Update beneficiaries



Use this form to update your beneficiaries. Send the completed form to SuperLife at superlife@superlife.co.nz or post to us at P.O. Box 105262, Auckland 1143.

SL00012 02.08.2021

Name:			Date of birth: / / (dd/mm/yyy		
Email:		Phone: ()		
Address:			Post	t code:	
Update beneficiaries					
This advice replaces my previous b from your savings from those who yo			people to receive	e the benefi	
			tiok anal		
f I die, the Trustee should pay the de	eath benefit, i.e. my saving	s and my life insurance, to (tick one)		
My estate					
	e of trust				
or				_	
To the following people in	the percentages shown				
Name	Date of birth	Relationship	Savings account	Life insurance	
	(dd/mm/yyyy)	(e.g. spouse/child)	(% share)	(% share)	
	/ /				
			100%	100%	