

Change of beneficiary form

Lifetime Master Trust

Use this form if you want to change your nominated beneficiaries.

Please return the completed form and documentation by email to **lifetime@linkmarketservices.com** or post to:

Lifetime Master Trust, PO Box 91976, Victoria Street West, Auckland 1142

If you have any questions about completing this form, call **0800 266 268** or email **lifetime@linkmarketservices.com**.

Section A: Personal details

IRD number	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	Member number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
Title:	<input type="checkbox"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other	<input type="text"/>								
Given name(s)	<input type="text"/>										Surname	<input type="text"/>							
Postal address	<input type="text"/>												Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Direct phone	<input type="text"/>										Mobile	<input type="text"/>							
Email	<input type="text"/>																		

Section B: Privacy

The personal information you are providing in this form, (or in connection with this form) is being collected for the main purpose of effectively administering and managing your Lifetime Master Trust account in compliance with all relevant law. If you do not provide us with your personal information, we may not be able to process or may refuse your contribution. The information may also be used for the purpose of verifying your identity electronically or providing you with information about products and services we think might be of interest to you (including from our parent company Lifetime Asset Management). The information may be used by, and disclosed to the Manager and Trustee (Lifetime Trustee Limited), the Administration Manager, or other entity involved in the administration and management of the Lifetime Master Trust (including Inland Revenue and any regulatory body) or your financial adviser. The information you provide may also be used by external agencies appointed by us for the purposes of verifying your identity.

You agree that this information may be collected, held and disclosed for these purposes. The information is being collected by the Manager (Lifetime Trustee Limited), whose address is Lifetime Master Trust, PO Box 91976, Victoria Street West, Auckland 1142, and will be held by Link Market Services Limited who you can contact at PO Box 91976, Victoria Street West, Auckland 1142. You can request access to your personal information and can ask that it is corrected by calling 0800 266 268.

Section C: Change of beneficiary details

I advise the Trustee that, in the event of my death, I would prefer any lump sum benefit payable from the Scheme to be paid to the following beneficiaries in the proportions shown.

Beneficiaries' full names	Relationship to you	Percentage
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: If you have more than five nominated beneficiaries please list them at the bottom of page 1 of this form.

Your solicitor's name

Solicitor's address

Your executor's name (if you have made a will)

Executor's address

Section D: Your acknowledgement

I have nominated beneficiaries to be paid death benefits in the event of my death, as above. I understand that the payment of such benefits shall be in accordance with the terms of the trust deed and any applicable laws. I also understand that to the extent that there is any inconsistency in interpretation, the trust deed and applicable laws shall prevail.

I have read and understood the privacy statement in section B and authorise any personal information to be collected, held and disclosed in the manner detailed.

Signature

Date / /

Checklist

I have:

- ☐ completed sections A and C of this form
- ☐ checked that my percentages in section C add up to 100%
- ☐ signed and dated section D

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