

# CHANGE OF BENEFICIARY

Please use this form if you would like to change your beneficiary details.

If you have any queries about completing this form, please call us on 1300 371 136 between 8.30am and 5.30pm (AET), Monday to Friday, or email us at [administration@allianzretireplus.com.au](mailto:administration@allianzretireplus.com.au).

<b>Policy number</b>	<b>Policy owner name</b>
<input type="text"/>	<input type="text"/>
<b>Phone number</b>	<b>Email address</b>
<input type="text"/>	<input type="text"/>

## 1 BENEFICIARY DETAILS

Please refer to the Product Disclosure Statement for further details regarding the election of beneficiaries.

**Please select the type of change you would like to make**

- Remove all current beneficiaries
- Make a new nomination, amend or remove an existing one. This nomination replaces any nominations previously made. If you have a reversionary beneficiary on your policy you can only remove them, but not add a new one. (Provide details below of all beneficiaries)

▼  
Nomination(s)

	Full name of beneficiary (First, middle & surname)	Address	Date of birth	Relationship to policy owner	% of benefit
1			/ /		
2			/ /		
3			/ /		
4			/ /		
5			/ /		
6			/ /		
7			/ /		
8			/ /		
9			/ /		
10			/ /		

Allocations for all beneficiaries must be in whole numbers, and add to 100%. **Total 100%**

## 2 AUTHORISATIONS

The information we collect on this form will be used to update your policy details.

I/we declare that:

- The details provided in this form are true and correct.
- If I am signing on behalf of a company as a "Company Officer" and as a sole signatory, then I am signing as a sole director and secretary of the company.
- Where signing under a power of attorney, the attorney confirms that no notice of revocation of that power has been received. An original certified copy of the power of attorney, including the appointed attorney's signature, must be lodged with this form if it has not previously been supplied.
- I/we release and indemnify Allianz Australia Life Insurance Limited (AALIL) against any liabilities that may arise out of AALIL acting on any incorrect information received in writing or electronically from me.

### Investor 1/Company Officer/Attorney

Signature

Full name

Date

### Investor 2/Company Officer/Attorney

Signature

Full name

Date

If you are providing original certified documents with your form, you can only send these by post, otherwise you can send your form in one of the following ways:



#### Post

Allianz Australia Life Insurance Limited  
Reply Paid 89484, Sydney, NSW 2001



#### Scan and email

[administration@allianzretireplus.com.au](mailto:administration@allianzretireplus.com.au)