

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 / /