

# Request to cancel insurance cover

ALL SECTIONS MUST BE COMPLETED

PLEASE ☒ NOT ☒

PLEASE USE BLOCK LETTERS



## ABOUT THIS FORM

Club Super provides insurance cover to assist members to protect against the unforeseen. 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.

## PERSONAL DETAILS

ARE YOU A CURRENT 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 ☐ MS

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

## CANCELLATION OF INSURANCE COVER

**Please nominate which insurance cover you wish to cancel**

- ☐ Death / TPD\*
- ☐ TPD
- ☐ Income Protection

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

**\*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 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 note that, if I decide to apply for Death and TPD 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. I also note that, if I decide to apply for Income Protection cover at a later date, I will be required to notify Club Super in writing.

### 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 cancellation of cover or 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.

For Death and TPD, the insurer's Privacy Policy can be found at [commbank.com.au](http://commbank.com.au) or by calling 13 10 56. For Income Protection, 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**

**OR EMAIL A SCANNED COPY OF THE COMPLETED FORM TO: [info@clubsuper.com.au](mailto:info@clubsuper.com.au)**