Beneficiary Nomination Form – Non-Superannuation

Use this form to make a Beneficiary nomination on your non-superannuation policy.

Please consider your Combined Product Disclosure Statement and Policy Terms in relation to your own personal circumstances before making
a decision to add a beneficiary to your policy, or speak to your financial adviser. If you require a copy of these documents, please contact us on 1800 523 523 or email auprotect@metlife.com.

Section 1. Life Insured details

Title	Given name/s	Surname	Date of birth *(dd/mm/yyyy)*

Address	Suburb	State	Postcode

Section 2. Policy details

Please include details for the policy that you would like updated by this form, and ensure that the name of each Policy Owner is listed below.

Policy number	Policy Owner 1	Policy Owner 2

Section 3. Beneficiary nomination

By nominating one or more beneficiaries you are advising MetLife who to pay a benefit to in the event of your death.

You can nominate your beneficiary(ies) by completing the table on page 2 of this form.

You may make up to five (5) nominations and the total of all beneficiary nominations must equal 100%.

Your death benefit nomination remains valid while your policy is in force and should be reviewed regularly.

Your personal legal representative (executor of the will or administrator of the estate) *If you are nominating your personal legal representative as one of your beneficiaries, you may only make up to four additional nominations below.*	**% of death benefit**

Given name/s	Surname	**% of death benefit**
Date of birth	Relationship to Life Insured	
Address		

Given name/s	Surname	**% of death benefit**
Date of birth	Relationship to Life Insured	
Address		

Given name/s	Surname	**% of death benefit**
Date of birth	Relationship to Life Insured	
Address		

Given name/s	Surname	**% of death benefit**
Date of birth	Relationship to Life Insured	
Address		

Given name/s	Surname	**% of death benefit**
Date of birth	Relationship to Life Insured	
Address		

	100%

Section 4. Privacy - Use and disclosure of personal information

Your privacy with MetLife Insurance Limited ABN 75 004 274 882 AFSL 238096 ('MetLife' or the 'Insurer')
The personal information you provide in the form is necessary for MetLife to provide you with the products and services you have requested from MetLife. You do not have to provide MetLife with your personal information, but if you do not do so MetLife may not be able to provide you with the products or services. MetLife complies with the Privacy Act 1988 and the principles laid out in its Privacy Policy which details information about the entities that MetLife usually discloses personal information to (including overseas recipients), how you may access or seek correction of your personal information, how we manage that information and our complaints process. MetLife's Privacy Policy is readily available and can be viewed at www.metlife.com.au/privacy.

Section 5. Declaration and authority

Please ensure that all Policy Owners sign this form as outlined in the table below.

Policy Owner type	Life Insured	Multiple Individuals	Business Entity
Signature/s required	Life Insured	All Owners	1 x Business Director

By completing this form, I/we confirm that:

- I/we want to make a death benefit nomination as outlined on this form;
- This nomination replaces any nomination I/we have previously made, and will remain in place for the life of the policy unless otherwise instructed by me/us;
- By making a nomination, MetLife will ordinarily pay the death benefit to the beneficiaries I/we have nominated and in such proportions as I/we have specified;
- If the nominated beneficiary is a minor at the time of payment, MetLife will pay the benefit to their legal guardian;
- My/our nomination applies to the Life Cover payable under the policy number supplied on this form;
- It is my/our responsibility to ensure that each person I/we have nominated is aware that they have been nominated as a beneficiary, and that MetLife holds a record of their personal information (including contact information);
- I/We have read and understood the Privacy Disclosure Statement entitled 'Privacy - Use and Disclosure of personal information'. I/We consent to the collection, use and disclosure of my/our personal (including sensitive) information in accordance with the terms of these documents.

Policy Owner name	Policy Owner signature	Date *(dd/mm/yyyy)*
▶		

Policy Owner name	Policy Owner signature	Date *(dd/mm/yyyy)*
▶		

Please return the completed form to
MetLife Insurance Limited, GPO Box 3319, Sydney NSW 2001;
or email auprotect@metlife.com
For assistance with the completion of this form, please call us on 1800 523 523 Monday to Friday 9am – 5pm AEST.

metlife.com.au

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MetLife

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