

# Nomination of beneficiaries

OneCare, World of Protection and SmartCare (Non-Super)

April 2019

## OnePath Life Limited (OnePath Life)

ABN 33 009 657 176 AFSL 238341  
347 Kent Street, Sydney NSW 2000

## Customer Services

**Phone** 133 667  
**Email** customer.risk@onepath.com.au  
**Website** onepath.com.au

This form should be completed to nominate who will be paid in the event of a life insured's death. The nomination will apply to death benefits payable across all covers under the policy. If the sum of benefits payable to nominated beneficiaries under the policy is less than 100% of the total death benefits payable, the policy owner or their estate will receive any balance of benefits under the policy so that the total sum of death benefits payable equals 100%. Similarly, the policy owner or their estate will receive any benefits allocated to a beneficiary in the event that the beneficiary dies before the life insured.

Any nominations will be cancelled if the ownership of the policy is transferred to a new policy owner.

## Policy details

Policy number	<input type="text"/>
Policy owner name	<input type="text"/>
Date of birth (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/> Phone <input type="text"/>
Address	<input type="text"/>
Suburb/Town	<input type="text"/> State <input type="text"/> Postcode <input type="text"/>
Life insured name on policy	<input type="text"/>

Please complete the table below to nominate the beneficiaries to whom death benefits under any cover will be paid and in what proportion.

I/We, the policy owner/s, nominate the following beneficiary(ies) to receive the specified proportion of the amount insured payable in the event of the life insured's death. Such payment is subject to the terms and conditions of the policy and any limitations imposed by law at the time of payment. I/We understand that I/we reserve the right to alter this nomination at any time and that subsequent valid nominations supersede previous nominations. If the ownership of this policy is transferred at any time, any existing nomination shall become void. OnePath Life may discharge its obligations to any minor beneficiary by paying monies due to a duly appointed legal guardian of any minor beneficiary or to the duly appointed trustee of any appropriate fund created for the purpose of receiving any monies so due, among other things.

## Privacy Policy

I/We acknowledge and consent to the collection, use, storage and disclosure of my/our personal information (including health and other sensitive information) as described in the Product Disclosure Statement and OnePath Life's Privacy Policy, which is available at [onepath.com.au/insurance/privacy-policy](http://onepath.com.au/insurance/privacy-policy) or by calling Customer Services on 133 667.

If I have provided information about another person in this application (for example a beneficiary or life insured), I declare that I have the consent of that person to do so. If I give OnePath Life personal information about someone else, I understand that OnePath Life requires me to show them a copy of the Product Disclosure Statement and OnePath Life's Privacy Policy so that they may understand the manner in which their personal information may be used or disclosed by OnePath Life and their related entities.

Surname/Company name of nominated beneficiary	First name	Address	Relationship to life insured	Date of birth (dd/mm/yyyy)	Proportion of the amount insured (%)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Estate/Policy owner	<input type="text"/>	<input type="text"/>	N/A		<input type="text"/>
Total (must add up to 100%)					<input type="text"/>

Name of policy owner(s)

Signature of policy owner(s)  X

Date (dd/mm/yyyy)  /  /

Return this form to us by mail at GPO Box 4148, Sydney NSW 2001.