

# Nomination of beneficiary

**Important information**

**Please note:**

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

**1. Policy owner details**

(All fields must be completed)

Account number

Policy number

**Policy owner**

Title

Date of birth

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Given name(s)

Surname

Residential address

  


Suburb

State

Postcode

Country

Postal address

  


Suburb

State

Postcode

Country

Mobile number

Alternate phone number

Email address

**Joint policy owner**

Title

Date of birth

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Given name(s)

Surname

Residential address

  


Suburb

State

Postcode

Country

Postal address

  


Suburb

State

Postcode

Country

Mobile number

Alternate phone number

Email address

## 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.<sup>1</sup>

### 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%        |

<sup>1</sup> Please ensure that your new nomination split adds up to 100%.

## 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.

## 4. Declaration and acknowledgement

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.

### What you need to know

Resolution Life Australasia Limited ABN 84 079 300 379, AFSL No. 233671 (Resolution Life) is the issuer of the Guaranteed Annuities Lifestream Guaranteed Income annuity product. Colonial First State Investments Limited ABN 98 002 348 352, AFSL No. 232468 (CFSIL) provides platform administration services to Resolution Life in respect of this product, which is offered via the Colonial First State FirstChoice platform. The information contained in this document is factual information only and it does not contain any financial product advice or make any recommendations about a financial product or service being right for you. Any guarantee offered in this product is only provided by Resolution Life. Resolution Life is part of the Resolution Life Group. CFSIL can be contacted via [contactus@cfs.com.au](mailto:contactus@cfs.com.au) or by calling 13 13 36.

## 4. Declaration and acknowledgment (continued)

Signature of policy owner

X

Date

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Signature of joint policy owner

X

Date

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

## Where to send this form

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