

## Beneficiary Nomination Form - Non-Super

Use this form if you want to nominate beneficiaries on a non-super policy. Please complete a separate form for each policy.

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 - 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

Person insured

### Beneficiary details

**1** Full name (including title)  Date of birth  Gender  Male  Female % of benefit  %  
Residential address  Relationship to you   
Suburb  State  Postcode

**2** Full name (including title)  Date of birth  Gender  Male  Female % of benefit  %  
Residential address  Relationship to you   
Suburb  State  Postcode

**3** Full name (including title)  Date of birth  Gender  Male  Female % of benefit  %  
Residential address  Relationship to you   
Suburb  State  Postcode

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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<b>TOTAL</b> (must total 100%)	<input type="text"/> %
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### Policy owner declaration

- I have read and understand the ‘Who receives the benefit?’ and ‘Nominating a beneficiary’ 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:

#### Mail

ClearView  
GPO Box 4232  
Sydney NSW 2001

#### Email

clearviewlife.maintenance@clearview.com.au

#### Enquiries

132 979

ClearView ClearChoice and LifeSolutions are issued by ClearView Life Assurance Limited ABN 12 000 021 581 AFSL No. 227682 (ClearView). ClearView ClearChoice Super and LifeSolutions Super are issued by HTFS Nominees Pty Limited: ABN 78 000 880 553, AFSL 232500, RSE Licence No L0003216 as trustee of the HUB24 Super Fund, ABN 60 910 190 523, RSE R1074659.

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All other life insurance products are issued by ClearView.