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

Given names

Address

Suburb

State

Postcode

Telephone (daytime)

Mobile

AvSuper member number

Email

Date of birth

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.

☐ 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.)

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

Date