



Change of nominated beneficiary

CONFIDENTIAL

Ports Retirement Plan
Member name
Member number
Employer

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:-

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: _____

Please also attached a copy of both sides of your drivers licence as proof of signature.

Administration Manager - Freephone 0800 728 370

Melville Jessup Weaver Ltd, Level 7 Fisher Funds House, 20 Ballance Street, Wellington 6011

Melville Jessup Weaver Ltd, P O Box 1096, Wellington 6140

Plan Secretary - Level 1 Tramways Building, Thorndon Quay, Wellington, P O Box 4197 Tel 04 499 2066