

Policy Owner Details

Name of Policy Owner

Policy Number

Residential address

	Suburb	State	Postcode
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Date of Birth

Telephone

Email

Nominated Beneficiaries

I, the Policy Owner wish to: make a new nomination.
 amend an existing nomination (NOTE: all prior nominations are revoked).

1. Beneficiary

Surname

Given name

Address

	Suburb	State	Postcode
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Date of Birth

Relationship to Policy Owner (ie: spouse, child, other financial dependant)

% of benefit

2. Beneficiary

Surname

Given name

Address

	Suburb	State	Postcode
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Date of Birth

Relationship to Policy Owner (ie: spouse, child, other financial dependant)

% of benefit

3. Beneficiary

Surname

Given name

Address

	Suburb	State	Postcode
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Date of Birth

Relationship to Policy Owner (ie: spouse, child, other financial dependant)

% of benefit

Nominated Beneficiaries (continued)

4. Beneficiary

Surname

Given name

Address

	Suburb	State	Postcode
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Date of Birth

Relationship to Policy Owner (ie: spouse, child, other financial dependant)

% of benefit

5. Beneficiary

Surname

Given name

Address

	Suburb	State	Postcode
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Date of Birth

Relationship to Policy Owner (ie: spouse, child, other financial dependant)

% of benefit

(nominations must equal 100% and be whole numbers, decimal allocations will not be accepted) **TOTAL**

100%

Signature

Important Notice: The policy terms and conditions applicable to the nomination of beneficiaries are set out in your policy document. Please carefully read and understand the terms and conditions before completing this form.

Signature of Policy Owner:

Date:

Please return this form to MaxLife Customer Service, PO Box 1192, Chatswood NSW 2057.