



ZURICH®

Non-lapsing binding death nomination

Members of the Insurance-only Division of the Macquarie Superannuation Plan

Use this section if you are applying to join the Insurance-only Division of the Macquarie Superannuation Plan and wish to nominate beneficiaries. Macquarie Investment Management Limited is the trustee of the Macquarie Superannuation Plan (the Trustee).

Please ensure you consider and understand the rules set out in the Insurance-only Division Membership PDS relating to the payment of death benefits from superannuation. In particular, note the requirement that any nominated beneficiary (other than your legal personal representative/estate) must be your dependant under superannuation law.

1

Insured member's personal details

Application or policy number:

Title: Full given name(s):

Surname: Date of birth:

2

Beneficiary nomination

I wish to nominate the following beneficiaries on my above mentioned policy:

The total of percentages must be 100%

Name:

Relationship:

Percentage of benefit: %

* Enter 0 or leave blank if you do not wish to nominate your estate.

Beneficiary 1

Full given name(s):

Surname:

Relationship: Spouse Child Interdependant Other Dependant

Gender: Male Female Date of birth:

Percentage of benefit: %

Beneficiary 2

Full given name(s):

Surname:

Relationship: Spouse Child Interdependant Other Dependant

Gender: Male Female Date of birth:

Percentage of benefit: %

Beneficiary nomination (continued)

Beneficiary 3			
Full given name(s):		<input style="width: 100%;" type="text"/>	
Surname:		<input style="width: 100%;" type="text"/>	
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Other Dependant			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth:	Percentage of benefit: <input style="width: 50px;" type="text"/> %	
Beneficiary 4			
Full given name(s):		<input style="width: 100%;" type="text"/>	
Surname:		<input style="width: 100%;" type="text"/>	
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Other Dependant			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth:	Percentage of benefit: <input style="width: 50px;" type="text"/> %	
Beneficiary 5			
Full given name(s):		<input style="width: 100%;" type="text"/>	
Surname:		<input style="width: 100%;" type="text"/>	
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Other Dependant			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth:	Percentage of benefit: <input style="width: 50px;" type="text"/> %	

3

Declaration

<p>Please read this BEFORE signing this declaration</p> <p>Your signature must be witnessed by two people, each of whom is 18 years or older and is not named as a beneficiary in the form.</p> <p>I understand the superannuation beneficiary nomination given to the Trustee in this section will apply to all death benefits held under my membership in the Insurance-only Division of the Macquarie Superannuation Plan and referred to below as my Zurich policy, and:</p> <ul style="list-style-type: none"> • be binding on the Trustee if the Trustee consents to it, 		<ul style="list-style-type: none"> • revokes any prior nomination made by me in respect of my Zurich policy, and • will be current until revoked or the Trustee consents to a new nomination from me, which will replace any previous nomination/s provided in respect of my Zurich policy. <p>I understand that any nomination I provide will apply to all of my interest in my Zurich policy (and only that Zurich policy).</p> <p>I understand that I should review the nomination regularly and if I wish to make a new nomination in the future, I will need to complete a new form.</p>
<p>Signature of insured member</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		<p>Declaration date: <input style="width: 100%;" type="text"/></p>
<p>This application was signed by the insured member before me and on the date indicated above as the declaration date.</p>		
<p>Signature of witness 1</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Date: <input style="width: 100%;" type="text"/></p> <p>Name: <input style="width: 100%;" type="text"/></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>Signature of witness 2</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Date: <input style="width: 100%;" type="text"/></p> <p>Name: <input style="width: 100%;" type="text"/></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

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Please return all relevant forms by mail to Zurich Customer Care, Locked Bag 994, North Sydney, NSW, 2059 by email life.insurance@zurich.com.au or by fax **1800 812 175**