

ClearView LifeSolutions

Beneficiary Nomination Form LifeSolutions

You may nominate up to five beneficiaries to receive any death benefit that becomes payable under this policy (non-superannuation policies only).

If you are nominating beneficiaries for cover issued to the Trustee, HTFS Nominees Pty Limited, please use the 'Beneficiary Nomination Form LifeSolutions Super'.

Please list the nominated beneficiary(ies) and the portion of the benefit each is to receive. **Please use whole numbers and ensure that the total of the percentages is 100%.**

Policy number(s)

Person insured

Beneficiary details

	Full name (including title)	Date of birth	Gender	% of benefit
1	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/> %
	Residential address	Relationship to you		
	<input type="text"/>	<input type="text"/>		
	Suburb	State	Postcode	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	

	Full name (including title)	Date of birth	Gender	% of benefit
2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/> %
	Residential address	Relationship to you		
	<input type="text"/>	<input type="text"/>		
	Suburb	State	Postcode	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	

	Full name (including title)	Date of birth	Gender	% of benefit
3	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/> %
	Residential address	Relationship to you		
	<input type="text"/>	<input type="text"/>		
	Suburb	State	Postcode	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	

4	Full name (including title) <input type="text"/>	Date of birth <input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	% of benefit <input type="text"/> %
	Residential address <input type="text"/>	Relationship to you <input type="text"/>		
	Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>	

5	Full name (including title) <input type="text"/>	Date of birth <input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	% of benefit <input type="text"/> %
	Residential address <input type="text"/>	Relationship to you <input type="text"/>		
	Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>	

AND/OR My legal personal representative	% of benefit <input type="text"/> %
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TOTAL (must total 100%)	<input type="text"/> %
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Policy owner declaration

- I have read and understand the 'Payment of death benefits' and 'Beneficiaries and making claims' sections of the PDS and Policy Document
- I understand that this nomination will be void if the policy is transferred to a new owner
- I have read and consent to the collection, use and disclosure of my personal information as set out in ClearView's Privacy Policy. The Privacy Policy is available at **clearview.com.au** or by contacting ClearView on **1800 265 744**.
- When I provide personal information to ClearView about another person, I confirm that I am authorised to provide the information and will inform that person (unless doing so would pose a serious threat to the life or health of any individual) of the content of this form, who ClearView is, how ClearView will use and disclose information, that they can gain access to that information, and confirmed that they have read ClearView's Privacy Policy.

Policy owner signature <input type="text"/>	Date <input type="text"/>
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Sending your form:

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Enquiries

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