

reducing voluntary insurance cover

Please complete this form if you wish to:

- cancel or reduce the amount of your voluntary (including Automatic Cover) Death only, Death and TPD or Income Protection (IP) cover
- increase the waiting period for voluntary IP cover.

If you want to fix your cover or need assistance with completing this form please contact AvSuper on 1300 128 751.

Please send your completed form to AvSuper Admin, PO Box 1140, Wollongong DC NSW 2500.

Personal details

| | | | |
|----------------------|----------------------|-----------------------|----------------------|
| Surname | | Mr/Mrs/Ms/Miss | |
| <input type="text"/> | | <input type="text"/> | |
| Given names | | | |
| <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"/> |

Please let us know of any new address details or occupation details (for insurance purposes) via **AOL** or a **Change of details** form.

Insurance details

I hereby instruct the Trustee to vary my voluntary (including Automatic) insurance as indicated below, from the date the Trustee receives this form. Note that Total and Permanent Disablement (TPD) cover is only available with death cover.

CANCEL

- ☐ Death only cover
- ☐ TPD cover
- ☐ Death and TPD cover
- ☐ Short-term (2 yr benefit period) IP cover
- ☐ Long-term (to age 60) IP cover

DECREASE

- ☐ Death only cover to units* or fixed amount of \$
- ☐ Death and TPD cover to units* or fixed amount of \$
- ☐ Short-term (2 yr benefit period) IP cover to \$ per month of benefit**
- ☐ Long-term (to age 60) IP cover to \$ per month of benefit**

AND/OR

- ☐ Increase my IP waiting period from 30 days / 90 days **TO** 90 days / 180 days

* AvSuper insurance is based on units of cover relating to your age and occupation such that cover reduces annually for the same number of units or you can choose fixed cover (with premiums increasing each year). Please refer to our insurance guide or website for details of cover and premiums.

** These amounts must be in multiples of \$100 benefit per month with a minimum of \$1,000, to a maximum 75% of your salary (plus 10% for super contributions).

Authorisation

- I understand if I apply for additional voluntary cover at a later date, that cover would be subject to me satisfying the insurer's requirements, possibly including providing evidence of health, and acceptance of my application by the insurer, subject to the insurance policy and the insurer's terms and conditions which apply at any given time.
- I understand that I have a current and ongoing duty to disclose anything that may influence the insurer's decision about my cover. I have read the **full duty of disclosure** on AvSuper's website.
- I have read the AvSuper privacy notice (available from www.avsuper.com.au or by phoning 1300 128 751).

Member's signature

Date