

# Application to Change Income Protection Insurance (SalarySafe)



ALL SECTIONS MUST BE COMPLETED

PLEASE  NOT

PLEASE USE BLOCK LETTERS



## PERSONAL DETAILS

ARE YOU A MEMBER OF CLUB SUPER?

YES  NO If YES, Member No:

**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.

DATE OF BIRTH

GENDER  
 MALE  FEMALE

TITLE  
 MR  MRS  MISS  OTHER

SPECIFY IF OTHER

FIRST NAME

MIDDLE NAME

FAMILY NAME

EMAIL ADDRESS

## RESIDENTIAL ADDRESS

STREET NUMBER  STREET NAME

SUBURB/TOWN

STATE  POSTCODE

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

PO BOX  SUBURB/TOWN

STATE  POSTCODE

## REINSTATE INCOME PROTECTION INSURANCE

If you have previously cancelled your Income Protection insurance and would like to have it reinstated, cross the following box.

I wish to reinstate my Income Protection (SalarySafe) insurance cover.

## INCOME PROTECTION INSURANCE

I would like a waiting period of:

28 days (default) – 9.17% insurance fee

30 days – 8.26% insurance fee

60 days – 6.88% insurance fee

90 days – 5.50% insurance fee

**Please note:** The insurance fee is based on your compulsory employer super contribution and is deducted at the time each contribution is made.

## YOUR AUTHORISATION

In signing this application, I:

- acknowledge I have read and understood the terms of the current *Club Super Product Disclosure Statement (PDS)*, including the *Additional Information - Insurance in your super*, and acknowledge it does not constitute personal advice;
- agree to be bound by the terms and conditions contained in the trust deed and current PDS; and
- declare that the information in the form is true and correct to the best of my knowledge and belief.

### Your privacy is important to us

We only collect information that is essential for the administration of your superannuation benefits, including providing you with insurance cover. The information we ask for is for the purpose of identifying you, and in order to properly administer your superannuation benefits. If you do not provide all of the information we may be unable to action your request. Information we hold about members may be provided to third parties including our insurers, your employer/s, advisers and other service providers, where the information needs to be shared in relation to your active or potential insurance claims.

Personal information collected will not be used or disclosed for any other purpose without your consent, except where required by superannuation, taxation or other relevant law. You are entitled to access information that Club Super holds about you – contact us by telephone on 1300 369 330 or in writing.

Club Super's full Privacy Policy, is available on the website [clubsuper.com.au](http://clubsuper.com.au) or by calling us on 1300 369 330. You may also wish to read a copy of the insurer's Privacy Policy in conjunction with our Privacy Policy. The insurer's Privacy Policy can be found at [windsorip.com.au](http://windsorip.com.au) or by calling 1300 547 966.

SIGNATURE

DATE

HAVE YOU COMPLETED ALL SECTIONS OF THIS FORM?

RETURN COMPLETED FORM TO: CLUB SUPER PO BOX 10726 BRISBANE ADELAIDE STREET QLD 4000

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