

# Confidential

## Nomination of Beneficiary

### To be completed by the owner of the insurance (the member)

Under the NobleOak Life Limited (NobleOak) 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 policy (the Member) and the Life Insured are the same person.

This form provides a direction by you, the Member to NobleOak on how to pay any death benefits that become payable under your life insurance policy. This direction will be followed by NobleOak and may be cancelled by you 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](mailto:enquiry@nobleoak.com.au) or phone 1300 551 044.

1. Plan details		
Owner (Member name) and Life Insured		
(A Nomination of Beneficiary may only be completed where the member is the same person as the life insured)		
NobleOak membership number:		
Date of birth:        /        /		
Residential address:		Postcode:
Email:		
Telephone No (home):	(work)	(mobile)

2. Details of your beneficiaries		
Beneficiary 1		% of total benefit
Beneficiary name:	Date of birth:	
Residential address:	Postcode:	Please note: total % should add to 100% and each portion for each beneficiary should be a whole number, no fractions of numbers.
Telephone No (home):	(work)                      (mobile)	
Relationship to you:		

Beneficiary 2		% of total benefit
Beneficiary name:	Date of birth:	
Residential address:	Postcode:	Please note: total % should add to 100% and each portion for each beneficiary should be a whole number, no fractions of numbers.
Telephone No (home):	(work)                      (mobile)	
Relationship to you:		

Beneficiary 3		% of total benefit
Beneficiary name:	Date of birth:	
Residential address:	Postcode:	Please note: total % should add to 100% and each portion for each beneficiary should be a whole number, no fractions of numbers.
Telephone No (home):	(work) (mobile)	
Relationship to you:		

Beneficiary 4		% of total benefit
Beneficiary name:	Date of birth:	
Residential address:	Postcode:	Please note: total % should add to 100% and each portion for each beneficiary should be a whole number, no fractions of numbers.
Telephone No (home):	(work) (mobile)	
Relationship to you:		

Beneficiary 5		% of total benefit
Beneficiary name:	Date of birth:	
Residential address:	Postcode:	Please note: total % should add to 100% and each portion for each beneficiary should be a whole number, no fractions of numbers.
Telephone No (home):	(work) (mobile)	
Relationship to you:		

Please ensure that the percentage allocations add up to a total of 100%.  
Where the total does not add up to 100%, the balance of the benefit will be paid to your Estate.

### 3. Declaration

I confirm this Nomination of Beneficiary or beneficiaries and acknowledge that it will not apply until it has been confirmed by NobleOak Life Limited.

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