**MORTALITY BENEFIT**

**BENEFICIARY NOMINATION FORM**

I, .........................................................................................................................................................

(First/Middle/Surname)

In the event of my death by accident in the course of my employment, I hereby empower the Executive of the Mining and Energy Union, Victorian District, to pay any benefit in accordance with the National Assistance Fund (NAF) guidelines to my nominated beneficiary:

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(First/Middle/Surname)

Relationship to Member........................................................................................................................................

Of ..........................................................................................................................................................................

(Address) (Town/City) (Postcode)

Home Email................................................................................ Mobile...................................................................

**DISTRICT FUNERAL BENEFIT**

**BENEFICIARY NOMINATION FORM**

In the event of my death, I hereby empower the Executive of the Mining and Energy Union, Victorian District, to pay the funeral benefit to my nominated beneficiary:

o - Tick if the same as Mortality Benefit Beneficiary

First Name ....................................... Middle Name ............................Surname.............................................

Relationship to Member.................................................................................................................................

Of ..........................................................................................................................................................................

(Address) (Town/City) (Postcode)

Home Email................................................................................ Mobile...................................................................

**Member Signature...................................................................Date ............/............/...............**