

Life changes insurance increase form

Please send your completed form to AvSuper Admin, Locked Bag 20127, Melbourne VIC 3001.

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

* 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 cover.

Personal details

Surname		Mr/Mrs/Ms/Miss	
<input type="text"/>		<input type="text"/>	
Given names			
<input type="text"/>			
Address			
<input type="text"/>			
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone (daytime)	Mobile	AvSuper member number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email	Date of birth		
<input type="text"/>	<input type="text"/>		<input type="text"/>

Note the default occupation class is light blue collar. Please use our *change of occupation class* form if you need to adjust your occupation class.

Life Change

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

<input type="checkbox"/>	I married on <input type="text"/> (dd/mm/yyyy) – my marriage certificate is attached
<input type="checkbox"/>	I became a natural or adoptive parent on <input type="text"/> (dd/mm/yyyy) – my child's birth/adoption certificate is attached
<input type="checkbox"/>	I purchased a house to live in (ie not an investment property) on <input type="text"/> (dd/mm/yyyy) – my house title registration or search is attached
<input type="checkbox"/>	My child started at <input type="text"/> (name of school)
	on <input type="text"/> (dd/mm/yyyy) – enrolment verification is attached
<input type="checkbox"/>	I divorced on <input type="text"/> (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.)

Authorisation

- I have read and understand the general terms and conditions for cover as described in **AvSuper's member insurance guide** and on your website.
- I understand that I can only claim an increase in units once for each type of life change and a maximum of three times in total.
- I understand that I have a current and ongoing duty to take reasonable care to not misrepresent anything that may influence the insurer's decision about my cover. I have read the full **duty to take reasonable care** on AvSuper's website.
- I acknowledge that cover is subject to me satisfying the insurer's requirements, including providing evidence of health, and written acceptance of my application for cover by the insurer. I understand that any loadings, exclusions or restrictions on my existing cover may make me ineligible for these additional units.
- I have read the AvSuper privacy notice (available from www.avsuper.com.au or by phoning 1300 128 751).

Member's signature (If submitting this form via email, please type your name below.)

Date