

REDUCE OR CANCEL INSURANCE COVER

This form is for members of the Active Super Accumulation Scheme.

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1. YOUR DETAILS

Member number:

Title: ☐ Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Mx Other

Surname:

Given name/s:

Date of birth:

Postal address:

Suburb: State: Postcode:

Residential address (if different from postal address):

Suburb: State: Postcode:

Email address:

Phone (home): Phone (work):

Phone (mobile):

2. REDUCE OR CANCEL YOUR BASIC INSURANCE COVER

Please select **one (1) or more** of these options, as applicable and specify the number of units your election is to apply to.

I wish to reduce my Basic insurance cover as follows:

I elect to have unit(s) of Basic death cover

I elect to have unit(s) of Basic TPD cover*

OR

☐ I elect to cancel all of my units of Basic insurance cover.

☐ I elect to cancel my fixed Additional Basic insurance cover.

* You must have at least one unit of Death cover to have TPD cover. Your Death cover must be equal to or higher than your TPD cover unless you are under age 25. The under 25 age group cannot have more than a ten unit difference of TPD cover higher than Death cover.

Additional Basic insurance cover is a fixed dollar amount of cover that was previously available for eligible members. If you cancel your additional Basic cover, you cannot reinstate it at a later date.

IMPORTANT

Please note that your insurance cover changes at ages 25 and 30. You will receive a letter after your birthday to let you know when you have moved to the new age group and what your new insurance level is. You can reduce your cover again at that time.

For more information, please refer to the Accumulation Scheme PDS available at activesuper.com.au/PDS

VISION SUPER IS ONE OF AUSTRALIA'S OLDEST SUPER FUNDS.

We are an industry super fund, that has been supporting workers with super since 1947.

Our focus is improving your returns and keeping your administration fees and costs low to help you grow your retirement benefits.

Active Super is part of Vision Super.

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REDUCE OR CANCEL INSURANCE COVER

3. REDUCE OR CANCEL YOUR VOLUNTARY INSURANCE COVER

Please select **one (1) or more** option

NOTE: Death and TPD must be in multiples of \$1,000. Please note you must have Death cover to have TPD cover and the level of TPD cover cannot exceed the Death cover.

IMPORTANT

Please note that if you elect to reduce or cancel your existing voluntary cover and you want to reinstate voluntary cover at a later date, your application will be required to be assessed by the Insurer. Please refer to the Accumulation Scheme PDS for further information.

I wish to:

☐ Reduce my voluntary Death and/or TPD cover to the following amount(s):

Nominated cover

Death sum insured

\$

TPD sum insured

\$

☐ Cancel my voluntary Death and/or TPD cover

☐ Reduce my voluntary **Salary Continuance** cover as follows:

Nominated cover

Increase the waiting period to

☐

60 days

☐

90 days

Reduce my benefit period to

☐

2 years

Reduce my monthly income benefit to

\$

☐ Cancel my voluntary salary continuance cover

4. YOUR DECLARATION

By signing this request form I am making the following statements:

- I declare that I have fully read the important notes, the relevant PDS and/or fact sheet.
- I understand the effect this election may have on my benefits, and do not require further information.
- I declare that the information provided is true and correct.
- I consent to the collection, use and disclosure of my personal information in accordance with Vision Super's Personal Collection Statement and Privacy Policy at visionsuper.com.au/privacy-policy/.
- I understand that personal information provided on this form will be used to action my request.

Name

Signature of member

Date

SEND YOUR COMPLETED FORM BACK TO US AT:

Mail PO Box 18041, Collins Street East, Melbourne VIC 8003
Email insurance@visionsuper.com.au



I N S

Please forward this completed form to: PO Box 18041, Collins Street East, Melbourne VIC 8003

Contact Centre: 1300 547 873

hello@activesuper.com.au

visionsuper.com.au

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