



Nominated Beneficiary form

Please complete and return to CIGNA Life Insurance, Freeport 11 8004, PO Box 24031, Wellington 6142.
We recommend you keep a copy of this form for your records.

1 Policy details

Please print your details clearly in CAPITAL letters using a pen

Policy number

1st insured person details

First name(s)

Surname

2nd insured person details

First name(s)

Surname

2 Nominated beneficiary details

1st insured person nominated beneficiary

Title Mr Mrs Miss Ms Other

First name(s)

Surname

Date of birth

Relationship to Insured

Address

Postcode

Phone number

Signature of Policy Owner

Date

2nd insured person nominated beneficiary

Title Mr Mrs Miss Ms Other

First name(s)

Surname

Date of birth

Relationship to Insured

Address

Postcode

Phone number

Signature of Policy Owner

Date

The nominated beneficiary must be aged 16 or over at the date that they are nominated. A policy owner may revoke or change a nomination at any time by completing a new Nominated Beneficiary form. This revocation or change will take effect from the date shown on the new Nominated Beneficiary form.