

Change of Beneficiary

Complete 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.

Please note:

A nominated beneficiary can be changed or removed at any time.

If you nominate more than one (1) beneficiary, the total percentage of benefit must equal 100%.

When you choose to turn on the Lifetime Income, if you choose the Spouse Income Option, in the event of the death of the Life Insured, the Investor (or beneficiary, if applicable) can choose between a lump sum payment or to continue to receive the Lifetime Income Payments for the remaining lifetime of the Surviving Spouse.

1. Investor details

Investment/Policy number/s

Policy owner/Investor Name

Phone

Email

2. Beneficiary details

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

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/investment you can only remove them, but not add a new one. Provide details of all beneficiaries below.

Beneficiary 1

Full name of beneficiary (First, middle & surname)

Date of birth (DD/MM/YY)

Address

Relationship to policy owner

Email

Phone number

% of benefit

Beneficiary 2

Full name of beneficiary (First, middle & surname)

Date of birth (DD/MM/YY)

Address

Relationship to policy owner

Email

Phone number

% of benefit

Please note: allocations for all beneficiaries must be in whole numbers and add up to 100%.

Beneficiary 3

Full name of beneficiary (First, middle & surname)

Date of birth (DD/MM/YY)

Address

Relationship to policy owner

Email

Phone number

% of benefit

Beneficiary 4

Full name of beneficiary (First, middle & surname)

Date of birth (DD/MM/YY)

Address

Relationship to policy owner

Email

Phone number

% of benefit

Please note: allocations for all beneficiaries must be in whole numbers and add up to 100%.

3. Authorisations

The information we collect on this form will be used to update your policy/investment 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 will compensate the Company if it suffers any loss or liabilities as a result of it acting on or relying on any incorrect, inaccurate or misleading information provided.
- If I/we have provided AALIL with personal information about a nominated beneficiary, I/we have shown that individual the sections related to privacy in the relevant Product Disclosure Statement and they have consented to this information being provided to AALIL.

Person 1 / Company Officer / Attorney

Signature

Full name

Date

Person 2 / Company Officer / Attorney (if applicable)

Signature

Full name

Date

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