FULL NAME(S) OF REGISTERED HOLDING

REGISTERED ADDRESS

All correspondence and enquiries to:

Centuria

Level 41, Chifley Tower, 2 Chifley Square,
Sydney NSW 2000
Tel: 1300 50 50 50 (within Aust)
Tel: +61 2 8923 8923 (outside Aust)
centuriainvestor.com.au
enquiries@centuria.com.au

You are required to insert this number
BOND NUMBER

BENEFICIARY NOMINATION FORM

USE A BLACK PEN. PRINT IN CAPITAL LETTERS INSIDE THE BOXES

Section 1 INVESTOR DETAILS (INDIVIDUAL, COMPANY OR TRUST)

INVESTOR NAME

POLICY MAILING ADDRESS

SUBURB | STATE | POSTCODE

WORK PHONE | HOME PHONE

MOBILE PHONE

EMAIL ADDRESS

Section 2 NOMINATION

I, the Bond Owner, hereby nominate the following to receive the specified proportions of the proceeds from the abovementioned investment in the event of my death.

- Beneficiary nomination is only available on individual bonds is aged 16 years or older and is the Life Insured.
- Beneficiaries may be changed or revoked by notice in writing from owner of policy any time prior to death.
- A transfer of the bond by way of an assignment will automatically cancel and revoke any prior nomination.
- When investing in Centuria LifeGoals Child Plan you may still select beneficiaries.
- The Investor must also be the Life Insured to nominate one or more beneficiaries (Nominated Beneficiaries).
- If the total share of proceeds to beneficiaries on this form totals 100% then any preexisting nomination are replaced.

BENEFICIARY'S NAME

MAILING ADDRESS

SUBURB | STATE | POSTCODE

PHONE NUMBER

EMAIL ADDRESS

DATE OF BIRTH (DD/MM/YY) **if applicable** | SHARE OF TOTAL PROCEEDS

BENEFICIARY'S NAME

MAILING ADDRESS

SUBURB | STATE | POSTCODE

PHONE NUMBER

EMAIL ADDRESS

DATE OF BIRTH (DD/MM/YY) **if applicable** | SHARE OF TOTAL PROCEEDS

BENEFICIARY'S NAME

MAILING ADDRESS

SUBURB | STATE | POSTCODE

PHONE NUMBER

EMAIL ADDRESS

DATE OF BIRTH (DD/MM/YY) **if applicable** | SHARE OF TOTAL PROCEEDS

BENEFICIARY'S NAME

MAILING ADDRESS

SUBURB | STATE | POSTCODE

PHONE NUMBER

EMAIL ADDRESS

DATE OF BIRTH (DD/MM/YY) **if applicable**

SHARE OF TOTAL PROCEEDS

Section 3 SIGNATURE(S) OF INVESTOR(S)

This must be completed.

Please note:

- If appointing a Trust as your nominated beneficiary, please provide details of the Trustee above.
- If being signed under Power of Attorney, the attorney signature(s) must be in accordance with the Power of Attorney.
- Original signature(s) on forms are required. For security reasons faxes cannot be accepted.

BOND OWNER

WITNESS

DATE (DD/MM/YYYY)

DATE (DD/MM/YYYY)

WITNESS NAME

WITNESS ADDRESS

PRIVACY
All information collected by Centuria Life Limited is collected and handled in accordance with Centuria's Privacy Policy, a copy of which is available on our website (**centuria.com.au**) or a copy can be obtained by calling **1300 50 50 50**.

RETURN ADDRESS

Centuria Life Limited
Investor Services
Level 41, Chifley Tower, 2 Chifley Square,
Sydney NSW 2000

Investor Services
P: **1300 50 50 50**
E: **enquiries@centuria.com.au**

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