

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 |
|---|---|---|---|---|---|---|---|

Witness Signature:

Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

OFFICE USE ONLY

Actioned by:

Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Our privacy policy covers how we handle your personal information and is available at www.forestersfinancial.com.au/privacy or by calling us on 1800 645 326.