

Nominated Beneficiary Form

Use this form if you:

- Want payment of your benefit(s) to be made to someone you choose, bypassing your estate.
- Have previously nominated a Beneficiary but want to update it.

How to fill in this form

- The policy owner(s) must complete all the details on this form.
- Allocate benefit percentage for each beneficiary in Section 2.
- Sign the Declarations and Acknowledgement statement in Section 3, then get someone to sign as a witness (must not be a Nominated Beneficiary or other interested party under the policy).

Important notes on using this form

- Unless you have nominated a Beneficiary, any benefit(s) will be payable only to the Policy Owner(s).
- If a joint Policy Owner is also the Person Insured and wishes to ensure that a portion of the payment goes to their estate, then the Person Insured needs to be listed as a Beneficiary.
- Any previous Nominated Beneficiary will be revoked upon receipt of this form, so please include any existing Beneficiary/ies if you wish to keep them.
- Please tick the 'Cancel on death of Beneficiary' box if the nomination is to be cancelled if the Nominated Beneficiary die before the Person Insured.

To be confident in your understanding of a Nominated Beneficiary, please refer to the last page of this form. If you need help in filling out this form, please call 0800 874 444.

Complete, sign and return this form to: Email: contactus@aalife.co.nz
Post: Asteron Life, PO Box 894, Wellington 6140

Personal information disclosure

For the purpose of the Privacy Act, we confirm that we collect and use your personal information and may disclose your personal information to third parties for the purpose of administering your policy or in order to comply with legal requirements. Your details are stored securely within Asteron Life and may also be securely stored electronically on servers located in New Zealand or overseas, by third parties on our behalf. You can contact us at any time to request access to and correction of your personal information. The collection of this information is required under the terms of your policy.

For further information about how we deal with your personal information, please refer to [Asteron Life's Privacy Policy](#). It is available online at www.asteronlife.co.nz by phoning 0800 737 101, or by writing to Asteron Life Limited, PO Box 894, Wellington 6140.

Section 1 - Personal Details

Person Insured Details

Person Insured refers to a person whose life is insured under this insurance policy.

Surname	<input type="text"/>
Given name(s)	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Application date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Policy number	<input type="text"/>

Policy Owner Details (If Different from Person Insured)

Policy Owner(s) refers to the person(s) who has purchased the cover on the Person Insured's life. The Policy Owner can be the same person as the Person Insured.

Policy Owner(s)

Surname	<input type="text"/>	Given name(s)	<input type="text"/>
Surname	<input type="text"/>	Given name(s)	<input type="text"/>
Surname	<input type="text"/>	Given name(s)	<input type="text"/>

Beneficiary Details

Beneficiary 1

Cancel on death of Beneficiary

Surname	<input type="text"/>		
Given name(s)	<input type="text"/>	Amount paid to Beneficiary	<input type="text"/> %
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Relationship to Person Insured	<input type="text"/>
Postal address	No. <input type="text"/>	Street <input type="text"/>	
	Suburb <input type="text"/>	City/Town <input type="text"/>	Post code <input type="text"/>
Email	<input type="text"/>		
Phone	Home <input type="text"/>	Work <input type="text"/>	Mobile <input type="text"/>

Beneficiary 2

Cancel on death of Beneficiary

Surname	<input type="text"/>		
Given name(s)	<input type="text"/>	Amount paid to Beneficiary	<input type="text"/> %
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Relationship to Person Insured	<input type="text"/>
Postal address	No. <input type="text"/>	Street <input type="text"/>	
	Suburb <input type="text"/>	City/Town <input type="text"/>	Post code <input type="text"/>
Email	<input type="text"/>		
Phone	Home <input type="text"/>	Work <input type="text"/>	Mobile <input type="text"/>

Charity Beneficiary

Name of charity	<input type="text"/>		
Branch	<input type="text"/>		
Contact name	<input type="text"/>	Amount paid to Beneficiary	<input type="text"/> %
Phone	Work <input type="text"/>	Mobile	<input type="text"/>
Postal address	No. <input type="text"/>	Street <input type="text"/>	
	Suburb <input type="text"/>	City/Town <input type="text"/>	Post code <input type="text"/>
Email	<input type="text"/>		

Section 2 - Declarations and Signatures (to be Completed by the Policy Owners)

I/We confirm that:

- By nominating beneficiaries/a beneficiary for the above policy, I/we instruct Asteron Life Limited ("Asteron Life") to pay the specified benefits to the Nominated Beneficiary/Beneficiaries in the event of a valid claim in accordance with the instructions set out in the 'Beneficiary Details';
- The above policy, and the nomination/s in this form, are not intended to create any obligation enforceable by anyone other than the Policy Owner(s) and Asteron Life;
- Any previous Nominated Beneficiary Forms are revoked by Asteron Life upon receipt of this form; and
- I/we have read and understand the 'Important Notes on the use of Nominated Beneficiaries' on the last page of this document.

Signature(s)

Policy Owner 1

Full name	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Signature	<input type="text"/>		

Policy Owner 2

Full name	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Signature	<input type="text"/>		

Policy Owner 3

Full name	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Signature	<input type="text"/>		

Please ensure that this form is signed by a witness

The witness must not be a Nominated Beneficiary or other interested party under the policy.

Full name	<input type="text"/>		
Postal address	No.	Street	
	Suburb	City/Town	Post code
Occupation	<input type="text"/>		
Signature	<input type="text"/>		Date <input type="text"/> / <input type="text"/> / <input type="text"/>

Important notes on the use of this form

1. A separate Nominated Beneficiary Form must be used for each person insured.
2. If at the time of the event giving rise to the claim, the Policy Owner(s) has nominated a beneficiary/beneficiaries under the policy, Asteron Life as the underwriter of AA Life Insurance policies will pay the specified benefit(s) to that Nominated Beneficiary/Beneficiaries, subject to clear establishment of identity. If no beneficiary is nominated for any benefit(s) under the Policy, the benefit(s) are paid to the Policy Owner(s).
3. The Policy Owner(s) may cancel or change the Nominated Beneficiaries and the portions specified for each Nominated Beneficiary at any time prior to the death of the person insured by completing a new Nominated Beneficiary Form. The new Nominated Beneficiary Form will revoke and replace all previous Nominated Beneficiary Forms if received by Asteron Life prior to the event giving rise to a claim under the Policy. To cancel nominations without replacing them, the Policy Owner(s) must give Asteron Life a Nominated Beneficiary Form with the beneficiary section and the Schedule of Benefit Allocation crossed out and initialled by the Policy Owner(s).
4. Payment of a benefit to a Nominated Beneficiary can be legally challenged in certain circumstances. For example, payment can be challenged where there is intent to defeat creditors or a spouse. Changing circumstances could impact on the allocation of the sums insured and intended recipients. The Policy Owner(s) should review his/her/its personal circumstances regularly and if necessary, seek legal advice.
5. The Policy Owner(s) may nominate any number of beneficiaries. If more than two individual beneficiaries are nominated, please use another page from another form to add this form.
6. Where Asteron Life is liable to pay a benefit under the Policy, and the amount payable exceeds the amount specified to the Nominated Beneficiary/Beneficiaries, Asteron Life will pay that surplus amount to the surviving Policy Owner(s).
7. If a Nominated Beneficiary dies before the Person Insured, any benefit payable to the Nominated Beneficiary will be paid to the Nominated Beneficiary's estate. If this is not what the Policy Owner(s) wants, then the Policy Owner(s) should tick the 'Cancel on death of Beneficiary' box in the Nominated Beneficiary Form, which will automatically cancel the nomination after the death of the Person Insured. Alternatively, following the death of the Nominated Beneficiary but prior to the death of the Person Insured and any other event giving rise to a claim, the Policy Owner(s) should provide Asteron Life with a new Nominated Beneficiary Form setting out the remaining Beneficiary/ies.
8. Children can be nominated as beneficiaries with no minimum age. It is suggested that legal advice be sought to ensure estate planning measures are put in place for children to have appropriate support in receiving/managing the funds. If no other provisions are made, then the legal guardian of the child will be required to claim payment on their behalf.
9. A change of ownership of the Policy will automatically terminate all existing nominations. This does not apply to a change of ownership arising from:
 - a. the death of the Person Insured; or
 - b. survivorship of a jointly owned policy
10. Please provide Asteron Life with the address and contact details of charities who have been nominated as beneficiaries.
11. Where there is a claim under the Policy, Asteron Life will communicate with the Policy Owner(s) and not the beneficiary/ies.
12. The Policy Owner(s) must advise Asteron Life of any change of address of Policy Owner(s) and/or Nominated Beneficiary/Beneficiaries.
13. The Policy Owner(s) should keep a copy of this form.

Asteron Life Limited

contactus@aalife.co.nz | 0800 874 444 | aalife.co.nz

AA Life Insurance policies are distributed by The New Zealand Automobile Association Incorporated and are provided and underwritten by Asteron Life Limited.