

Request to Decrease Insurance Cover

ALL SECTIONS MUST BE COMPLETED

PLEASE ☒ NOT ☒

PLEASE USE BLOCK LETTERS

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

DECREASE UNIT PRICED INSURANCE

I would like to decrease my **units** of Death and/or TPD cover under Club Super to:

Number of **Death** units required
(total number)

Number of **TPD** units required
(total number)

DECREASE FIXED PRICED INSURANCE

I would like to decrease the **fixed amount** of my Death and/or TPD cover under Club Super to:

I would like to fix the amount of my **Death** cover at
\$

(must be the value of at least 1 unit based on your current age)

I would like to fix the amount of my **TPD** cover at
\$

(must be the value of at least 1 unit based on your current age)

Please note that you can only have equal or lesser value of TPD cover than Death cover. If you decrease your death cover, your TPD cover may also be reduced. You cannot have a combination of fixed amount insurance cover and unit based cover.

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 that my insured amount will be adjusted and effective from the date Club Super receives my request;
- I also note that, if I decide in the future that I require more insurance cover, I will be required to complete *Insurance Cover* form including a Personal Statement and apply to the Fund's insurer for the extra insurance cover.

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** 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 **commbank.com.au** or by calling 13 10 56.

SIGNATURE

DATE

 / /

HAVE YOU COMPLETED ALL SECTIONS OF THIS FORM?

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

1 of 1