



# Nomination of Beneficiary/ies

## 1. Policy Owner Details

Name of Policy Owner ..... Proposal/Policy No. ....  
Address .....  
..... Suburb ..... State ..... Postcode .....  
Date of birth ...../...../..... Telephone ..... Email .....

## 2. Life Insured Details

Name of Life Insured .....

## 3. Nominated Beneficiaries

I, the Policy Owner wish to: ☐ make a new nomination.  
☐ amend an existing nomination (NOTE: all prior nominations are revoked).

**A. Beneficiary** Surname ..... First name .....  
Address .....  
Suburb ..... State ..... Postcode .....  
Date of birth ...../...../..... Relationship to Life Insured ..... Percentage of benefit ..... %  
(ie: spouse, child, other financial dependant)

**B. Beneficiary** Surname ..... First name .....  
Address .....  
Suburb ..... State ..... Postcode .....  
Date of birth ...../...../..... Relationship to Life Insured ..... Percentage of benefit ..... %  
(ie: spouse, child, other financial dependant)

**C. Beneficiary** Surname ..... First name .....  
Address .....  
Suburb ..... State ..... Postcode .....  
Date of birth ...../...../..... Relationship to Life Insured ..... Percentage of benefit ..... %  
(ie: spouse, child, other financial dependant)

**D. Beneficiary** Surname ..... First name .....  
Address .....  
Suburb ..... State ..... Postcode .....  
Date of birth ...../...../..... Relationship to Life Insured ..... Percentage of benefit ..... %  
(ie: spouse, child, other financial dependant)

(must equal 100%) **TOTAL** .....

4. Signature

**Important Notice: The policy terms and conditions applicable to the nomination of beneficiaries are set out in your policy document. Please carefully read and understand the terms and conditions before completing this form.**

I have read and consent to the handling, collection, use and disclosure of my personal and sensitive information in the manner described in the AIA Australia Privacy Policy available on the AIA Australia website at [www.aia.com.au](http://www.aia.com.au) as updated from time to time or by calling AIA Australia on 1800 333 613, including exchange with third parties located in Australia and overseas.

Signature of the Policy Owner(s) (If two lives, both signatures are required)

Signature of Policy Owner .....	Date ...../...../.....
Signature of Policy Owner .....	Date ...../...../.....