



New Zealand Post Superannuation Plan

Nomination of beneficiaries

Use this form to let the trustee 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		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 trustees 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. Your nomination applies to the main section of the Plan only. Any savings in the CSF section are paid to your estate.

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

Alternatively, you can fax this form to (04) 819 2699
or scan and email it to nzpostsuper@mercer.com

OFFICE USE ONLY	Nomination register number	Date received D D M M Y Y Y Y
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