



REQUEST TO REDUCE OR CANCEL INSURANCE COVER FORM

Complete this form if you wish to reduce or cancel the insurance cover you hold through your Simple Choice Super account.

You can find detailed information about Simple Choice Super in our Product Disclosure Statement (PDS), Additional Information Booklet, Insurance Guide, Financial Services Guide and Privacy Policy, all of which can be obtained from www.simplechoicesuper.com.au or on request by phoning **02 85567576**.

This form must be posted to **Simple Choice Super PO Box R1979 Royal Exchange NSW 1225** or scanned and emailed to info@simplechoicesuper.com.au.

Important Information about Reducing or Cancelling Your Insurance Cover

If you are an Insured Member with Death only cover or Death & TPD cover, you may elect, at any time, to reduce your sum insured or cancel your Death cover only, TPD cover only, or Death and TPD cover. However, you cannot maintain TPD cover only, and the TPD sum insured cannot be higher than the Death sum insured. You will receive written confirmation when your insurance cover is decreased or ceased.

If you are an Insured Member with Income Protection cover, you may elect, at any time, to reduce your sum insured, increase your waiting period, or cancel Income Protection cover. You will receive written confirmation when your insurance cover is changed or ceased.

If you are replacing this cover with another insurance policy and you want to avoid having a gap in cover, you should wait until you receive confirmation that your new policy has commenced before cancelling your insurance cover.

Section 1 Personal Details

Given Name(s)

Surname

Gender

Member Number

Date of Birth

Mobile Phone Number



Email Address*

Residential Address

Suburb

State

Postcode

* By providing your email address, you consent and authorise us to send you communications or information, including information required by law, via email or similar technologies. Your details will never be passed onto a third party other than in accordance with our Privacy Policy. You can elect to receive communications by post at any time by contacting Simple Choice Super on **02 85567576** or via email at info@simplechoicesuper.com.au or in writing at **PO Box R1979 Royal Exchange NSW 1225**.



Section 2 Reduce Insurance Cover

Complete this section if you wish to **reduce your insurance cover**. Skip this section and complete Section 3 if you wish to cancel your insurance cover.

I wish to reduce my current level of cover and require the following amount of cover:

NEW LEVEL OF COVER

a. I wish to decrease my Death sum insured to

b. I wish to decrease my TPD sum insured to

c. I wish to decrease my monthly Income Protection benefit to

 per month

Please note:

- You can have different amounts of cover for death and TPD; however your TPD cover cannot exceed your death cover.
- Fixed cover must be in multiples of \$1,000.

NEW WAITING PERIOD

I wish to increase my Income Protection cover waiting period to:

Please select **one** option.

60 days

90 days

Please note, you can elect to increase your waiting period without being assessed by the Insurer. If you want to apply for a shorter waiting period, you will need to complete the insurance application form and be approved by the Insurer.

Section 3 Cancel Insurance Cover

Complete this section if you wish to **cancel your insurance cover**.

I wish to cancel the following insurance cover:

Death cover only

TPD cover only

Death and TPD cover only

Income Protection cover only

All insurance cover



Section 4 Declaration and Signature

By completing this form, I declare that:

- All the details I have provided in this form are true and correct.
- I have made an informed decision because I have read and understood the Simple Choice Super PDS, Additional Information Booklet and Insurance Guide.
- I understand that for the cover types selected:
 - Any insurance cover I currently have, and the premium payable, will reduce or cease from the date that Simple Choice Super receives this form.
 - If cover is cancelled I (or my beneficiaries) will not be able to make an insurance claim through Simple Choice Super if something happens to me in the future.
 - If I wish to increase or apply for insurance cover through Simple Choice Super in the future, I will be required to provide information, including evidence of good health, which is satisfactory to the Insurer, and any cover that I apply for will not commence until the Insurer has accepted my application for cover in writing. I am aware that if I apply for cover in the future it may be subject to exclusions and/or loadings of approved by the Insurer or may not be accepted by the Insurer.
- I acknowledge that the Trustee cannot provide me with financial advice about the consequences of decreasing or removing insurance cover and that I should consult an appropriately qualified professional for such advice.
- I acknowledge that if I do not complete this form in full, if I have made an invalid election or I have not signed and dated this form, my request to vary my insurance cover will not be valid and my insurance cover will not be amended.
- I have read and understood the Privacy Statement and understand how Simple Choice Super will use my personal information.

x

..... /...../.....
 Signature Date

.....
 Print Name

PRIVACY STATEMENT: By signing this form you consent to Simple Choice Super collecting and using your personal information to manage your superannuation account and to comply with the relevant legislation. If you do not provide this information, we may not be able to accurately manage your superannuation account. Your personal information may be disclosed to other parties, including the Trustee, the Fund Promoter, the Fund’s Administrator, the Fund’s Insurer and professional advisers, government bodies and the trustee of any other fund to which you transfer. To access your personal information or for a copy of our Privacy Policy, visit www.simplechoicesuper.com.au or phone **02 85567576** .