

# NOMINATION FORM

Policy Number: \_\_\_\_\_ Agent Code: \_\_\_\_\_

## Nominator Details:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Nominee Details:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Relationship to Nominator: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Nomination Details:

Percentage of Benefit (%): \_\_\_\_\_

Alternate Nominee (if any): \_\_\_\_\_

Special Instructions or Conditions: \_\_\_\_\_

## Declaration and Consent:

I, the Nominator, hereby declare that the information provided above is true and correct. I understand that this nomination will be used for the purposes of the relevant insurance policy or legal instrument. I consent to the collection, use, and disclosure of my personal information and that of the Nominee in accordance with applicable Australian privacy laws. I understand that this nomination may be revoked or amended by me in writing at any time prior to the benefit becoming payable.

## Privacy Statement:

The collection of personal information on this form is for the purpose of administering the nomination and related insurance or legal arrangements. Personal information will be handled in accordance with the Privacy Act 1988 (Cth) and may be disclosed to third parties as necessary to fulfil those purposes. You have the right to access and correct your personal information by contacting the relevant entity.

## Acknowledgment:

By signing below, I confirm that I have read, understood, and agree to the terms and conditions of this Nomination Form. I acknowledge that this nomination is subject to the terms of the applicable policy or legal instrument and the laws of Australia.

**Nominator's Signature**

**Date**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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