Nomination of Beneficiaries Form



The Policyowner may nominate beneficiaries to receive allocated shares of the Benefit Amount payable under his / her Insurance Policy on the Policyowner's death in accordance with his/her most recent valid beneficiary nomination.

Valid beneficiary nomination

To make a valid beneficiary nomination, the Policyowner must fully and correctly complete this Nomination of Beneficiaries Form by providing details of nominated beneficiaries in accordance with the rules and procedures on page 2.

We accept forms that are completed and signed either manually or electronically. For digital signatures, the accepted platform is DocuSign and the completed form must be directly sent through the DocuSign platform to <u>service@life.medibank.com.au</u>. If you are completing the form manually, you can email it to

service@life.medibank.com.au or mail:

Policyowner Services Medibank Life Insurance Reply Paid 6728 Baulkham Hills NSW 2153 (No stamp required)

If a valid beneficiary nomination does not exist at the date of the Policyowner's death, the Benefit Amount will be paid to his/her legal personal representative, or other person that the insurer is legally permitted to pay.

Example of how to nominate a Beneficiary(ies) To be completed by the Policyowner

Privacy

Greenstone Financial Services Pty Ltd on behalf of Swiss Re Life & Health Australia Limited ('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 Insurance 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 **1300 766 085**.

Your Policy number	410123456	Policyowner title	Mrs
Policyowner's first name	Vanessa	Policyowner's surname	Harmens

Details of nominated beneficiaries

Full name of nominated beneficiary	Address	Phone number	Date of birth	Relationship to Policyowner	Percentage share
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%
SAMPLE Total (must add up to 100%)					100%

Policyowner declaration

I hereby nominate the person/s named above to receive the allocated shares of the Benefit Amount payable on my death. I understand and agree that the nomination/s will not become valid until the correctly completed and signed form has been received.

The form can be signed manually or using a digital signature. Digital signatures are electronically signed, not copied and pasted or typed – please see sample below. For digital signatures, the accepted platform is DocuSign.

Signature of Policyowner	Docusigned by: Vanussa Hamens 01F0471B304248C	\checkmark	Date	11/06/2021
Signature of Policyowner	Vanessa Harmens	X	Date	11/06/2021

Nomination of Beneficiaries Form



Rules and procedures

To make a valid nomination, the Policyowner must provide details of the nominated beneficiaries in the table overleaf in accordance with the following rules and procedures:

- up to five beneficiaries can be nominated with a specified whole percentage share for each beneficiary that must total 100%;
- only natural persons can be nominated (not, for example, companies, trusts or organisations);
- nominations must be made by the Policyowner sending us a validly completed and signed nomination form, or calling us. A nomination takes effect when it is received by us;
- nominations may be varied by the Policyowner sending us a new validly completed and signed nomination form, or calling us. A new nomination takes effect when it is received by us;
- if the nominated beneficiary is a minor when the benefit is payable, his or her specified percentage share will be paid to a trustee or legal guardian for the benefit of the minor during his/her minority;
- if the nominated beneficiary dies before the Policyowner, the nomination in favour of that beneficiary fails and the percentage share specified for the deceased beneficiary will be paid to the Policyowner's legal personal representative (or other person that we are legally permitted to pay). The remaining nominations, if any, will continue to be effective;
- if ownership of the Insurance Policy changes, any existing nomination will be invalidated;
- If manually completed, please ensure to initial any alteration or correction to the form; and
- the nomination form must be received by us within 60 days of the date it is signed or the form will not be accepted, and a new nomination will be required either by a validly completed and signed Nomination of Beneficiaries Form, or calling us.

Once the completed Nomination of Beneficiaries Form has been received, the Insurance Policy details will be updated and the Policyowner will be issued with a new Policy Schedule.

To be completed by the Policyowner

Your Policy number	Policyowner's title	
Policyowner's first name	Policyowner's surname	

Details of nominated beneficiaries

Full name of nominated beneficiary	Address	Phone number	Date of birth	Relationship to Policyowner	Percentage share
					0/0
					⁰/₀
					0/0
					0/0
					0/0
			Tota	l (must add up to 100%)	%

Policyowner declaration

I hereby nominate the person/s named above to receive the allocated shares of the Benefit Amount payable on my death. I understand and agree that the nomination/s will not become valid until the correctly completed and signed form has been received.

Signature of Policyowner

Date

Please return this form to Medibank Life Insurance. Email: service@life.medibank.com.au Mail: Policyowner Services, Medibank Life Insurance, Reply Paid 6728 Baulkham Hills NSW 2153 (No stamp required)

Important things you should know: This is general information and does not take into account your financial situation. This Medibank Insurance product is issued by the insurer, Swiss Re Life & Health Australia Limited ABN 74 000 218 306, AFSL 324908, and administered by Greenstone Financial Services Pty Ltd ABN 53 128 692 884, AFSL 343079. The terms and conditions are set out in the relevant Product Disclosure Statement. H8543_10/24