

# ClearView LifeSolutions

## Beneficiary Nomination Form LifeSolutions Super

You may nominate up to five beneficiaries to receive any death benefit that becomes payable under this policy.

### Nomination type

There are two types of nominations available: non-binding and binding (non-lapsing). Regardless of which type of nomination you make, a nominated beneficiary must be your dependant or your legal personal representative (your estate). Please refer to 'Payment of death benefits' and 'Who is a dependant?' sections of the PDS and Policy Document for more information.

Please choose one of the following types of nomination.

☐ Non-binding ☐ Binding nomination

**Please list the nominated beneficiary(ies) and the portion of the benefit each is to receive. Please use whole numbers and ensure that the total of the percentages is 100%.**

**Note:** Do not include the person insured as one of the nominated beneficiaries, as it will make the nomination invalid.

Policy number(s)

Person insured

### Beneficiary details

	Full name (including title)	Date of birth	Gender	% of benefit
1	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/> %
	Residential address <input type="text"/>	Relationship to you <input type="checkbox"/> Financial dependant <input type="checkbox"/> Spouse/Partner/defacto <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Child		
	Suburb <input type="text"/>			
	State <input type="text"/>	Postcode <input type="text"/>		

	Full name (including title)	Date of birth	Gender	% of benefit
2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/> %
	Residential address <input type="text"/>	Relationship to you <input type="checkbox"/> Financial dependant <input type="checkbox"/> Spouse/Partner/defacto <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Child		
	Suburb <input type="text"/>			
	State <input type="text"/>	Postcode <input type="text"/>		

<b>3</b>	Full name (including title)	Date of birth	Gender	% of benefit
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/> %
	Residential address	Relationship to you		
	<input type="text"/>	<input type="checkbox"/> Financial dependant <input type="checkbox"/> Spouse/Partner/defacto <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Child		
	Suburb			
	State <input type="text"/>	Postcode <input type="text"/>		

<b>4</b>	Full name (including title)	Date of birth	Gender	% of benefit
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/> %
	Residential address	Relationship to you		
	<input type="text"/>	<input type="checkbox"/> Financial dependant <input type="checkbox"/> Spouse/Partner/defacto <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Child		
	Suburb			
	State <input type="text"/>	Postcode <input type="text"/>		

<b>5</b>	Full name (including title)	Date of birth	Gender	% of benefit
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/> %
	Residential address	Relationship to you		
	<input type="text"/>	<input type="checkbox"/> Financial dependant <input type="checkbox"/> Spouse/Partner/defacto <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Child		
	Suburb			
	State <input type="text"/>	Postcode <input type="text"/>		

AND/OR	% of benefit
My legal personal representative	<input type="text"/> %

**TOTAL** (must total 100%)  %

### Person insured declaration

- I request that the Trustee accept my non-binding nomination or binding (non-lapsing) nomination as appropriate
- I have read and understand the 'Payment of death benefits' and 'Who is a dependant?' sections of the PDS and Policy Document
- I understand that it is my responsibility to review and update my beneficiary nomination with ClearView as my personal circumstances change
- I understand that if my binding (non-lapsing) nomination is not valid at the time of my death, that the Trustee will pay my death benefit as a lump sum to my legal personal representative.

- If I am also applying for, or currently hold, an accumulation interest in ClearView LifeSolutions Super Rollover, I understand that my benefit nomination will only apply to any death benefit that becomes payable under a ClearView LifeSolutions Super policy and will not apply in respect of my account balance (if any) in ClearView LifeSolutions Super Rollover as at the date of my death.
- I have read and consent to the collection, use and disclosure of my personal information as set out in the Trustee's and ClearView's Information Handling Policy. The Information Handling Policy is available at [www.clearview.com.au](http://www.clearview.com.au) or by contacting ClearView on 1800 265 744.
- When I provide personal information to the Trustee or ClearView about another person, I confirm that I am authorised to provide the information and will inform that person (unless doing so would pose a serious threat to the life or health of any individual) of the content of this form, who the Trustee and ClearView is, how the Trustee and ClearView will use and disclose information, that they can gain access to that information, and all other matters set out in the 'Privacy and your personal information' section of the PDS and Policy Document and confirmed that they have read the Information Handling Policy.

Person insured signature

Date

	<input type="text"/>
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### Witness declaration

#### Only needed when making a binding (non-lapsing) nomination

I declare that I am over the age of 18, am not a nominated beneficiary and that the policy owner signed and dated this binding (non-lapsing) nomination as appropriate in my presence and in the presence of the other witness.

#### Witness 1

Full name

Signature

Date

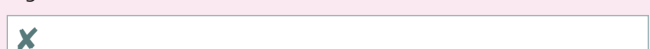
	<input type="text"/>
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#### Witness 2

Full name

Signature

Date

	<input type="text"/>
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### Sending your form:

#### Mail

ClearView  
GPO Box 4232  
Sydney NSW 2001

#### Email

[clearviewlife.maintenance@clearview.com.au](mailto:clearviewlife.maintenance@clearview.com.au)

#### Fax

(02) 9233 1960

#### Enquiries

132 979