

DEATH BENEFIT NOMINATION FORM – ORDINARY



Please complete this form to provide payment instructions to NEOS Life, on behalf of the insurer, on how to pay any death benefits payable under your NEOS Protection plan.

You must be both the only policy owner and insured person to make a valid nomination (note that for the purpose of this requirement, you are still a sole life insured if there is also an insured child/children on the policy).

Please print this form and complete it using a dark pen and CAPITAL letters (except for your email address). Completed forms can then be scanned and emailed to customerservice@neoslife.com.au or posted to:

NEOS Life GPO Box 239, Sydney NSW 2001

Questions?

If you have any questions in relation to this form, please don't hesitate to contact us on 1300 090 188 or email us at customerservice@neoslife.com.au

1. Plan details

Plan number:

2. Insured person details

Title: Mr Mrs Miss Ms Other

Insured person's name: First name: Middle name: Last name:

Date of birth: / /

3. Beneficiary details

Please add up to five beneficiaries, ensuring the benefit percentages total 100%

Full name of nominated beneficiary	Residential address	Nominated person's date of birth	Proportion of benefit (%) <i>whole numbers only</i>
First Middle Last		DD/MM/YY	%
First Middle Last		DD/MM/YY	%
First Middle Last		DD/MM/YY	%
First Middle Last		DD/MM/YY	%
First Middle Last		DD/MM/YY	%
		Legal Personal Representative (your estate)	
		Total (must add up to 100%)	100%

4. Privacy

Our privacy policy contains information about how you may access personal information held by us and how you can seek correction of such information. It also contains information about how you may complain about a breach of the Australian Privacy Principles and how we'll deal with such a complaint. You may obtain a copy of our privacy policy from www.neosprotect.com.au

5. Insured person declaration

I declare that:

- I wish to make a death benefit nomination as indicated above
- I understand that this nomination replaces any nomination I have previously made
- I understand that I can change this nomination using a Death Benefit Nomination Form at any time; and
- I understand that I can cancel this nomination in writing at any time

Plan owner name:

Plan owner signature: Date: / /

Please return your completed form to customerservice@neoslife.com.au



neosprotect.com.au

GPO Box 239, Sydney NSW 2001

e: customerservice@neoslife.com.au **t:** 1300 090 188

NEOS Life (NEOS) is a registered business name of Australian Life Development Pty Ltd ABN 96 617 129 914 AFSL 502759. NEOS Protection is issued by NobleOak Life Limited (NobleOak) ABN 85 087 648 708 AFSL 247302. NEOS Life provides administration services in relation to NEOS Protection on behalf of NobleOak.