

Adjusting your Insurance Cover – Fix, Reduce, Cancel

You can adjust your insurance cover to suit your personal circumstances. Please refer to the Product Disclosure Statement and Insurance guide for further information about your insurance options.

In considering your insurance needs you may wish to seek the advice of a licensed and appropriately authorised financial adviser.

Use this form to:

Opt-out of default cover	You may be eligible to receive automatic default insurance cover for Death, Total and Permanent Disablement (TPD) and Income Protection (IP) when your super account balance reaches \$6,000 or over and you are aged 25 years or older. You can elect to opt out of receiving automatic insurance cover by completing Step 2.
Reduce or cancel your current cover	You can reduce your level of Death, Total & Permanent Disablement (TPD) or Income Protection benefits, and increase your waiting period, or decrease your benefit payment period, by nominating the new level of cover you require in Step 3. If you wish to cancel your cover altogether, complete step 4.
Permanently fix your existing level of age-based cover	This will stop your age-based cover from reducing over time as you get older, other than TPD cover which starts to reduce from age 66. To make this change, simply nominate your existing level of cover in Step 5.

If you need help

For assistance call our Service Centre on **1300 963 720**.

Step 1 – Complete your personal details
Please print in black or blue pen, in uppercase, one character per box.

Member number

Title Mr Mrs Ms Miss Other Date of birth / /

Given names

Surname

Postal address

Suburb State Postcode

Daytime telephone - Mobile

Email



Step 2 – Opt out of future automatic insurance cover

By opting out of receiving automatic default cover in the future, you will not be able to make a claim on your insurance due to an injury or ill health that arises.

If you'd like to apply for any additional cover at a later date, you'll need to answer health questions and you'll be subject to approval by the Insurer.

I wish to opt out of:

- Income Protection cover
- TPD cover
- Death only cover.

We are unable to offer TPD cover only. If you opt out of Death cover, TPD cover will also be cancelled.

Step 3 – Choose level of reduced cover

Death and TPD round up to nearest \$1,000

IP round up to nearest \$1

Total level of Death cover requested

\$, ,

Total level of TPD cover requested

\$, , (Must not exceed Death cover)

Monthly Income Protection benefit required

\$, (Must not exceed 85% of salary as defined in the Insurance Guide)

Income Protection waiting period

60 days

Income Protection benefit period

2 years 5 years To age 65

Step 4 - Cancel your current cover

By cancelling your current cover, you will not be able to make a claim on your insurance due to an injury or ill health that arises after your cover has cancelled.

If you'd like to apply for any additional cover at a later date, you'll need to answer health questions and you'll be subject to approval by the Insurer.

I wish to cancel:

- Income Protection cover
- TPD cover
- Death only cover.

We are unable to offer TPD cover only. If you cancel Death cover, TPD cover will also be cancelled.

Step 5 – Apply to fix your existing cover

I wish to **fix** my Death and Total & Permanent Disablement (TPD) cover at their current level.



Step 6 – Declaration and signature

I understand and agree that:

- Any higher insurance cover will be subject to the provision of satisfactory evidence of good health to the insurer and will not be applicable until the trustee has advised me in writing of its acceptance of the increased insurance cover.
- Any reduction from my existing additional insurance cover will take effect from the date the trustee receives my request.
- The cost of insurance cover will be deducted from my account at the published premium rates, which are subject to change.
- I will provide further medical authorities as requested.
- This request replaces any previous instruction from me.
- Insurance cover will only be provided on the terms and conditions set out in the contract of insurance with the insurer and as agreed between the Fund and the insurer from time to time.
- I have read MyLife MyInsurance's Privacy Statement available at mylifemyinsurance.com.au/privacy. I understand and consent to my personal information being collected and used by MyLife MyInsurance in accordance with this statement.
- I consent to my information being collected, disclosed and used in the manner set out in this form.

Member Signature

X

Date

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Please return your completed form to MyLife MyInsurance, GPO Box 4303, Melbourne VIC 3001.

