

APPLICATION FORM TO CHANGE NOMINATED BENEFICIARY

Member Details

Name:			
Member No:		Branch / Group:	

Member Acknowledgement

I realise that this form is to be used to advise the Trustee of the Opus Downer Retirement Scheme that I wish to change the persons to whom the Scheme benefit is to be payable in the event of my death to the persons named in the table below.

I acknowledge that the persons in the table will replace the persons (if any) who had previously been nominated to receive the death benefit that is payable.

Nominated Beneficiary

By completing the table below, I direct the Trustee to make the advised persons my Nominated Beneficiaries in terms of the Trust Deed of the Opus Downer Retirement Scheme.

Surname	First Names	Relationship to Member	Proportion of Benefit

Member Authorisation

Member's Full Name: _____

Member's Signature: _____ Date ____/____/____

Please send the completed form to the Administration Manager at the address below.

Administration Manager
Melville Jessup Weaver

PO Box 11330
Wellington 6142
Ph 0800 728 370
E mary.garner@mjlw.co.nz
W www.workssuper.org.nz