

Nomination of beneficiary Investment Growth Bond

Important information

This form must be mailed to: **Resolution Life, Investment Growth Bond - Alterations GPO Box 3306, Sydney, NSW 2001** Contact phone number: **133 731** between 9 am and 5 pm (AEST/AEDT), Monday to Friday, excluding public holidays.

Please note: If the policy is established as a Child Advancement Policy, you cannot nominate a beneficiary.

Section 1 – Policy number								
Policy number								
Section 2 – Bond owner details								
Title Mr Mrs Miss Ms Given name(s)	Other Surname			Date of birth (dd/mm/yyyy)				
				(),,,,,				
Entity/company/trust name								
Residential address								
	Ctata	Doctordo	Country					
Postal address	State	Postcode	Country					
	State	Postcode	Country					
Title Mr Mrs Miss Ms	Other							
Given name(s)	Surname			Date of birth (dd/mm/yyyy)				
Entity/company/trust name								
Decidential address								
Residential address								
	State	Postcode	Country					
Postal address			,					
	State	Postcode	Country					
Section 3 – Beneficiary nomination								
Please tick () the relevant box:								
Cancel all current beneficiary nominations for this policy								
Nominate the following beneficiaries, in addition to any existing beneficiaries								
Replace any existing beneficiaries with the following new beneficiaries								

Section 3 – Beneficiary nomination (c	ontinued)			
Nominated beneficiary 1				
Title Mr Mrs Miss Ms	Other			
Given name(s)	Surname			Date of birth (dd/mm/yyyy)
Charity, corporation or trust name				
Beneficiary's residential address				
	State	Postcode	Country	
Beneficiary's postal address				
	State	Postcode	Country	
Split %		Relationship		
	%			
Nominated beneficiary 2				
Title Mr Mrs Miss Ms	Other			
Given name(s)	Surname			Date of birth (dd/mm/yyyy)
Charity, corporation or trust name				
Beneficiary's residential address				
	State	Postcode	Country	
Beneficiary's postal address				
	State	Postcode	Country	
Split %		Relationship		
	%			
Nominated beneficiary 3				
Title Mr Mrs Miss Ms	Other			
Given name(s)	Surname			Date of birth (dd/mm/yyyy)
Charity, corporation or trust name				
Beneficiary's residential address				
	State	Postcode	Country	
Beneficiary's postal address			-	
	State	Postcode	Country	
Split %		Relationship	-	
	%	-		

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Section 3 -	Beneficiary no	mination (c	ontinued)				
Nominated be	neficiary 4						
Title Mr Given name(s) Charity, corpora	Mrs Mi		Other Surname			Date of birth (dd/mm/yyyy)	
Beneficiary's re	esidential address						
			State	Postcode	Country		
Beneficiary's po	ostal address						
			State	Postcode	Country		
Split %				Relationship			
			%				
Please tick (✔) box if applicable My estate (ie. my Legal Personal Representative)					Share of benefit %		
					Total	100%	
Section 4 -	· Beneficiary no	mination ru	les				
Under Section 48A of the Insurance Contracts Act 1984 your valid nomination will ensure that death benefit proceeds payable under the policy will be paid in the designated portions directly to the nominated beneficiary/ies, which may include a Life Insured or his/her estate. Your nomination is subject to the following rules: • A nominated beneficiary can be a natural person, charity, 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 beneficiary's Legal Personal Representative. If ownership of the policy is assigned to another person or entity, then any previous nomination is automatically superseded (i.e. the nomination is revoked). A nominated beneficiary has no rights under the policy, other than to receive the nominated policy proceeds after a claim has been admitted by Resolution Life. He or she cannot authorise or initiate any policy transaction. 				
Section 5 -	· Declaration an	d acknowle	dgement				
I/We have read I/We understan • will apply to m • where indicate	request form I dec and understand a d that this nomina by policy with Resc ed replaces any pr elled at any time by	nd accept the ion: lution Life unt evious nomina	beneficiary nor il cancelled by ation made to R		s form and in the	PDS.	
Signature of bo	nd owner 1	Date (dd/m	nm/yyyy)	Signature of bor	nd owner 2	Date (dd/mm/yyyy)	
X				X			

What you need to know

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