



# BT Protection Plans Nomination of Beneficiaries BT Term Life

**Insurer:** Westpac Life Insurance Services Limited ABN 31 003 149 157 AFSL Number 233728.

**Issuer:** The issuer for all products except for Term Life as Superannuation and Income Protection as Superannuation, is the Insurer. For Term Life as Superannuation and Income Protection as Superannuation, the issuer is BT Funds Management Limited ABN 63 002 916 458 AFSL 233724 (BTFM) as trustee of Retirement Wrap ABN 39 827 542 991 RSE R1001327 (Retirement Wrap).

**This form can be used by the Policy Owner(s) to nominate to whom the Insurer will pay the Death Benefit. If there is no nomination and the Insured Person dies, the Death Benefit is paid equally between the surviving Policy Owners. If there are no surviving Policy Owners, and the Policy has not ended, the benefit will be paid to the estate of the last surviving Policy Owner.**

**You can use this form to make a new nomination, or amend or revoke an existing nomination.**

**We recommend you seek professional advice before making a nomination.**

## DETAILS OF POLICY OWNER(S)

**Policy Owner(s) may be the Insured Person or another person.**

Please provide the following information (as applicable)

Policy Number

Portfolio Number

### Name of Policy Owner 1

Title

Mr  Mrs  Miss  Ms  Dr

Other (please specify)

Given Name(s)

Surname

Postal Address

Date of Birth

Gender

M  F

Home Phone Number

Work Phone Number

Mobile Phone Number

### Name of Policy Owner 2

Title

Mr  Mrs  Miss  Ms  Dr

Other (please specify)

Given Name(s)

Surname

Postal Address

Date of Birth

Gender

M  F

Home Phone Number

Work Phone Number

Mobile Phone Number

## TYPE OF NOMINATION

What is the purpose of this form? Please tick (✓) one below.

**Make or amend a nomination**

To make a new nomination or amend an existing nomination please complete the Nomination of Beneficiaries section below then sign the declaration; or,

**Revoke your current nomination**

If you would like to revoke your current nomination, and do not wish to replace with new beneficiaries please sign the declaration.

## NOMINATION OF BENEFICIARIES

### Who you can nominate

You are able to nominate up to five beneficiaries to receive a Death Benefit subject to the following rules:

- A nominated beneficiary can be a natural person, corporation or trust;
- If a nominated beneficiary dies, or the corporation or trust ceases to exist before a claim is made under the Policy and no change in nomination has been made, then any money otherwise payable to that beneficiary will be paid to you or your estate;
- If ownership of the policy is assigned or transferred to another person or entity, then any previous nomination becomes invalid; and
- You can change your nomination at any time before the Death Benefit becomes payable by sending us written notice of the change.

### What do you need to do?

- Complete all sections and then sign the declaration.
- Send this form to: **BT Protection Plans** or Fax it to **(02) 9274 5442**  
**GPO Box 5467**  
**Sydney NSW 2001**

### Who would you like to nominate to receive the Death Benefit?

Pay to the Insured Person's Legal Personal Representative (estate); or

Pay to the nominated beneficiary(ies) below

Please use whole figures when specifying the '% of benefit'. Your total nomination must equal 100%.

Name of beneficiary	DOB <i>(If a natural person)</i>	Relationship <i>(If a natural person)</i>	Gender <i>(If a natural person)</i>	Revoke nomination	Amended nomination	% of Benefit <i>(previous)</i>	% of Benefit <i>(new)</i>
	/ /						
	/ /						
	/ /						
	/ /						
	/ /						
							<b>Must Total 100%</b>

## DECLARATION

I/We declare and agree that:

- I/we have read and understood this completed form and declare that the statements made and the information completed therein is true and correct as at the date I/we signed this form.
- I/we have read and understood the section titled 'Protection of your privacy' in the PDS and I/we agree to the various uses and disclosures of my/our personal information as set out in that section. I/we also agree to make any beneficiary nominated by me/us aware of the matters set out in that section.
- This application and any related documents (including the PDS) shall form the basis of any contract issued.
- My/our nomination will not become effective until it is confirmed by the Insurer in writing.

**For jointly owned policies, please ensure each Policy Owner completes this section.**

**Name of Policy Owner 1**

**Signature**

Date

**Name of Policy Owner 2**

**Signature**

Date