Resolution Life

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 | Other | | | |
| Given name(s) | Surname | | | Date of birth (dd/mm/yyyy) |
| | | | | |
| Entity/company/trust name | | | | |
| | | | | |
| Residential address | | | | |
| | | | | |
| | | | | |
| | State | Postcode | Country | |
| Postal address | | | | |
| | | | | |
| | State | Postcode | Country | |
| | | | | |
| | | | | |
| Title Mr Mrs Miss Ms | | | | |
| Given name(s) | Surname | | | Date of birth (dd/mm/yyyy) |
| | | | | |
| Entity/company/trust name | | | | |
| | | | | |
| Residential address | | | | |
| | | | | |
| | State | Postcode | Country | |
| Postal address | | | | |
| | | | | |
| | State | Postcode | Country | |
| | Juio | 1 0010000 | Country | |

Section 3 – Beneficiary nomination

Please tick (\checkmark) 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

Please note: all percentage totals for beneficiaries must add up to 100%

Section 3 – Beneficiary nomination (continued)

| 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 | Destanda | Country | |
| Beneficiary's postal address | State | Postcode | Country | |
| | | | | |
| | State | Postcode | Country | |
| Split % | 01010 | Relationship | obuildy | |
| | % | • | | |
| | | | | |
| 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 | | | | |
| | Otata | Destanda | 0 | |
| | State | Postcode | Country | |
| Split % | % | Relationship | | |
| | 70 | | | |
| Nominated beneficiary 3 | | | | |
| | | | | |
| Title Mr Mrs Miss Ms Given name(s) | U Other Surname | | | Date of birth (dd/mm/yyyy) |
| | Sumanie | | | |
| Charity, corporation or trust name | | | | |
| | | | | |
| Beneficiary's residential address | | | | |
| | | | | |
| | State | Postcode | Country | |
| Beneficiary's postal address | | | | |
| | | | | |
| | State | Postcode | Country | |
| Split % | | Relationship | | |
| | % | | | |

Section 3 – Beneficiary nomination (continued)

| Nominated beneficiary 4 | | | | |
|--|---------|--------------|---------|----------------------------|
| 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 | | |
| | % | | | |
| Please tick (🖌) box if applicable | | | | Share of benefit |
| My estate (ie. my Legal Personal Represent | tative) | | | % |
| | | | Total | 100% |

Section 4 – Beneficiary nomination rules

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 and acknowledgement

By signing this request form I declare as follows:

I/We have read and understand and accept the beneficiary nomination rules on this form and in the PDS.

I/We understand that this nomination:

- · will apply to my policy with Resolution Life until cancelled by me/us
- · where indicated replaces any previous nomination made to Resolution Life
- may be cancelled at any time by writing to Resolution Life.

Signature of bond owner 1

| Date (dd/mm/yyyy) | |
|-------------------|--|
| | |

Signature of bond owner 2

Date (dd/mm/yyyy)

| What you need to know | W | /hat | you | need | to | kno | w |
|-----------------------|---|------|-----|------|----|-----|---|
|-----------------------|---|------|-----|------|----|-----|---|

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