



# Nominated Beneficiary Form

Member Number:.....

Full Name:.....

Full Name of Beneficiary	Address	Phone	Relationship to Member

Signature of Member:.....Dated:..... / ..... / .....

Signature of Witness\*:.....Dated:.. / ..... / .....

Name of Witness:.....

Important:We are obliged to pay your funeral benefit as instructed by this form, so please ensure you keep your beneficiary nomination up to date. Your benefit is generally paid to your beneficiary within 24hours of us being advised.

\*A witness may be any person aged 18 years or older that is not a nominated beneficiary

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