

NZ SWORN 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 your Life Benefit to if you die. If you are a Police Welfare Fund member, it also asks you to provide the details of your *Partner* whose life will also be insured under the *Partner Benefit*.

Police Welfare Fund Insurances Limited, 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*.

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

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

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

B. Under the New Zealand 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.

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 for details.*)

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 Death 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: _____ %



POLICE SWORN LIFE INSURANCE BENEFIT NOMINATION FORM

Enhancing the wellbeing of Police and their families

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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.

B (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 this scheme I nominate as my Partner:

Full Name of Partner

Address

This **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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1. Membership Number

2. QID

Please note:

This document determines who receives what benefit under the NZ Sworn Police Life Insurance Policy.

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

44497-07-09

There is a separate Benefit Nomination Form for Police Life Insurance Extra (previously named Supplementary Life insurance Plan) and Benefit nominations for this cover should be recorded on this separate Form.

Tear off this form, fold, staple and freepost back to the Police Welfare Fund.

FOLD HERE

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FreePost Authority Number BR135953



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

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