

CONFIDENTIAL

NOMINATION OF BENEFICIARY

TO BE COMPLETED BY THE OWNER OF THE INSURANCE (THE MEMBER)

Under the Benefit Fund Rules the payment of benefits may be paid to a person nominated by you. NobleOak will accept a Nomination of Beneficiary where the owner of the insurance (the Member) and the Life Insured are the same person.

This form provides a direction by the Member to NobleOak on how to pay any death benefits that become payable under your life insurance plan. This direction will be followed by NobleOak and may be cancelled by the Member in writing or by a completion of a new Nomination of Beneficiary form.

If you have any questions about completing this form please contact us at enquiry@nobleoak.com.au or phone 1300 551 044.

1. Your personal details			
Owner (Member Name) and Life Insured			
(A nomination of honoficiary may only be	completed where the Mamber is the	ama narran as tha Life Insurad	
(A nomination of beneficiary may only be NobleOak Member Number:	completed where the Member is the so	ame person as the Life insurea)	
Date of Birth: / / Residential Address:		Postcode:	
Residential Address.		Postcode:	
Email:			
Telephone No (home)	(work)	(mobile)	
2. Details of your beneficiaries			
Beneficiary 1			
Beneficiary Name:		Date of Birth / /	
Residential Address:		Postcode:	
			% Of Total Benefit
Telephone No (home)	(work)	(mobile)	
Relationship to you:			
Beneficiary 2			
Beneficiary Name:		Date of Birth / /	
Residential Address:		Postcode:	
			% Of Total Benefit
Telephone No (home)	(work)	(mobile)	
Relationship to you:			



2. Details of your beneficia	ries		
Beneficiary 3			
Beneficiary Name:		Date of Birth / /	
Residential Address:		Postcode:	
			% Of Total Benefit
Telephone No (home)	(work)	(mobile)	
Relationship to you:			
			1
Beneficiary 4			
Beneficiary Name:		Date of Birth / /	
Residential Address:		Postcode:	
			% Of Total Benefit
Telephone No (home)	(work)	(mobile)	
Relationship to you:			
Beneficiary 5			
Beneficiary Name:		Date of Birth / /	
Residential Address:		Postcode:	
			% Of Total Benefit
Telephone No (home)	(work)	(mobile)	
Relationship to you:			
	Mile and the death of	Please ensure the total	amount adds up to 100%

3. Declaration				
I confirm this nomination of beneficiary/ies and acknowledge that it will not apply until it has been confirmed by NobleOak in writing.				
Your name (please print)				
Date: / /				
Signature of Member and Life Insured				

4. Where to send your completed form

Please return the completed form to:

- NobleOak Life Limited, Reply Paid 4793, SYDNEY NSW 2001 (no stamp required)
- Or, scan the completed and signed form and email it to enquiry @nobleoak.com.au
- Or, fax the completed and signed form to 02 9299 7852.