

NZ POLICE GROUP LIFE INSURANCE

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 your *Life Benefit* to under your:

- NZ Police Constabulary Group Life Insurance; or
- NZ Police Employee Group Life Insurance;

if you die.

For Constabulary members who are Police Welfare Fund members, the Form asks you to provide the details of your *Partner* whose life will also be insured under the *Partner Cover*.

Police Welfare Fund Insurances Limited (the *Policy Owner*), owns the *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 **Benefit Nomination Form**. It remains in force until you replace it with another **Benefit Nomination Form**. Visit www.policeasn.org.nz for a new 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 Insurances Limited on

0800 500 122 or Police Network extn: 44446



*Enhancing the wellbeing
of Police and their families*

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

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

B. ONLY POLICE CONSTABULARY WHO ARE POLICE WELFARE FUND MEMBERS COMPLETE THIS SECTION

Under the New Zealand Police Constabulary Group Life Insurance Policy, if you are a member of the Police Welfare Fund, your nominated *Partner* has *Partner Cover* to the value of 60% of your life *Insurance Cover*. This *Benefit* may be subject to underwriting.

If you are not a member of the Police Welfare Fund you will not have a *Partner Benefit* and you do not need to complete section B. (See *Extra Benefits for Police Welfare Fund members* on page 2 of the *NZ Police Constabulary Group Life Insurance brochure* for details or visit www.policeassn.org.nz.)

Any nominated *Partner* is only covered up to the age of 70 years.

For the purposes of this *Benefit* a *Partner* is deemed to be a spouse, de facto partner or civil union partner (as those terms are defined in the Property (Relationships) Act 1976) of a *Category A Insured*.

Where a member is married or in a civil union, and in the absence of nomination of another person for the purposes of this *Policy*, the member's *Partner* shall be the *Partner* for the purposes of the *Partner Benefit*.

NOTE: *The Policy Owner will accept the nomination of a former Partner where there are dependent children from that relationship, assuming that on the death of the Partner, the Insured Person will then have the responsibility for care of the dependants from that relationship. Members that wish to do this should make application in writing, explaining the circumstances to the Policy Owner. In such circumstances this Form will then need updating once the children are independent (i.e. 19 years of age) of the former Partner.*

C. 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	Willis Street, Wellington	\$150,000

- 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 Life 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 Name: _____

Section C - I have nominated Mortgagee: _____ \$ _____

Mortgagee: _____ \$ _____

Person: _____ %

Person: _____ %

Person: _____ %

Person: _____ %

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

0800 500 122 or Police Network extn: 44446



NZ POLICE GROUP LIFE INSURANCE BENEFIT NOMINATION FORM

Enhancing the wellbeing of Police and their families

0	3						
---	---	--	--	--	--	--	--

Office use only

A I, _____ (*Insured Person*)
hereby make the following nomination(s) in respect of **Benefits** payable under my NZ Police Constabulary Group Life Insurance Policy/NZ Police Employee Group Life Insurance Policy.

1. Membership Number

2. QID

B POLICE CONSTABULARY WHO ARE POLICE WELFARE MEMBERS TO COMPLETE
(For Police Constabulary who are not members of the Police Welfare Fund, the Partner Life Benefit is excluded and you do not need to complete this section.)

For all purposes of the **Partner Life Benefit** I nominate as my **Partner**:

Full Name of Partner

Address

The **Partner Life Benefit** is payable to the **Insured Person** named in A.

C 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 Insured Person (as in A)

DATE	/	/
------	---	---

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

Print Name:

DATE	/	/
------	---	---

Please note:

This document determines who receives what benefit under the NZ Police Constabulary/Police Employee Group Life Insurance policies.

It is held by the Policy Owner, Police Welfare Fund 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**

FOLD HERE

FOLD HERE

FreePost Authority Number BR135953



Police Welfare Fund Insurances Ltd
P.O. Box 12 344
Wellington 6144

FOLD HERE

FOLD HERE

STAPLE HERE

STAPLE HERE