

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

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

This form collects personal information which is necessary to provide the service you are requesting. If you do not provide all the requested information we may not be able to make the changes you request. Personal information you provide about yourself or other individuals will be used and stored by Asteron Life Limited, Level 13, 55 Featherston Street, Wellington and other members of the Suncorp Group for the purpose of administering your insurance policy and related services. Under the Privacy Act individuals have certain rights of access to, and to request correction of, any personal information we hold about them. More detail about Asteron Life's privacy practices is available in the Asteron Life Privacy Statement which can be found at asteronlife.co.nz/privacy or on request.

Section 1 - Personal Details

Person Insured Details

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

Surname								
Given name(s)								
Date of birth	/	/						
Application date	/	/						
Policy number								

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	G					Siven name(s)					
Surname				(Given n	ame(s)					
Surname					Given n	ame(s)					
Beneficiar	y Details										
Beneficiary 1								Cancel on deatl	n of Beneficiary		
Surname											
Given name(s)	Amount paid to Beneficiary								%		
Date of birth	/ / Relationship to Person Inst					n Insured					
Postal address	No. Street										
	Suburb City/Town								Post code		
Email											
Phone	Home Work Mobile										
Beneficiary 2 Surname								Cancel on deat	h of Beneficiary		
Given name(s)							Amoun	t paid to Beneficiary		%	
Date of birth	/ /			Relationship to	o Perso	n Insured					
Postal address	No.	Street		<u> </u>							
	Suburb City						Post code				
Email											
Phone	Home Work										
Charity Benef	iciary										
Name of charity											
Branch											
Contact name							Amoun	t paid to Beneficiary		%	
Phone	Work					Mobile					
Postal address	No.	Street									
	Suburb			City/Town					Post code		
Email											

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.

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Policy Owner 1								
Full name						Date	/	/
Signature								
Policy Owner 2	<u> </u>							
Full name						Date	/	/
Signature								
Policy Owner 3	:							
Full name						Date	/	/
Signature								
Please ensure	that this form	is signed by a	witness					
				d party under the po	olicy.			
Full name								
Postal address	No.	Street						
	Suburb		City/T	own			Post code	
Occupation								
Signature						Date	/	/

Important notes on the use of this form

- 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.
- 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.
- 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.
- Where there is a claim under the Policy, Asteron Life will communicate with the Policy Owner(s) and not the beneficiary/ies.
- 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 Level 13, Asteron Centre, 55 Featherston Street, Wellington

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

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