



## Change of nominated beneficiary

**CONFIDENTIAL**

<b>Ports Retirement Plan</b>
<b>Member name</b>
<b>Member number</b>
<b>Employer</b>

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

<b>Surname</b>	<b>First Names</b>	<b>Relationship to Member</b>	<b>Proportion of Benefit</b>

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: Melville Jessup Weaver  
Administration Manager  
P O Box 11330  
Wellington, 6142.