



NOMINATED BENEFICIARY FORM FOR FUNERAL PLAN ONLY

Please complete and return to Cigna Life Insurance, Freepost 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.