

CONFIDENTIAL

NOMINATION OF BENEFICIARY

TO BE COMPLETED BY THE POLICY OWNER

Genus will accept a Nomination of Beneficiary where the Policy Owner and the Life Insured is the same person.

This form provides a direction by the owner to Genus on how to pay any death benefits that become payable under your life insurance benefit. This direction will be followed by Genus and may be cancelled by the owner 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@genuslifeservices.com.au.

1. Your personal details		
Policy Owner and Life Insured		
<i>(A nomination of beneficiary may only be completed where the Policy Owner is the same person as the Life Insured)</i>		
Genus Policy Number:		
Date of Birth: / /		
Residential Address:		Postcode:
Email:		
Telephone No (home)	(work)	(mobile)

2. Details of your beneficiaries				
Beneficiary 1				
Beneficiary Name:	Date of Birth / /			
Residential Address: Postcode:	<table border="1"> <tr> <td rowspan="2">% Of Total Benefit</td> </tr> <tr> <td></td> </tr> </table>		% Of Total Benefit	
% Of Total Benefit				
Telephone No (home)	(work)	(mobile)		
Relationship to you:				

Beneficiary 2				
Beneficiary Name:	Date of Birth / /			
Residential Address: Postcode:	<table border="1"> <tr> <td rowspan="2">% Of Total Benefit</td> </tr> <tr> <td></td> </tr> </table>		% Of Total Benefit	
% Of Total Benefit				
Telephone No (home)	(work)	(mobile)		
Relationship to you:				

2. Details of your beneficiaries

Beneficiary 3			% Of Total Benefit
Beneficiary Name:	Date of Birth / /		
Residential Address: Postcode:			
Telephone No (home)	(work)	(mobile)	
Relationship to you:			

Beneficiary 4			% Of Total Benefit
Beneficiary Name:	Date of Birth / /		
Residential Address: Postcode:			
Telephone No (home)	(work)	(mobile)	
Relationship to you:			

Please ensure the total amount adds up to 100%
Where the total amount does not add up to 100%, the balance will be paid to your estate.

Declaration

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

4. Where to send your completed form

<p>Please return the completed form to:</p> <ul style="list-style-type: none"> Genus Life Insurance Services, GPO Box 2548 Sydney NSW 2001 Or, scan the completed and signed form and email it to enquiry@genuslifeservices.com.au
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