

Nomination of Beneficiaries Form

As the Policyowner, you have the option to nominate up to 5 beneficiaries to receive benefits payable under your Policy on your death. The option to nominate a beneficiary is subject to the conditions listed below.

If you choose not to nominate a beneficiary using this form, or do not submit a valid nomination (explained below) any benefit payable from your Policy will be settled in accordance with provisions outlined in your Policy Document.

Conditions

The following conditions apply:

- Only the Policyowner can sign the Nomination of Beneficiaries Form; and
- There mustn't be more than five nominees; and
- Nominations must be a natural person; and
- 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're permitted to pay under the New Zealand law; and
- 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; and
- Payment of benefits will be made on the basis of the latest valid nomination received by OneChoice; and
- You may vary the nomination at any time by calling us on **0800 005 804** (Monday to Friday between 8am and 8pm) or by properly completing and signing a new Nomination of Beneficiaries Form and returning it to OneChoice. The variation takes effect when it is received by OneChoice.

Helpful tips when completing the Nomination of Beneficiaries Form

- If you make an alteration or correction to the Form, please ensure you initial each change.
- Please note that when completing the Proportion of Benefit Section, it must equal 100%; we cannot accept dollar amounts, fractions, or statements such as 'All', 'Half', or 'The Rest'.
- We require complete phone numbers for all nominees, except if they are under 18 years of age.
- We are unable to accept any additional instructions on the Form, other than the fields included.

Example of how to nominate a Beneficiary(ies)

Full Name of Beneficiary	Address	Phone Number	Date of Birth	Relationship to Policyowner	Proportion of Benefit (%)
Mr Travis Smith	1 Sample Street, Auckland NZ	09 1234567	01/05/1980	Brother	30%
Ms Sarah Jones	123 Sample Street, Auckland NZ	09 7654321	30/06/1995	Daughter	70%
SAMPLE					
			/ /		%
			/ /		%
			/ /		%
Your Policy Number	750123456		Total (must add up to 100%)		100%
Name of Policyowner	Mrs Sandi Jones				
Signature of Policyowner	Sandi Jones			Date:	11/06/2020

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Privacy

Greenstone Financial Services NZ Limited ("Greenstone", "we", "us" or "our") collects the personal information on this form in order to record your nominated beneficiaries and to assist in the management of future claims. You confirm that you have gained consent from the relevant individuals to provide this information. This information will be shared with your insurer and any of its service providers, including claims assessors, should you lodge a claim under your policy. If you fail to provide the requested information, or do not provide the information in full, your nomination could be deemed invalid and will not be processed. We will share your information with our related companies and service providers in Australia but are unlikely to send your information to any other foreign jurisdiction. You can obtain a copy of our Privacy Policy, which contains information about accessing and correcting information, on our website onechoice.co.nz or you can request a copy by contacting us on **0800 005 804**.

Full Name of Beneficiary	Address	Phone Number	Date of Birth	Relationship to Policyowner	Proportion of Benefit (%)
			/ /		%
			/ /		%
			/ /		%
			/ /		%
			/ /		%
Your Policy Number				Total (must add up to 100%)	%
Name of Policyowner					
Signature of Policyowner				Date	/ /

Please return this form to OneChoice. Email to: support@onechoice.co.nz, or mail to: Customer Support, Reply Paid DX Box EP71505, Penrose, Auckland (no stamp required)