

Change or Nominate a Beneficiary



As the policy owner, you have the option to nominate one other person to be the beneficiary of your policy. That means they will be the person to whom we'll pay any claim including Life Cover, Critical Conditions, Total and Permanent Disability claim, or an Advanced Funeral Payment.

- A beneficiary must be a natural person and must be over the age of 18.
- If the beneficiary is deceased, we will pay the policy owner(s).

Helpful tips in completing this form:

- Don't copy and paste a signature. We do accept digital signatures from auditable platforms like docusign.
- If there is not enough room to provide all the details, please attach a separate piece of paper and provide the details on this. Sign and date the end of any separate pieces.
- Scan and email this form to ask@pinnaclelife.co.nz or post to Pinnacle Life, PO BOX 1471, Auckland 1140
- Call us on 0800 22 22 23 or email ask@pinnaclelife.co.nz if you have any questions.

Privacy

We will only use the information collected on this form to amend your policy. We won't use or make your details available for any other purpose. We won't sell, rent or make available your details to anyone that's not directly related to your policy. Within Pinnacle Life, your details will only be accessible to authorized staff operating within strict guidelines. You're entitled to access any information we hold about you. Just contact us.

Section A: Policy details

Policy Number

Name of Life Insured

Any other names Life Insured might be known by
e.g. maiden name

Name of second Life Insured (if applicable)

Any other names Life Insured might be known by
e.g. maiden name

Section B: Policy Owners details (if more than 2 owners, please complete a second form)

Title First name Surname

Residential Address

Second owner if applicable

Title First name Surname

Residential Address

Section C: Nominated Beneficiary details

Title First name Surname

Date of birth Relationship to Policy Owner

Residential Address

Email Phone

Section D: Your declaration

- I agree that all information provided on this form is correct.
- I understand the beneficiary is the person to whom we'll pay a Life Cover, Critical Conditions, Total and Permanent Disability claim, or an Advanced Funeral Payment claim.

All policy owners must sign:

Owners Name

Date

Signature

Second
Owners Name
(if applicable)

Date

Signature
