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 D D M M Y Y Y Y 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.

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
NZ Post Superannuation Plan
Private Bag 39990
Wellington Mail Centre
Lower Hutt 5045

Alternatively, you can scan and email the form to nzpostsuper@mercer.com

Office use only Nomination register number _____ Date received D D M M Y Y Y Y