



New Zealand Harbours Superannuation Plan

Change of nominated beneficiary

CONFIDENTIAL

Scheme (Superannuation or KiwiSaver)
Member name
Member number
Employer

Until I advise otherwise I would prefer any lump sum benefits payable out of the above Scheme in the event of my death to be paid to the following, in the proportions shown:-

Surname	First Names	Relationship to Member	Proportion of Benefit

I understand that this indication is given for the information of the Trustees only, and does not bind them to make payments as above, nor does it in any way affect or restrict any power of discretion of the Trustees to pay benefits as they see fit.

Signature of Member: _____ Date: _____

When completed, this form should be returned to the: Administration Manager
P O Box 3109, Wellington.