

Nomination of Beneficiaries Form

As the Policyowner, you have the option to nominate a beneficiary or beneficiaries to receive benefits payable under your Policy on your death. The option to nominate a beneficiary is subject to the conditions listed below.

Unless a valid Nomination applies (explained below):

- we make all benefit payments to you, the Policyowner; or
- if the Policyowner dies, the Insurance benefit will be paid to the Policyowner's legal personal representative, or other person that Hannover Life Re of Australasia Ltd (**we** or **us**) are permitted to pay under the Life Insurance Act 1995.

Nominations

As Policyowner, you can nominate beneficiaries to receive payment of any benefits on your death. To make a nomination, you need to complete this Nomination of Beneficiaries Form and return it to **Guardian Customer Service**, PO Box 6728, Baulkham Hills NSW 2153.

Conditions

The following conditions apply:

- There must not be more than 5 nominees. Nominations must be of a natural person.
- Nominations must be in writing on a Nomination of Beneficiaries Form.
- You may vary the nomination at any time by properly completing and signing a new Nomination of Beneficiaries Form and forwarding it to **Guardian Customer Service**. The variation takes effect when it is received by us.
- Payment of benefits will be made on the basis of the latest valid nomination received by us.
- If a nominee is a minor when payment is made, the payment will be made to the minor's legal guardian or trust for the benefit of the minor.
- If a nominee pre-deceases the Policyowner, that nominee's share is payable to the Policyowner's legal personal representative, or other person that we are permitted to pay under the Life Insurance Act 1995.

| Full name of beneficiary | Address | Date of birth | Relationship to Policyowner | Proportion of benefit % |
|--------------------------|---------|----------------|-----------------------------|-------------------------|
| 1. | | DD / MM / YYYY | | % |
| 2. | | DD / MM / YYYY | | % |
| 3. | | DD / MM / YYYY | | % |
| 4. | | DD / MM / YYYY | | % |
| 5. | | DD / MM / YYYY | | % |

Total = 100%

| | |
|------------------------------------|----------------|
| Your policy number: | |
| Name of Policyowner: | Date of birth |
| Signature of Policyowner: X | DD / MM / YYYY |

Please return this form to **Guardian Customer Service, PO Box 6728, Baulkham Hills NSW 2153**

Issued by: Hannover Life Re of Australasia Ltd ABN 37 062 395 484