Request to cancel insurance cover

clubsuper
right beside you

ALL SECTIONS MUST BE COMPLETED PLEASE ☒ NOT ☒ PLEASE USE BLOCK LETTERS

Club Super provides insurance cover to assist members to protect against the unforseen. However, we understand that you may have your own Death, Total and Permanent Disablement or Income Protection insurance cover in place already. Use this form if you want to cancel your insurance cover with Club Super.

CLUB SUPER MEMBER NUMBER

Note: if you have changed your name since first becoming a member please attach a Certified copy of your Marriage Certificate, Deed Poll or a Statutory Declaration as proof.

PERSONAL DETAILS

DATE OF BIRTH / /

TITLE ☐ MR ☐ MS ☐ MRS ☐ MISS

GENDER ☐ MALE ☐ FEMALE

FIRST NAME

MIDDLE NAME

FAMILY NAME

RESIDENTIAL DETAILS

STREET NUMBER

STREET NAME

SUBURB/TOWN

STATE

POSTCODE

POSTAL ADDRESS (If same as above, write "as above")

PO NUMBER

SUBURB/TOWN

STATE

POSTCODE

PLEASE NOMINATE WHICH INSURANCE COVER YOU WISH TO CANCEL

☐ Death / TPD* ☐ TPD ☐ Income Protection

*Please note that you can only have equal or lesser units of TPD cover than Death cover. If you cancel your death cover, you are also cancelling your TPD cover.

Your insurance cover will be cancelled effective from the date that this completed form is received by Club Super.

YOUR AUTHORISATION

I acknowledge that from the effective date illustrated above that I will no longer be eligible to make a claim on those insurance benefits (as indicated above). I also note that, if I decide to apply for insurance cover in Club Super at a later date, I will be required to complete a Personal Statement (and may be required to undergo medical tests) which will be assessed by the Fund's Insurer.

SIGNATURE

DATE / /

RETURN COMPLETED FORM TO: CLUB SUPER PO BOX 2239 MILTON QLD 4064

Club Plus Qld Pty Ltd (ABN 30 010 892 396) is the Trustee company of Club Super (ABN 12 737 334 298)
Authorised Representative Number 268814 under AFS licence 238507.

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