

Wealth Plus Beneficiary Nomination Form

Please download and save this form prior to completing online. Please use **CAPITAL** letters if handwriting. We recommend you read and retain the current Wealth Plus Product Disclosure Statement prior to completing this form.

Part 1: Investor Details

Member Number:

Investor 1

Title: Mr Mrs Ms Miss Other:

First Name: Middle Name:

Last Name:

Date of Birth: D D M M Y Y Y Y

Street Address:

Suburb:

State: Postcode:

Country:
(If other than Australia)

Email: Contact Number:

Investor 2 (if applicable)

Title: Mr Mrs Ms Miss Other:

First Name: Middle Name:

Last Name:

Date of Birth: D D M M Y Y Y Y

Street Address:

Suburb:

State: Postcode:

Country:
(If other than Australia)

Email: Contact Number:

Part 2: Investor Nomination of Intent

By selecting one of the following options I confirm my consent to a:

- New nomination of beneficiaries detailed in Part 3.
- OR
- Replacement of previously nominated beneficiaries, with the new nominated beneficiaries detailed in Part 3.
- OR
- Removal of all previously nominated beneficiaries (proceed to Part 4).

Part 3. Nomination of Beneficiaries

Total benefit must equal 100%

Beneficiary 1

% of Benefit: %

Title: Mr Mrs Ms Miss Other:

First Name: Middle Name:

Last Name: Date of Birth:

Street Address:

Suburb: State:

Postcode: Country (If other than Australia):

Email: Contact Number:

Beneficiary 2

% of Benefit: %

Title: Mr Mrs Ms Miss Other:

First Name: Middle Name:

Last Name: Date of Birth:

Street Address:

Suburb: State:

Postcode: Country (If other than Australia):

Email: Contact Number:

Beneficiary 3

% of Benefit: %

Title: Mr Mrs Ms Miss Other:

First Name: Middle Name:

Last Name: Date of Birth:

Street Address:

Suburb: State:

Postcode: Country (If other than Australia):

Email: Contact Number:

If you require further nominations please duplicate this page and complete.

Part 4. Investor signature(s)

I/We note:

- If you have elected to remove all of your previously nominated beneficiaries, upon the death of the life insured, all proceeds will be transferred to the Policy Owner(s) or their estate.
- This nomination is valid only after it is registered by Foresters Financial.
- A confirmation of the nomination will be forwarded by email to the Policy Owner.
- Beneficiary(s) can be changed at any time during the policy tenure by submitting the completed Investment Bond Beneficiary Nomination Form to Foresters Financial.

Signature of Investor 1

Full name of Investor 1

Date:

D	D	M	M	Y	Y	Y	Y
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Signature of Investor 2 (if applicable)

Full name of Investor 2 (if applicable)

Date:

D	D	M	M	Y	Y	Y	Y
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RETURN BY EMAIL

Ensure to include identification documents where relevant to:
service@forestersfinancial.com.au

OR

RETURN BY POST

Ensure to include identification documents where relevant to:

**PO Box 7702
Melbourne VIC 3004**

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 773 427.