

# Suncorp Funeral Policy Nomination of Beneficiaries Form

This form allows you to nominate a beneficiary to receive benefits payable under your Suncorp funeral policy.

Your policy number	<input type="text"/>
Policy owner name	<input type="text"/>
Policy owner name	<input type="text"/>

As the policy owner, I/we understand the beneficiary noted below or my estate (if applicable) will receive proceeds from any benefits payable under my/our Suncorp funeral policy, subject to the terms and conditions of the policy and any requirement of, or limitations imposed by law at the time of payment. I/we also understand that:

- I/We can nominate only one beneficiary under my Suncorp funeral policy;
- if a nominee cannot be located or they pre-decease me, the portion otherwise payable to them will be paid to my estate;
- if at the time of payment, a nominated beneficiary is a minor, the payment will be made to the minor's legal guardian, a trust for the benefit of the minor or to any person we are authorised to pay under the relevant law;
- I/We can alter my/our nominations at any stage, however nominations are not effective until they are confirmed in writing by the insurer; and
- a payment made to my/our nominated beneficiary will be based on the latest valid nomination received and confirmed by the insurer.

**If you choose not to nominate a beneficiary** using this form, any payments payable under your policy will be made to your estate (single policy owner) or to the surviving policy owner (if joint owners). Please refer to your Product Disclosure Statement and Policy Document for full terms and conditions.

## Nominated Beneficiary Details

Full name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	State	Postcode
Relationship to you	<input type="text"/>		
Date of birth	<input type="text" value="DD / MM / YYYY"/>		

**For Joint policies:** Both Policy Owners must sign and date this section.

Policy Owner Signature	<input type="text"/>	Date:	<input type="text" value="DD / MM / YYYY"/>
Policy Owner Signature	<input type="text"/>	Date:	<input type="text" value="DD / MM / YYYY"/>

**Please return this form to Life Customer Service:**

**Fax:** 1300 552 345

**Email:** [suncorplife@suncorp.com.au](mailto:suncorplife@suncorp.com.au)

**Mail:** GPO Box 3950, Sydney NSW 2001

**If you have any queries please call us on 1800 604 689.**