



Nominated beneficiary form for Life cover.

Use this form to add nominated beneficiaries to your policy.

If you're nominating more than three beneficiaries, please complete and return a second form.

Only Life cover can be assigned through this form.

Please keep a copy of this form for your records.

Please see page three for important notes on completing this form.

Policy number	Name of insured person	Date of birth (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	Phone number	
<input type="text"/>	<input type="text"/>	

Beneficiary/ies.

Beneficiary name	Date of birth (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>
Relationship to the life insured	Percentage of cover
<input type="text"/>	<input type="text"/> %
Address	
<input type="text"/>	
Email address	Phone number
<input type="text"/>	<input type="text"/>

Beneficiary name	Date of birth (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>
Relationship to the life insured	Percentage of cover
<input type="text"/>	<input type="text"/> %
Address	
<input type="text"/>	
Email address	Phone number
<input type="text"/>	<input type="text"/>



Nominated beneficiary form for Life cover.

Policy number

Beneficiary/ies (continued).

Beneficiary name

Date of birth (DD/MM/YYYY)

Relationship to the life insured

Percentage of cover

 %

Address

Email address

Phone number

Please note: the total amount allocated to all beneficiaries cannot exceed 100%

Privacy.

This form collects personal information that will be used to add nominated beneficiaries to your policy. The way we collect, use, disclose and store your personal information is set out in our privacy statement which is available at fidelitylife.co.nz

I/we are authorised to provide the personal information of the beneficiary/ies given on this form.

Person to be insured (please print)

Person to be insured signature

Date (DD/MM/YYYY)

Policy owner (please print)

Policy owner signature

Date (DD/MM/YYYY)

Policy owner (please print)

Policy owner signature

Date (DD/MM/YYYY)

Please return your completed form to:

@ admin.services@fidelitylife.co.nz ✉ Freepost 1893, PO Box 37275, Parnell, Auckland 1151.

If you have any questions, please contact us on 0800 88 22 88.

