

Application to Cancel Insurance Cover

Superannuation Services



Please complete this form in **BLOCK LETTERS** using **BLACK** or **BLUE** pen only.

Member number *if known*

Section 1 – Member Details

Title	Surname	Given name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Gender	Contact email
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>

Section 2 – Cancel Insurance Cover

Please tick the appropriate box(es) (✓).

☐ I wish to cancel ALL my current cover

OR

I wish to cancel my:

☐ Death Only cover

☐ Total and Permanent Disablement ('TPD') cover

☐ Death and TPD cover

☐ Income Protection cover (also known as Salary Continuance Insurance cover ('SCI'))

Note: You cannot have TPD cover without Death Cover.

Section 3 – Member Authorisation

By signing below you are confirming that you have read and agree with the following declaration:

- I have read the current Product Disclosure Statement and I elect to amend my current insurance arrangements.
- I understand that any insurance I currently have, and the premium payable will reduce or cease accordingly from the date that the Trustee receives this fully completed application.
- I understand that should I wish to obtain insurance cover in the future I will be required to provide underwriting information, including evidence of good health satisfactory to the Insurer and my new insurance cover will not commence until the Insurer has accepted my application.
- I have understood all the requirements in this form and confirm that all the answers and statements I have made are true and correct.

Signature

Date

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