Incolink
Entitlements Insurance Wellbeing

Preferred Beneficiary NOMINATION FORM

PERSONAL DETAILS

☐ Add beneficiary ☐ Remove beneficiary

Incolink Member No ☐☐☐☐☐☐

First Name _____

Last Name _____

Address _____

_____ Postcode ☐☐☐☐

Contact Phone ☐☐☐☐☐☐☐☐☐☐

Mobile Phone ☐☐☐☐☐☐☐☐☐☐

Email Address _____

Date of Birth ☐☐ / ☐☐ / ☐☐☐☐

A preferred beneficiary nomination allows you to nominate who you would prefer your benefit be paid to in the event of your death. A preferred beneficiary nomination is not binding on the Trustee, however, it will be taken into account when the Trustee determines who will receive your benefit. Incolink only accepts one preferred beneficiary nomination on an account.

Please nominate your preferred beneficiary below

First Name _____

Last Name _____

Address _____

_____ Postcode ☐☐☐☐

What is the beneficiary's relationship to you?
(Select one box only)

☐ Spouse ☐ Child

☐ Other (please specify) _____

Is the beneficiary financially dependant on you?

☐ Yes ☐ No

VERIFY IDENTITY

Incolink has partnered with VixVerify*, a safe and easy way to help verify identity. Please provide **one** of the following forms of identification to verify your identity.

- Australian Driver Licence and Card Number
- Australian/New Zealand Passport
  (Please contact Incolink for information on how to claim with an alternate passport)
- Medicare Number

Full Name (as it appears on your ID e.g. John B Smith)

_____

Drivers' Licence Number ☐☐☐☐☐☐☐☐☐☐☐☐ State of Issue ☐☐☐

Drivers' Licence Card Number ☐☐☐☐☐☐☐☐☐☐☐

Passport Number ☐☐☐☐☐☐☐☐☐☐ Country of Issue ☐☐☐

Medicare Number ☐☐☐☐☐☐☐☐☐☐ Reference ☐

Medicare Expiry ☐☐ / ☐☐☐☐

☐ I confirm that I am authorised to provide the personal details presented and I consent to my information being checked with the document issuer or official record holder via third party systems for the purpose of confirming my identity.

MEMBERS SIGNATURE

Signed _____

Date ☐☐ / ☐☐ / ☐☐☐☐

The Redundancy Payment Central Fund Ltd (trading as Incolink)
Please return completed form to:
1 Pelham Street, Carlton VIC 3053, or via email support@incolink.org.au
Telephone: (03) 9639 3000 | Freecall: 1800 337 789 | ACN 007 133 833 ABN 22 862 951 309