

POLICE LIFE INSURANCE EXTRA

BENEFIT NOMINATION FORM

Life Insurance and the need for a Life Benefit to be paid is not something anyone likes to think about. However, if you die, it is important that you leave your affairs in order.

This *Benefit Nomination Form* (Form) allows you to decide who you will leave the Life Benefit to, under your **Police Life Insurance Extra policy**, should you die.

Police Welfare Fund General Insurances Limited (the Policy Owner) owns the Life Insurance Policy (Policy). Any *Benefit* under the *Policy* will be paid by the *Policy Owner* to whom you specify in the form, instead of your Estate.

If we do not hold a Form, any *Benefit* under the *Policy* will be paid to your Estate.

This Form can be revoked (which means it can be cancelled or updated by you at any time) by completing a replacement Form accepted by the *Policy Owner*. Any replacement form will take effect at 4pm on the date of receipt of the Form by the *Policy Owner*.

MAKE SURE YOU KEEP THIS UPDATED

As you go through life, your personal circumstances may change. If they do, it is very important you update this Form. It remains in force until you replace it with another Form.

**It is your responsibility to keep this form up-to-date
ensuring that those left behind are looked after.**

If you have any questions regarding this form call the *Policy Owner*,
Police Welfare Fund General Insurances Limited on

0800 500 122 or Police Network extn: 44446



Instructions

Please read these notes in conjunction with completing the **Benefit Nomination Form**.

A. Your Full Name - The person covered under the *Policy*.

B. This instructs the *Policy Owner* whom to pay your Life *Benefit* to. Any number of person(s) or mortgagee(s) may be nominated to receive your Life *Benefit*. The person(s) nominated do not need to be related to you.

- i) In respect of payments to be made to mortgagee(s) specify amounts (preferably the current dollar amount owing on the mortgage) if possible. When nominating mortgagee(s) you must also nominate any other person(s) in Section (ii) to receive any balance of Life *Benefit* that remains after the mortgagee(s) have been paid.

Example

	Full name of Mortgagee(s)	Address	Amount for Mortgagee
(i)	Mortgagee: The ANZ Bank	Manners Street, Wellington	\$50,000

- ii) If you have completed (i), now specify person(s) to whom any balance of Life *Benefit* should be paid. If (i) is not applicable, specify the person(s) to whom the entire Life *Benefit* should be paid.

(You must use whole percentages for the amount of Life *Benefit* each person or mortgagee should receive.)

Example

	Full name of Person(s)	Address	Percentage of Death Benefit
(ii)	Person: Mary Jones	22 Tui Street, Tawa, Wellington	80 %
	Person: Harry Jones	22 Tui Street, Tawa, Wellington	20 %
All percentages must be whole and add up to exactly 100%			TOTAL 100%

For your records

I completed my Benefit Nomination Form on Date: ____ / ____ / ____

Section B - I have nominated

Mortgagee: _____ \$ _____

Mortgagee: _____ \$ _____

Person: _____ % _____

Person: _____ % _____

Person: _____ % _____

Person: _____ % _____

If you have any questions regarding this form call the *Policy Owner*,
Police Welfare Fund General Insurances Limited on

0800 500 122 or Police Network extn: 44446



POLICE LIFE INSURANCE EXTRA BENEFIT NOMINATION FORM

Enhancing the wellbeing of Police and their families



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Office use only

A I, _____ hereby make the following nomination(s) in respect of benefits payable under my Police Life Insurance Extra Policy.

B In respect of my Life *Benefit* I nominate
i) The following mortgagee(s) to receive the amount(s) specified at time of my death.

	Full name of Mortgagee(s)	Address	Amount
(i)	Mortgagee:		\$
	Mortgagee:		\$

and/or

ii) The following person(s) to share in the Life *Benefit* in the percentages specified, after payment is made to any mortgagee(s) nominated in (i).

- If you have completed (i), now specify the person(s) to whom any balance of Life Benefit should be paid. Whole percentages must be used.
- If (i) is not applicable, specify the person(s) to whom the entire Life Benefit should be paid. Whole percentages must be used.

REFER TO INSTRUCTIONS ON OPPOSITE PAGE IF UNSURE

	Full name of Person(s)	Address	Percentage of Life Benefit
(ii)	Person:		%
	Person:		%
	Person:		%
	Person:		%
All percentages must be whole and add up to exactly 100%			TOTAL 100%

Signature of Member (as in A)

DATE	/	/
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Witness (must not be a person nominated in B or C above)

Print Name:

DATE	/	/
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1. Membership Number

2. QID (not required if family member)

2. I am:

(Tick applicable box)

A Police Welfare Fund member

A family member of Police Welfare Fund member

Please note:

This document determines who receives what benefit under the Police Life Insurance Extra Policy.

It is held by the Policy Owner, Police Welfare Fund General Insurances Limited, PO Box 12344, Wellington 6144.

Any questions about this form call the Policy Owner on 0800 500 122 or Police Network extn: 44446

There is a separate Benefit Nomination Form for group Police Life Insurance and Benefit nominations for this cover should be recorded on this separate Form.

See www.policeassn.org.nz for one of these forms.

Tear off this form, fold, staple and freepost back to the Police Welfare Fund.

FOLD HERE

FOLD HERE

FreePost Authority Number BR135953



Police Welfare Fund General Insurances Ltd
P.O. Box 12344
Wellington 6144

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STAPLE HERE

