New Zealand Post Superannuation Plan

Nomination of beneficiaries

Whakamahia tēnei puka hei whakamōhio i a mātau me riro i a wai tō penihana ki te mate koe.

Faatumu le pepa lenei matou te iloa ai le tagata o le a faamanuiaina i lau penefiti pe a e maliu.

Use this form to let us know who you would like to receive your benefit if you die while still a member of the Plan. You can also use this form to change your nominated beneficiaries. See page 8 for a list of your current beneficiaries if you have already made a nomination.

Step 1: Complete your personal details

Title	**Surname**	**First names**	
Date of birth		**Employee number**	
Street address			
Postal address (if different from above)			
Work phone	**Home phone**		**Best time to call**
Email			

Step 2: Nominate your beneficiary or beneficiaries

In the event of your death, the trustee will, in most cases, pay your benefit from the Plan to the person or people nominated below. However, the trustee does have the discretion to pay someone else. Your nomination applies to the main section of the Plan only. Any savings in the CSF section (locked accounts) are paid to your estate.

Name of beneficiary	Relationship to you	Email	Proportion of benefit (%)
			= 100%

Step 3: Sign and date the form

Your signature must be witnessed by somebody who is not named as a beneficiary.

Your signature		**Date** D D | M M | Y Y Y Y	
Signature of witness		**Occupation of witness**	
Address of witness			
Please return this form to	FreePost 165572 New Zealand Post Superannuation Plan Private Bag 39990 Wellington Mail Centre Lower Hutt 5045	**Alternatively**, you can fax this form to (04) 819 2699 or scan it and email it to nzpostsuper@mercer.com	
OFFICE USE ONLY	**Nomination register number**	**Date received** D D | M M | Y Y Y Y	