

## Beneficiary Nomination Form

Please use **CAPITAL** letters

I wish to  alter\* /  nominate beneficiary(s) on my policy(s) with Foresters.

**\*This nomination revokes all previous nominations made by me with respect to the policy(s) listed below.**

Member number:

Policy Number:

Member Name:

Member address:

Suburb:

State:

Postal code:

Country:   
(If other than Australia)

Email:

Witness Name:

Witness address:

Suburb:

State:

Postal code:

Country:   
(If other than Australia)

Beneficiary Name 1:

Street Address:

Suburb:

State:

Postal code:

Country:   
(If other than Australia)

Date of birth:

Payable:  %

Beneficiary Name 2:

Street Address:

Suburb:

State:

Postal code:

Country:

(If other than Australia)

Date of birth:

Payable:

%

Beneficiary Name 3:

Street Address:

Suburb:

State:

Postal code:

Country:

(If other than Australia)

Date of birth:

Payable:

%

Beneficiary Name 4:

Street Address:

Suburb:

State:

Postal code:

Country:

(If other than Australia)

Date of birth:

Payable:

%

Member Signature:

Date:

D	D	M	M	Y	Y	Y	Y
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Witness Signature:

Date:

D	D	M	M	Y	Y	Y	Y
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## OFFICE USE ONLY

Actioned by:

Date:

D	D	M	M	Y	Y	Y	Y
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