

Nomination of beneficiary

GUARANTEED ANNUITIES LIFESTREAM GUARANTEED INCOME VIA COLONIAL FIRST STATE FIRSTCHOICE

Important information

This form must be mailed to: **Colonial First State, Reply Paid 27, SYDNEY NSW 2001**

Contact phone number: **13 13 36** between 8:30 am and 6 pm (AEST/AEDT), Monday to Friday, excluding public holidays.

ePost details (financial adviser use only): Scan and upload the forms via ePost through **FirstNet Adviser**

Please note:

- Please complete this form using black or blue ink in capital letters. Mark appropriate answer boxes with a tick (✓).
- This form is applicable for annuities purchased with personal savings only. Not applicable for lifetime annuities or annuities purchased with super.

Section 1 – Policy owner details (all fields must be completed)

<p>Account number <input style="width: 100%;" type="text"/></p> <p>Policy owner</p> <p>Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input style="width: 50px;" type="text"/></p> <p>Given name(s) <input style="width: 100%;" type="text"/></p> <p>Surname <input style="width: 100%;" type="text"/></p> <p>Residential address <input style="width: 100%;" type="text"/></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">State</td> <td style="width: 33%;">Postcode</td> <td style="width: 33%;">Country</td> </tr> </table> <p>Postal address <input style="width: 100%;" type="text"/></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">State</td> <td style="width: 33%;">Postcode</td> <td style="width: 33%;">Country</td> </tr> </table> <p>Date of birth (dd/mm/yyyy) <input style="width: 100%;" type="text"/></p> <p>Mobile number <input style="width: 100%;" type="text"/></p> <p>Alternate phone number <input style="width: 100%;" type="text"/></p> <p>Email address <input style="width: 100%;" type="text"/></p>	State	Postcode	Country	State	Postcode	Country	<p>Policy number <input style="width: 100%;" type="text"/></p> <p>Joint policy owner</p> <p>Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input style="width: 50px;" type="text"/></p> <p>Given name(s) <input style="width: 100%;" type="text"/></p> <p>Surname <input style="width: 100%;" type="text"/></p> <p>Residential address <input style="width: 100%;" type="text"/></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">State</td> <td style="width: 33%;">Postcode</td> <td style="width: 33%;">Country</td> </tr> </table> <p>Postal address <input style="width: 100%;" type="text"/></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">State</td> <td style="width: 33%;">Postcode</td> <td style="width: 33%;">Country</td> </tr> </table> <p>Date of birth (dd/mm/yyyy) <input style="width: 100%;" type="text"/></p> <p>Mobile number <input style="width: 100%;" type="text"/></p> <p>Alternate phone number <input style="width: 100%;" type="text"/></p> <p>Email address <input style="width: 100%;" type="text"/></p>	State	Postcode	Country	State	Postcode	Country
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Section 2 – Amending beneficiary nomination

I wish to please indicate (✓):

Cancel all current beneficiary nominations for this policy

To make a new nomination or amend/delete an existing nomination, please complete the table below.*

Nomination

Nominated beneficiary first name and surname	Date of birth (dd/mm/yyyy)	Gender	Existing split %	New split %
1.				
2.				
3.				
4.				
5.				
6.				
			100%	100%

*Please ensure that your new nomination split adds up to 100%.

Section 3 – Beneficiary nomination rules (personal savings only)

Your nomination is subject to the following rules:

- A nominated beneficiary must be a natural person
- Conditional nominations cannot be made
- You may change a nominated beneficiary or revoke a previous nomination at any time
- A nominated beneficiary is not applicable for superannuation monies, Lifetime Income Annuities and policies owned by Australian companies, trusts or funds
- A nominated beneficiary has no rights until the policy ownership is transferred upon death of the policy owner
- Reversionary beneficiaries may not be altered once the Annuity commences.

Section 4 – Declaration and acknowledgment

By signing this form I declare as follows:

- All answers given on this form are true and correct.
- I understand that I indemnify Resolution Life Australasia Limited ABN 84 079 300 379, AFSL No. 233671 (Resolution Life) against any liabilities whatsoever arising out of it acting on any of these details provided by me in connection with this form.
- I understand that this nomination:
 - will apply to my policy with Resolution Life until cancelled by me/us in writing
 - where indicated replaces any previous nomination made to Resolution Life and
 - may be cancelled at any time in writing by Resolution Life.
- If this form is signed under a Power of Attorney, the attorney certifies that he/she has not received notice of revocation of that Power. A certified copy of the Power of Attorney should be submitted with this form unless already sighted by Resolution Life.

Signature of policy owner

Date (dd/mm/yyyy)

Signature of joint policy owner

Date (dd/mm/yyyy)