

Change of beneficiary form

Complete and return to:
Aon Master Trust, PO Box 332, Shortland St, Auckland 1140 or fax to: (09) 375 5990 or email: amt@linkmarketservices.com

Section A Your personal details

1. Your IRD Number

2. Your Member Number

3. Your name Mr Mrs Miss Ms Other _____
First Name(s) _____ Surname _____

4. Your Postal Address
Street Address/ PO Box _____
Suburb or RD _____
Town or City _____
Postcode

5. Date of birth _____

6. Employer name _____

7. Email address

Section B Privacy

The information in this form is being collected for the purposes set out in this form, including effectively managing your Aon Master Trust account. The information may be used by, and disclosed to, the Manager of the Scheme, authorised agents, and to any other entity that is involved in the administration and management of the Scheme (including any regulatory body). You agree that the Manager and its authorised agents may collect and use the information for these purposes. The information is being collected by Superannuation Management Nominees Limited whose address is Level 16, AMP Centre, 29 Customs St West, Auckland and will be held by Link Market Services Limited at Level 11, Deloitte Centre, 80 Queen Street, Auckland. You can request access to your personal information and can ask to correct that information by calling 0800 266 268.

Section C Change of beneficiary details

I advise the Trustee that, in the event of my death, I would prefer any lump sum benefit payable from the Scheme to be paid to the following beneficiaries in the proportions shown.

My beneficiaries' full names	Relationship to you	Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

My solicitor's name _____ Address _____

Executor's name (if you have made a will) _____ Address _____

Section C Change of beneficiary details (continued)

I have nominated beneficiaries to be paid death benefits in the event of my death, as above. I understand that the payment of such benefits shall be in accordance with the terms of the trust deed and any applicable laws. I also understand that to the extent that there is any inconsistency in interpretation, the trust deed and applicable laws shall prevail. I have read and understood the privacy statement in Section B.

Signature _____ Date _____ / _____ / _____

Section D Checklist

- I have completed all sections of this form
- checked that my percentages selected in Section C add up to 100%

Return completed form to

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If you have any questions about completing this form, please call 0800 266 268.