

Nomination of Beneficiaries Form

SafewayLife

The Policyowner may nominate beneficiaries to receive allocated shares of the Benefit Amount payable under their Policy on their death, in accordance with their most recent valid beneficiary nomination.

Valid beneficiary nomination

To make a valid beneficiary nomination, the Policyowner must correctly complete this Nomination of Beneficiaries Form by providing details of nominated beneficiaries in accordance with the rules and procedures on page 2.

We accept forms that are completed and signed either manually or electronically. For digital signatures, the accepted platform is DocuSign and the completed form must be directly sent through the DocuSign platform to service@insurance.safewaylife.com.au

If you are completing the form manually, you can email it to service@insurance.safewaylife.com.au or mail: **Policyowner Services, Safeway Life, Reply Paid 6728, Baulkham Hills NSW 2153** (no stamp required)

If a valid beneficiary nomination does not exist at the date of the Policyowner's death, the Benefit Amount will be paid to their legal personal representative, or other person that the insurer is legally permitted to pay.

Privacy

Greenstone Financial Services Pty Ltd ('GFS', 'we', 'us' or 'our') collects the following personal information in order to record your nominated beneficiaries and to assist in the management of future claims. You confirm that you have gained consent from the individuals to provide this information. This information will be shared with your insurer and any of its service providers, including claims assessors should you lodge a claim under your policy. If you fail to provide the requested information, or do not provide the information in full, your nomination will be deemed invalid and will not be processed. We are unlikely to send your information to any foreign jurisdiction. You can obtain a copy of our Privacy Policy, which contains information about accessing and correcting information and how to complain about a breach of the Privacy Principles, on our website or you can request a copy by contacting us on 1300 954 290.

Example of how to nominate a Beneficiary(ies)

To be completed by the Policyowner

| | | | |
|------------------------|-----------|---------------------|---------|
| Your Policy number | 410123456 | Policyowner title | Mrs |
| Policyowner first name | Vanessa | Policyowner surname | Harmens |

Details of nominated beneficiaries

| Full name of nominated beneficiary | Address | Phone number | Date of birth | Relationship to Policyowner | Percentage share |
|------------------------------------|----------------------------------|--------------|-----------------------------|-----------------------------|------------------|
| Mr Travis Smith | 1 Sample Street, Smithville NSW | 02 1234 5678 | 01/05/1980 | Brother | 30% |
| Ms Sarah Jones | 35 Sample Street, Smithville NSW | 02 5678 1234 | 30/06/1995 | Daughter | 70% |
| SAMPLE | | | Total (must add up to 100%) | | 100% |

Policyowner declaration

I hereby nominate the person/s named above to receive the allocated shares of the Benefit Amount payable on my death. I understand and agree that the nomination/s will not become valid until the correctly completed and signed form has been received.

| | | | |
|--------------------------|--|------|------------|
| Signature of Policyowner | DocuSigned by:  Vanessa Harmens 01F0471B304248C... | Date | 11/06/2021 |
|--------------------------|--|------|------------|

The form can be signed manually or using a digital signature. Digital signatures are electronically signed, not copied and pasted or typed – please see sample below. For digital signatures, the accepted platform is DocuSign.

| | | | | |
|--------------------------|--|---|------|------------|
| Signature of Policyowner | DocuSigned by:  Vanessa Harmens 01F0471B304248C... | ✓ | Date | 11/06/2021 |
| Signature of Policyowner | Vanessa Harmens | ✗ | Date | 11/06/2021 |

Rules and Procedures

To make a valid nomination the Policyowner must provide details of the nominated beneficiaries in the table below. The following additional rules and procedures apply:

- up to 5 beneficiaries can be nominated with a specified whole percentage share for each beneficiary that must total 100%;
- only natural persons can be nominated (not, for example companies or organisations);
- nominations must be made by the Policyowner sending us a validly completed and signed nomination form, or by calling us. A nomination takes effect when it is received by us;
- nominations may be varied by the Policyowner sending us a new validly completed and signed nomination form, or by calling us. A new nomination takes effect when it is received by us;
- if the nominated beneficiary is a minor when the benefit is payable, his or her specified percentage share will be paid to a trustee or a legal guardian for the benefit of the minor during his/her minority;
- if the nominated beneficiary dies before the Policyowner, the nomination in favour of that beneficiary fails and the percentage share specified for the deceased beneficiary will be paid to the Policyowner's legal personal representative (or other person that we are legally permitted to pay). The remaining nominations, if any, will continue to be effective; and
- if the Policy ownership changes e.g. due to assignment, any existing nomination will be invalidated.
- If manually completed, please ensure to initial any alteration or correction to the form; and
- the nomination form must be received by us within 60 days of the date it is signed or the form will not be accepted, and a new nomination will be required either by a validly completed and signed Nomination of Beneficiaries Form, or calling us.

Once the completed form has been received, the Policy details will be updated and the Policyowner will be issued with a revised Policy Schedule.

To be completed by the Policyowner

| | | | |
|------------------------|--|---------------------|--|
| Your Policy number | | Policyowner title | |
| Policyowner first name | | Policyowner surname | |

Details of nominated beneficiaries

| Full name of nominated beneficiary | Address | Phone number | Date of birth | Relationship to Policyowner | Percentage share |
|------------------------------------|---------|--------------|----------------|-----------------------------|------------------|
| 1. | | | DD / MM / YYYY | | % |
| 2. | | | DD / MM / YYYY | | % |
| 3. | | | DD / MM / YYYY | | % |
| 4. | | | DD / MM / YYYY | | % |
| 5. | | | DD / MM / YYYY | | % |
| Total (must add up to 100%) | | | | | % |

Policyowner declaration

I hereby nominate the person/s named above to receive the allocated shares of the Benefit Amount payable on my death. I understand and agree that the nomination/s will not become valid until the correctly completed and signed form has been received.

| | | |
|--------------------------|--|------|
| Signature of Policyowner | | Date |
|--------------------------|--|------|

Please return this form to Safeway Life. Email: service@insurance.safewaylife.com.au

Mail: Policyowner Services, Safeway Life, Reply Paid 6728, Baulkham Hills NSW 2153 (no stamp required)

Important things you should know: This is general information and does not take into account your financial situation. This Safeway Life insurance product is issued by Hannover Life Re of Australasia Ltd ABN 37 062 395 484, AFSL 530811, and administered by Greenstone Financial Services Pty Ltd ABN 53 128 692 884, AFSL 343079. Terms and conditions apply.