

## life changes insurance increase form

Please send your completed form to AvSuper Administration, GPO Box 5134, Sydney NSW 2001 or fax to (02) 9372 6574.

Eligible AvSuper members\* can increase their existing death and TPD cover every time a major life event (as listed below) takes place simply by submitting this form within 60 days of the event taking place. If you are not eligible for a Life Changes increase or want more units, please complete our *voluntary insurance application and personal statement*.

\* Please refer to the AvSuper member insurance guide for eligibility rules. Defined benefit members need to have an accumulation account to take advantage of this pre-approved cover.

### Personal details

Surname  Mr/Mrs/Ms/Miss

Given names

Address

Suburb  State  Postcode

Telephone (daytime)  Mobile  AvSuper member number

Email  Date of birth

My occupation class (as defined in AvSuper's insurance guide):  Professional  White collar  Heavy blue collar  Light blue collar (default)

### Life Change

I wish to advise the following life change and request  one **OR**  two additional pre-approved units of death and TPD cover.

I married on  (dd/mm/yyyy) - my marriage certificate is attached

I became a natural or adoptive parent on  (dd/mm/yyyy) - my child's birth/adoption certificate is attached

I purchased a house to live in (ie not an investment property) on  (dd/mm/yyyy) - my house title registration or search is attached

My child started at  (name of school) on  (dd/mm/yyyy) - enrolment verification is attached

I divorced on  (dd/mm/yyyy) - my divorce order (decree nisi) is attached

All relevant supporting evidence must be certified as a copy of the original by an appropriately approved individual. (Please refer to our website for a list.)

### AvSuper Pty Ltd Privacy Statement

AvSuper Pty Ltd collects the information on this form to administer and disburse your superannuation entitlement. Without this information, we can't look after you as a member. We do not disclose your personal information other than to those organisations providing services to AvSuper Pty Ltd where the information is only used for the Fund's proper conduct, or if we are required to do so by law. You can access the personal information we collect and the organisations to which we disclose this sort of personal information by contacting AvSuper. Our Privacy Policy Statement is available at [www.avsuper.com.au](http://www.avsuper.com.au)

### Authorisation

- I have read and understand the general terms and conditions for voluntary cover as described in **AvSuper's member insurance guide**. My voluntary cover is subject to the insurance policy and the insurer's terms and conditions which apply at any given time.
- I authorise the collection, use and disclosure of my personal information, including any sensitive information, as detailed in AvSuper's Privacy Statement which I have read and understood.
- I understand additional premiums will apply for any additional cover.
- I understand that any loadings, exclusions or restrictions on my existing cover may make me ineligible for these pre-approved units.
- I declare the provided information is true and correct to the best of my knowledge.

Member's signature  Date