## Westpac NZ Staff Superannuation Scheme Nomination of beneficiary

To: The Trustee of the Westpac New Zealand Staff Superannuation Scheme.

Your Details	Postal Address	
Mr □ Mrs □ Miss □ Ms □	Number and street/box number	
Other (please specify)		
Given name(s)	Suburb	
Curnama	Town/City	Postcode
Surname	Email address	
Westpac Staff Number	(As you may be contacted by email you must advise an email address that is confidential and cannot be accessed by anyone other than you. If you do not have a confidential email address, please leave this blank.)	
I hereby nominate the following person(s) to be considered by the Trustee as the recipient(s) of the benefit payable in the event that I may die while a member of the Scheme.		
Nomination Full Name of Beneficiary	Relationship to you	Percentage of Benefit (%)
		= 100%
Signature	Date (DD / MM / YYYY)	
I understand that the Trustee is not bound to make payment of the death benefit to the beneficiaries I have nominated. I also understand that I can change my nomination at any time by notice in writing to the Trustee.		
	Once completed, please send this application form to:  The Administrator,  Westpac NZ Staff Superannuation Scheme c/- Mercer (N.Z.) Limited  PO Box 1849  Wellington 6140, New Zealand Or by email to westpacstaffsuper@mercer.com	
	OFFICE USE ONLY	
	Date Received / /	
	Date Acknowledged / /	
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