominated policy proceeds after a claim has been admitted by CMLA. He or she cannot authorise or initiate any policy transaction.

## Declaration

I/We have read and understand and accept the beneficiary nomination rules on the front of this form.

I/We understand that this nomination

- is binding on The Colonial Mutual Life Assurance Society Limited (CMLA) until cancelled by me/us;
- replaces any previous nomination made to CMLA; and
- may be cancelled at any time by writing to CMLA.

Signature of policy owner

Date

Signature of joint owner (if any)

Date

Please mail this application to

**Policy Holder Services**  
**PO Box 320**  
**SILVERWATER NSW 2128**