

Nominated Beneficiary Form for Funeral Plan Only

1. Policy Details Please print your details clearly in CAPITAL letters using a pen

Policy number

1st insured person details

First name(s)
 Surname

2nd insured person details

First name(s)
 Surname

2. Nominated Beneficiary Details

1st insured person nominated beneficiary

Title Mr Mrs Miss Ms Other

First name(s)
 Surname
 Date of birth
 Relationship to insured
 Address

 Phone
 Signature of Policy Owner
 Date

2nd insured person nominated beneficiary

Title Mr Mrs Miss Ms Other

First name(s)
 Surname
 Date of birth
 Relationship to insured
 Address

 Phone
 Signature of Policy Owner
 Date

The nominated beneficiary must be aged 16 or over at the date that they are nominated. A Policy owner may revoke or change a nomination at any time by completing a new Nominated Beneficiary form. This revocation or change will take effect from the date shown on the new Nominated Beneficiary form.