

# Life Insurance

## Beneficiary nomination form



Avant Life Insurance ABN 82 003 797 471 | PO Box 746, Queen Victoria Building, NSW 1230  
1800 128 268 | [avant.org.au/life](http://avant.org.au/life) | [lifeadmin@avant.org.au](mailto:lifeadmin@avant.org.au)  
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As the insured person, you have the ability to nominate a beneficiary or beneficiaries, to receive the benefits payable upon your death. To make a nomination you need to complete this form and return it to Avant Life Insurance. A person over the age of 18, who is not listed or previously listed as a nominated beneficiary, will need to witness your signature.

Your nomination will be followed by us upon your death. Your nomination may be cancelled at any time in writing or by completing a new Beneficiary Nomination form.

We can only accept your request if this form is correctly completed. Your nomination is only effective when you have received written confirmation from us.

Should you wish to nominate more than four beneficiaries, please complete an additional form and attach it to this one.

If you have any questions about completing this form, please contact us on 1800 128 268.

### 1. Your personal details

Plan owner and insured person: (A nomination of beneficiary may only be completed when the plan owner is the same person as the person insured)

Plan number (if known):		Date of birth:	
Residential address:			
Phone:	(mobile):	(home):	(work):
Email address:			

### 2. Details of your beneficiaries

#### Beneficiary One

Beneficiary name: (individual, company or trust)		Date of birth:	
Residential address:			
Phone:	(mobile):	(home):	(work):
Relationship to you:			% of total benefit

#### Beneficiary Two

Beneficiary name: (individual, company or trust)		Date of birth:	
Residential address:			
Phone:	(mobile):	(home):	(work):
Relationship to you:			% of total benefit

#### Beneficiary Three

Beneficiary name: (individual, company or trust)		Date of birth:	
Residential address:			
Phone:	(mobile):	(home):	(work):
Relationship to you:			% of total benefit

Beneficiary Four			
Beneficiary name: (individual, company or trust)		Date of birth:	
Residential address:			
Phone:	(mobile):	(home):	(work):
Relationship to you:			% of total benefit
Please ensure the total amount adds up to 100%. Where the total amount does not add up to 100%, the balance will be paid to your estate.			<b>TOTAL</b>

### 3. Declaration

I confirm this nomination of beneficiary/ies and acknowledge that it will not apply until it has been confirmed by Avant Life Insurance in writing.

Full name:

Date:

Signature of plan owner and insured person:

#### Signature of witness

I declare that I am over the age of 18, not a nominated or previously nominated beneficiary and that this form was signed and dated by the applicant in my presence.

Full name:

Date of birth:

Signature:

Date:

#### Questions?

Contact us on **1800 128 268** between 8.00am and 6.00pm (Sydney time) or email [lifeadmin@avant.org.au](mailto:lifeadmin@avant.org.au)

**Please return a copy of your signed form to Avant Life Insurance.**

Mail to **Client Service Team, Avant Life Insurance, Reply Paid 746, Queen Victoria Building, Sydney, NSW, 1230**  
(by writing 'Reply Paid' in the address, you will not need to include a postage stamp),  
or email [lifeadmin@avant.org.au](mailto:lifeadmin@avant.org.au) (simply scan or photograph the relevant requirements and email them to us)

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