

Preferred Beneficiary Nomination Form

Personal Details
Add beneficiary Remove beneficiary
Add beneficiary — Remove beneficiary
Incolink Member Number
First Name
Family Name
Address
Suburb Postcode Postcode
Email
Mobile Number
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
Surname
Given Names
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
Member's signature
Date / / / / / / / / / / / / / / / / / / /
Please attach a copy of one of the following proof of ID for verification.
Australian Driver's Licence
Australian or New Zealand passport
■ Medicare card
If you do not have any of the above forms of identification, please contact Incolink for assistance.

The Redundancy Payment Central Fund Ltd (trading as Incolink)

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