



PROTECTION PLANS

Non-Lapsing Nomination of Beneficiaries

TERM LIFE AS SUPERANNUATION

Products previously branded BT, Westpac or St.George

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GENERAL NOTICE

- Use this form to nominate who receives your superannuation benefit in the event of your death.
- You can use this form to make a new nomination, or amend an existing nomination.
- If you would like to nominate more than five beneficiaries, please photocopy page 2 of this form. You must sign the photocopied form as well as the original. Please ensure that the percentages nominated total 100%.
- We recommend you seek professional advice before making a nomination.
- Complete all sections of this form and return to us.

DETAILS OF INSURED MEMBER

Title	☐ Mr	☐ Mrs	☐ Miss	☐ Ms	☐ Dr	☐ Mx	☐ Other	
Given name(s)								
Surname								
Postal address								
Suburb		State		Postcode				
Country, if not Australia								
Date of birth	DD / MM / YYYY							
Email address								
Home phone								
Mobile phone								
Work phone								
Please provide the following information (as applicable)								
Policy Number								
Adviser Number								
Portfolio Number								

The insurer and issuer is TAL Life Limited ABN 70 050 109 450 AFSL 237848 (TAL Life) except for Term Life as Superannuation, Income Protection as Superannuation and Income Protection Assured as Superannuation, which are issued by Mercer Superannuation (Australia) Limited ABN 79 004 717 533 AFSL 235906 (MSAL) as trustee of the Mercer Super Trust ABN 19 905 422 981. MSAL does not guarantee the insurance. TAL is part of the TAL Dai-ichi Life Australia Pty Limited ABN 97 150 070 483 group of companies (TAL). MSAL is not part of the TAL group of companies. Any financial product advice is general in nature only and does not take into account any person's objectives, financial situation or needs. Before acting on it, the appropriateness of the advice for any person should be considered, having regard to those factors. Persons deciding whether to acquire or continue to hold life insurance issued by TAL Life should consider the relevant Product Disclosure Statement (PDS) available at tal.com.au. The Target Market Determination (TMD) for the product (where applicable) is also available at this web address.

WHO YOU CAN NOMINATE

- **Who can receive your benefit in the event of your death?**

You can pay your benefit to:

- your estate, or
- nominated beneficiary(ies).

Any beneficiary you nominate must be either your Legal Personal Representative (i.e. executor or administrator of your estate) or a dependant at the date of your death.

- **Who qualifies as a dependant?**

Your dependants include:

- your spouse,
- your children,
- a person with whom you have an interdependency relationship (see below for definition), and
- a person who is financially dependent on you.

- **What is an interdependency relationship?**

An interdependency relationship is a close personal relationship between two people who live together, where one or both of them provide for the financial and domestic support and personal care of the other.

An interdependency relationship may still exist if there is a close personal relationship but the other requirements are not satisfied because of some physical, intellectual or psychiatric disability.

WHO WOULD YOU LIKE YOUR BENEFIT TO BE PAID TO IN THE EVENT OF YOUR DEATH?
☐

Pay to my Legal Personal Representative (my estate) OR

☐

Pay to my nominated beneficiary(ies)

If any nominated beneficiary is no longer your dependant or Legal Personal Representative at the date of death, they will not be entitled to receive a share of your benefit. You direct the Trustee to pay the share to the remaining nominees based on their proportional entitlement to your benefit.

Please use whole figures when specifying the '% of benefit'. Your total nomination must equal 100%.

NAME OF BENEFICIARY	DATE OF BIRTH	RELATIONSHIP	GENDER	% OF BENEFIT
	DD / MM / YYYY			%
	DD / MM / YYYY			%
	DD / MM / YYYY			%
	DD / MM / YYYY			%
	DD / MM / YYYY			%
Must total 100%				%

DECLARATION

INSURED MEMBER'S DECLARATION

I declare and agree that:

- I have read and understood this completed form and declare that the statements made and the information completed therein is true and correct as at the date I signed this form;
- I have read and understood the section NON-LAPSING NOMINATION OF BENEFICIARIES GUIDELINES above;
- I have read and understood the TAL Privacy Policy available on the website at tal.com.au/privacy-policy and I agree to the various uses and disclosures of my personal information set out in that document. I also agree to make any beneficiary nominated by me aware of the matters set out in the Privacy Policy;
- this application and any related documents (including the Product Disclosure Statement (PDS)) shall form the basis of any contract issued;
- the email address(es) provided in this application may be used to electronically communicate with me, including information in relation to my application and my insurance; and
- my nomination will not become effective until it is confirmed by the Insurer in writing.

Name of
Insured Member

Signature

Date

DD / MM / YYYY

WITNESS DECLARATION

I declare that I am 18 years or over, I am not a named beneficiary on this form and the Insured Member's signature was signed and dated by the Insured Member in the presence of us both.

Name of
Witness

Signature

Date

DD / MM / YYYY

SUBMITTING THIS FORM

Please return your completed form and any supporting documents by either:

- ✉ TAL Life
GPO Box 5467
Sydney NSW 2001
- ✉ PPUWAlterations@tal.com.au for new applications
- ✉ PPInsurance@tal.com.au for existing policy/ies

CONTACTING TAL

- ✉ PPInsurance@tal.com.au
- ☎ 1300 553 764
- 🌐 tal.com.au

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