

Nominated Beneficiary form for Life Assurance

FidelityLife

- ▶ This form is used to add Nominated Beneficiaries to your policy.
- ▶ If you are nominating more than 2 beneficiaries, please complete a second form and attach it to this form.
- ▶ Only life assurance cover can be assigned through this form.
- ▶ Please keep a copy of this form for your records.
- ▶ The nominated beneficiary must be aged 16 or over at the date they are nominated.

- ▶ A policy owner may revoke or change a nomination at any time by completing a new Nominated Beneficiary form. Changing Nominated Beneficiaries will revoke all prior Nominated Beneficiaries. (The change will take effect from the date Fidelity Life receives the new Nominated Beneficiary form).
- ▶ The nomination will be automatically revoked upon change of policy ownership.

Policy Owner(s)

Policy number:

--	--	--	--	--	--	--	--	--	--

Surname _____ First name(s) _____

Surname _____ First name(s) _____

Beneficiary 1

Surname _____

First name(s) _____

Date of birth

Day	Month

Year	

Relationship to the insured _____

Postal Address _____

Home phone () _____

Work phone () _____

Mobile phone () _____

Beneficiary 2

Surname _____

First name(s) _____

Date of birth

Day	Month

Year	

Relationship to the insured _____

Postal Address _____

Home phone () _____

Work phone () _____

Mobile phone () _____

Assignment of life cover details

Benefit	Sum Insured	Amount to Beneficiary 1	Amount to Beneficiary 2
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Please note: the amount assigned to beneficiaries cannot exceed the sum insured for each benefit.

Privacy Act 1993

- ▶ This form collects personal information about you. You have the right of access to, and correction of, your personal information.
- ▶ The personal information and any additional information obtained, (including medical and financial information) will be used by Fidelity Life, its subsidiaries, its officers, its advisers, reinsurers and other companies for processing on Fidelity Life's behalf, to calculate and administer the insurance you apply for and for the purposes and promotion of insurance and investment services to you. The information may also be used for statistical purposes provided you are not identified.
- ▶ The information is securely held by Fidelity Life Assurance Company Limited at 81 Carlton Gore Road, Newmarket, Auckland.
- ▶ The information may be disclosed outside of Fidelity Life group of companies where the disclosure is necessary for one or more purposes for which the personal information was collected, to the adviser named on this application (or allocated to your business), where required by law, to the policy owner and with your consent.

Signatures – Person to be insured _____ Date

Day	Month

Year	

Policy Owner 1 _____ Date

Day	Month

Year	

Policy Owner 2 _____ Date

Day	Month

Year	

Witness – Name _____

Address _____

Occupation _____

Witness signature _____ Date

Day	Month

Year	

Please send this form to: Fidelity Life Assurance Company Limited, PO Box 37-275, Parnell, Auckland, 1151