

## NZ 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.

Step 1: Complete your	personal details			
Title Surname First names				
Date of birth DDMI	M Y Y Y Y Employee num	nber		
Street address				
Postal address (if differen	t from above)			
Work phone	Home phor	ne	Best time to call	
Email				
Step 2: Nominate your	beneficiary or beneficiaries	S		
However, the trustee does		eone else. Y	nefit from the Plan to the person or people n our nomination applies to the standard sect	
	Relationship			Proportion
Name of beneficiary	to you	Email		of benefit (%
				= 100%
Step 3: Sign and date	the form			
	tnessed by somebody who is not	t named as	a beneficiary.	
-				
Your signature		_ Date _D_ D_ M_ M_ Y_ Y_ Y		
Signature of witness		Occupation of witness		
Address of witness				
			I	
Please return this form to	FreePost 165572 NZ Post Superannuation Plan		Alternatively, you can scan and email the form to nzpostsuper@mercer.com	
	Private Bag 39990		nzpostsuper@mercer.com	
	Wellington Mail Centre			
	Lower Hutt 5045		<u> </u>	
Office use only Nomination register number		Date received _D_D_M_M_Y_Y_Y_Y		