

Nomination of beneficiaries

OneCare, World of Protection and SmartCare (Non-Super)

August 2022

Zurich Australia Limited (Zurich, OnePath)

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Customer Care

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This form should be completed to nominate who will be paid in the event of a life insured's death. The nomination will apply to death benefits payable across all covers under the policy. If the sum of benefits payable to nominated beneficiaries under the policy is less than 100% of the total death benefits payable, the policy owner or their estate will receive any balance of benefits under the policy so that the total sum of death benefits payable equals 100%. Similarly, the policy owner or their estate will receive any benefits allocated to a beneficiary in the event that the beneficiary dies before the life insured.

Any nominations will be cancelled if the ownership of the policy is transferred to a new policy owner.

Policy details

Policy number	<input type="text"/>											
Policy owner name	<input type="text"/>											
Date of birth (dd/mm/yyyy)	<input type="text"/>		Phone	<input type="text"/>								
Address	<input type="text"/>											
Suburb/Town	<input type="text"/>					State	<input type="text"/>		Postcode	<input type="text"/>		
Life insured name on policy	<input type="text"/>											

Please complete the table below to nominate the beneficiaries to whom death benefits under any cover will be paid and in what proportion.

I/We, the policy owner/s, nominate the following beneficiary(ies) to receive the specified proportion of the amount insured payable in the event of the life insured's death. Such payment is subject to the terms and conditions of the policy and any limitations imposed by law at the time of payment. I/We understand that I/we reserve the right to alter this nomination at any time and that subsequent valid nominations supersede previous nominations. If the ownership of this policy is transferred at any time, any existing nomination shall become void. OnePath may discharge its obligations to any minor beneficiary by paying monies due to a duly appointed legal guardian of any minor beneficiary or to the duly appointed trustee of any appropriate fund created for the purpose of receiving any monies so due, among other things.

Privacy Policy

I/We consent to the collection, use, storage and disclosure of my/our personal information as described in the Privacy Policy and the Privacy Statement contained in the PDS (including discussing any information obtained from me/us and any doctors or accountants with the financial adviser associated with this application). OnePath's Privacy Policy is available at onepath.com.au/about-us/privacy-policy

If I/we have provided personal information about any identified person, I/we declare that I/we have their permission to do so and I/we have informed them of the Privacy Policy and the Privacy Statement.

Surname/Company name of nominated beneficiary	First name (including title, e.g. Mr or Mrs)	Address	Relationship to life insured	Date of birth (dd/mm/yyyy)	Proportion of the amount insured (%)*		
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Estate/Policy owner		<input type="text"/>	N/A	N/A	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total (must add up to 100%)					100%		

* Proportion of the amount insured should be whole numbers only.

Name of policy owner(s)	<input type="text"/>	
Signature of policy owner(s)	<input type="text"/>	Date (dd/mm/yyyy) <input type="text"/>

Return this form to us by mail at: OnePath, Locked Bag 994, North Sydney NSW 2059.