

NZ POLICE LIFE INSURANCE

BENEFIT NOMINATION FORM

Life Insurance and the need for a Life Benefit to be paid is not something anyone likes to think about. However, if you die, it is important that you leave your affairs in order.

This *Benefit Nomination Form* (Form) allows you to decide who you will leave the Life Benefit to under your group:

- NZ Sworn Police Life Insurance; or
 - NZ Non-sworn police Life Insurance;
- should you die.

For Sworn members, who are Police Welfare Fund members, the Form asks you to provide the details of your *Partner* whose life will also be insured under the *Partner Benefit*.

Police Welfare Fund Insurances Limited (the *Policy Owner*), owns the *Policy*. Any *Benefit* under the *Policy* will be paid by the *Policy Owner* to whom you specify in the form, instead of your Estate.

If we do not hold a Form, any *Benefit* under the *Policy* will be paid to your Estate.

This Form can be revoked (which means it can be cancelled or updated by you at any time) by completing a replacement Form accepted by the *Policy Owner*. Any replacement form will take effect at 4pm on the date of receipt of the Form by the *Policy Owner*.

MAKE SURE YOU KEEP THIS UPDATED

As you go through life, your personal circumstances may change. If they do, it is very important you update this *Benefit Nomination Form*. It remains in force until you replace it with another *Benefit Nomination Form*.

**It is your responsibility to keep this form up to date
Ensuring that those left behind are looked after.**

If you have any questions regarding this form call the *Policy Owner*,
Police Welfare Fund Insurances Limited on

0800 500 122 or Police Network extn: 44446



*Enhancing the wellbeing
of Police and their families*

Please read these notes in conjunction with completing the Benefit Nomination Form.

A. Your Full Name - The person covered under the *Policy*.

B. ONLY SWORN POLICE WHO ARE POLICE WELFARE FUND MEMBERS COMPLETE THIS SECTION

Under the NZ Sworn Police Life Insurance Policy, if you are a member of the Police Welfare Fund, your nominated *Partner* has life insurance to the value of 50% of your life insurance value. This *benefit* may be subject to underwriting.

If you are not a member of the Police Welfare Fund you will not have a *Partner Benefit* and you do not need to complete section B. (See *Extra Benefits for Police Welfare Fund Ltd members on page 4 of the NZ Sworn Police Life Insurance Booklet for details or go to the Police Life Insurance page on www.policeassn.org.nz.*)

Any nominated *Partner* is only covered up to the age of 70 years.

For the purposes of this benefit a *Partner* is deemed to be the:

- i) Husband or wife of the member; or
- ii) Civil union partner as defined in the Property (Relationships) Act 1976.

Where a member is married or in a civil union, and in the absence of nomination of another person for the purposes of this *Policy*, the member's *Partner* shall be the *Partner* for the purposes of the *Partner Benefit*.

NOTE: *The Policy Owner will accept the nomination of a former Partner where there are dependent children from that relationship, assuming that on the death of the Partner, the Insured Person will then have the responsibility for care of the dependents from that relationship. Members that wish to do this should make application in writing, explaining the circumstances to the Policy Owner. In such circumstances this Form will then need updating once the children are independent (i.e. 19 years of age) of the former Partner.*

C. This instructs the *Policy Owner* whom to pay your Life *Benefit* to. Any number of person(s) or mortgagee(s) may be nominated to receive your Life *Benefit*. The person(s) nominated do not need to be related to you.

- i) In respect of payments to be made to mortgagee(s) specify amounts (preferably the current dollar amount owing on the mortgage) if possible. When nominating mortgagee(s) you must also nominate any other person(s) in Section (ii) to receive any balance of Life *Benefit* that remains after the mortgagee(s) have been paid.

Example

	Full name of Mortgagee(s)	Address	Amount for Mortgagee
(i)	Mortgagee: National Bank of New Zealand	Manners Street, Wellington	\$50,000

- ii) If you have completed (i), now specify person(s) to whom any balance of Life *Benefit* should be paid. If (i) is not applicable, specify the person(s) to whom the entire Life *Benefit* should be paid.

(You must use whole percentages for the amount of Life Benefit each person or mortgagee should receive.)

Example

	Full name of Person(s)	Address	Percentage of Life Benefit
(ii)	Person: Mary Jones	22 Tui Street, Tawa, Wellington	80 %
	Person: Harry Jones	22 Tui Street, Tawa, Wellington	20 %
All percentages must be whole and add up to exactly 100%			TOTAL 100%

For Your Records

I completed my Benefit Nomination Form on Date: ____ / ____ / ____

Section B - I have nominated Name: _____

Section C - I have nominated Mortgagee: _____ \$ _____

Mortgagee: _____ \$ _____

Person: _____ %

Person: _____ %

Person: _____ %

Person: _____ %

If you have any questions regarding this form call the *Policy Owner*,
Police Welfare Fund Insurances Limited on

0800 500 122 or Police Network extn: 44446



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BENEFIT NOMINATION FORM
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Office use only

A I, _____
 hereby make the following nomination(s) in respect of benefits payable under my NZ Sworn Police Life Insurance Policy/NZ Non-sworn Police (Group) Life Insurance Policy.

1. Membership Number

2. QID

B SWORN POLICE WHO ARE POLICE WELFARE MEMBERS TO COMPLETE
 (For Sworn Police who are not members of the Police Welfare Fund, the Partner Life Benefit is excluded and you do not need to complete this section.)

For all purposes of the Partner Life Benefit I nominate as my Partner:

Full Name of Partner

Address

The Partner Life Benefit is payable to the member named in A.

C In respect of my Life Benefit I nominate

i) The following mortgagee(s) to receive the amount(s) specified at time of my death.

	Full name of Mortgagee(s)	Address	Amount
(i)	Mortgagee:		\$
	Mortgagee:		\$

and/or

ii) The following person(s) to share in the Life Benefit in the percentages specified, after payment is made to any mortgagee(s) nominated in (i).

- If you have completed (i), now specify the person(s) to whom any balance of Life Benefit should be paid. Whole percentages must be used.
- If (i) is not applicable, specify the person(s) to whom the entire Life Benefit should be paid. Whole percentages must be used.

REFER TO INSTRUCTIONS ON OPPOSITE PAGE IF UNSURE

	Full name of Person(s)	Address	Percentage of Life Benefit
(ii)	Person:		%
	Person:		%
	Person:		%
	Person:		%

All percentages must be whole and add up to exactly 100% **TOTAL 100%**

Signature of Member (as in A)

DATE	/	/
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Witness (must not be a person nominated in B or C above)

Print Name:

DATE	/	/
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Please note:

This document determines who receives what benefit under the NZ Sworn/Non-sworn Police Life Insurance policies.

It is held by the Policy Owner, Police Welfare Fund Insurances Limited, PO Box 12344, Wellington 6144.

Any questions about this form call the Policy Owner on **0800 500 122 or Police Network extn: 44446**

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FreePost Authority Number BR135953



Police Welfare Fund Insurances Ltd
P.O. Box 12 344
Wellington 6144

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