## **DEATH BENEFIT** NOMINATION FORM -ORDINARY



Please complete this form to provide payment instructions to NEOS, on behalf of the insurer, on how to pay any death benefits payable under your Futura Protection plan.

You must be both the only plan owner and insured person to make a valid nomination (note that for the purpose of this requirement, you are still a sole life insured if there is also an insured child/children on the plan).

Please print this form and complete it using a dark pen and CAPITAL letters (except for your email address). Completed forms can then be scanned and emailed to **customer@futuraprotect.com.au** or posted to:

NEOS GPO Box 239, Sydney NSW 2001

## Questions?

Plan details

Futura Protection plan number

Insured person details

If you have any questions in relation to this form, please don't hesitate to contact us on 1300 407 349 or email us at customer@futuraprotect.com.au

Title Insured person's name Date of birth	Mr Mr First name	Ars Miss Ms	Other Middle name		Last name						
Beneficiary details  Please add up to five beneficiaries, ensuring the benefit percentages total 100%											
Full name of nominated beneficiary		Residential address		Nominated person's date of birth		Proportion of benefit (%) whole numbers only					
				(your est	rsonal Representative ate) ist add up to 100%)	100%					

## **Privacy**

Our privacy policy contains information about how you may access personal information held by us and how you can seek correction of such information. It also contains information about how you may complain about a breach of the Australian Privacy Principles and how we'll deal with such a complaint. You may obtain a copy of our privacy policy from **www.futuraprotect.com.au** 

## Insured person declaration

I declare that:

- I wish to make a death benefit nomination as indicated above
- > I understand that this nomination replaces any nomination I have previously made
- > I understand that I can change this nomination using a Death Benefit Nomination Form at any time; and
- > I understand that I can cancel this nomination in writing at any time

Plan owner name						
Plan owner signature	Date		/	/		

