

# DEATH BENEFIT NOMINATION FORM – ORDINARY

## How to complete and return this form

This form is writable, so you can save a copy to your computer, type in your responses, print, sign then scan and email the completed form to [customer@encompassprotect.com.au](mailto:customer@encompassprotect.com.au).

Please complete this form to provide instructions, on how to pay any death benefits under your Encompass Protection policy.

You must be both the only policy owner and insured person to make a valid nomination.

## Questions?

If you have any questions in relation to this form, please don't hesitate to contact us on **1300 476 030** or email us at [customer@encompassprotect.com.au](mailto:customer@encompassprotect.com.au)

## Policy details

Policy number

## Insured person details

Full name

Date of birth   /   /

## Beneficiary details

You may nominate up to five beneficiaries, ensuring the benefit percentages total 100%.  
If any of your beneficiaries die before you, their portion of the death benefit will be paid to their estate.

Full name of nominated beneficiary	Residential address	Nominated person's date of birth	Proportion of benefit (%) whole numbers only
		Legal Personal Representative (your estate)	
		Total (must add up to 100%)	100%

# Privacy

Our privacy policy contains information about how you may access personal information held by us and how you can seek correction of such information. It also contains information about how you may complain about a breach of the Australian Privacy Principles and how we'll deal with such a complaint. You may obtain a copy of our privacy policy from [encompassprotect.com.au/privacy-policy](https://encompassprotect.com.au/privacy-policy)

## Declaration

I declare that:

- I wish to make a death benefit nomination as indicated above
- I understand that this nomination replaces any nomination I have previously made
- I understand that I can change this nomination using a Death Benefit Nomination Form at any time; and
- I understand that I can cancel this nomination in writing at any time.

Policy owner name

Policy owner

X

Date:  /  /



**encompassprotect.com.au**

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