

# NRMA Superannuation Plan Insurance variation form

**Please read the important information**

**Important:** Please provide us with as much information as possible. If all questions are not answered, your application may be delayed as the form may be returned. Please tick boxes where appropriate. Use **BLOCK** letters and dark ink when completing this form and ensure it is signed and dated. \*DENOTES MANDATORY FIELD. If you are under 18 years of age, please contact us before completing this form.

To access information about your plan online, visit [sunsuper.com.au/nrma](http://sunsuper.com.au/nrma)

**Member number**

if already a member

**Office use only**

C59394

## 1 Personal details

|                        |                             |                      |   |                       |
|------------------------|-----------------------------|----------------------|---|-----------------------|
| Title                  | First name*                 | Middle name          |   |                       |
| <input type="text"/>   | <input type="text"/>        | <input type="text"/> |   |                       |
| Last name*             | Date of birth (DD/MM/YYYY)* |                      | Gender*   |                       |
| <input type="text"/>   | <input type="text"/>        |                      | <input type="radio"/> M <input type="radio"/> F |                       |
| Street address/PO Box* |                             |                      |   |                       |
| <input type="text"/>   |                             |                      |   |                       |
| Suburb/Town*           | State*                      | Postcode*            | Home phone number                               | Daytime phone number* |
| <input type="text"/>   | <input type="text"/>        | <input type="text"/> | <input type="text"/>                            | <input type="text"/>  |
| Personal email address |                             |                      | Mobile phone number*                            |                       |
| <input type="text"/>   |                             |                      | <input type="text"/>                            |                       |

**Note:** Unless you have elected to receive printed information, Sunsuper will confirm this change electronically if we can. We'll email or SMS you if you have information to view in *Member Online*. If you would prefer information is posted to you in the future, change your preferences in *Member Online*, the Sunsuper app or contact us.

**You can use this form to:**

- reduce your combined Death and Total & Permanent Disability cover, or
- cancel any or all of your cover

## 2 Insurance cover Please complete to reduce and/or cancel your cover

**Tip:** To view your existing insurance cover just login to *Member Online* or the Sunsuper app.

### Important

Before completing this section, please refer to your *Sunsuper for life Corporate Product Disclosure Statement (PDS)* and the *Sunsuper for life Corporate Insurance guide* (available on your employer's microsite) for insurance details. If you reduce or cancel any of your insurance cover but would like to increase or have cover again in the future, you will need to apply by completing a *Change of insurance cover* form, available on your employer's microsite. The insurer would then assess your application. Any application for insurance cover will be subject to acceptance by the insurer and satisfactory evidence of health will be required.

### 2A Reduce or cancel Death and Total & Permanent Disability cover

I want to reduce the level of Standard Death and Total & Permanent Disability cover to:

|         |                          |         |                          |         |                          |
|---------|--------------------------|---------|--------------------------|---------|--------------------------|
| Level 1 | <input type="checkbox"/> | Level 2 | <input type="checkbox"/> | Level 3 | <input type="checkbox"/> |
| (5%)    |                          | (10%)   |                          | (15%)   |                          |

**Note:** If you're **increasing** your cover, please complete a *Change of insurance cover* form.

I would like to reduce my cover to the following amount of fixed cover<sup>1</sup>:

|             |                         |   |                         |
|-------------|-------------------------|---|-------------------------|
| Death cover | \$ <input type="text"/> | Total & Permanent Disability cover <sup>2</sup> | \$ <input type="text"/> |
|-------------|-------------------------|---|-------------------------|

<sup>1</sup> Fixed cover means your amount of insurance stays the same but your premiums will generally increase as you get older.

<sup>2</sup> Total & Permanent Disability cover cannot be greater than Death cover.

I want to cancel the following cover:

Tick all boxes that apply.

Death and Total & Permanent Disability

Total & Permanent Disability only

Your Death and/or Total & Permanent Disability cover will be cancelled effective of the date your completed *Insurance variation form* is received by Sunsuper.

**➔ Please continue over page**

## 2 Insurance cover continued

### 2B Cancel Income Protection cover

I would like to cancel my Income Protection cover:

Your Income Protection cover will be cancelled effective of the date your completed *Insurance variation* form is received by Sunsuper.

## 3 Authorisation and declaration Sign this application form and return to Sunsuper:

### Privacy

By completing this form you consent to the collection, use and disclosure of any personal information, including information that may be of a sensitive nature we or the nominated insurer may collect about you, in the normal course of business, being used as in the manner outlined in our and the nominated insurer's respective privacy policies. A copy of our privacy policy can be obtained by visiting [sunsuper.com.au/privacy](https://www.sunsuper.com.au/privacy). A copy of the nominated insurer's privacy policy can be obtained by visiting their website directly.

These policies are consistent with the requirements of the *Privacy Act 1988*.

### I declare that:

- I acknowledge that all of my details on this *Insurance variation form* are correct.
- I have received, read and accept the *Sunsuper for life Corporate PDS* and *Sunsuper for life Corporate Insurance guide*.
- By signing this *Insurance variation form*, I consent to the collection and disclosure of information about me for the purposes shown above.
- I understand that any future increase to my insurance cover is subject to acceptance by the insurer and satisfactory evidence of health will be required.

Member to sign here\*



Full name (print in BLOCK letters)\*

Date application completed  
(DD/MM/YYYY)\*

Please return the form to Sunsuper via [sunsuper.com.au/contact-us](https://www.sunsuper.com.au/contact-us) OR Reply Paid 2924 Brisbane Qld 4001

We are committed to respecting the privacy of personal information you give us. If you would like a copy of Sunsuper's Privacy Policy, visit [sunsuper.com.au/privacy](https://www.sunsuper.com.au/privacy) or contact us.

Sunsuper Pty Ltd ABN 88 010 720 840 AFSL No. 228975 Trustee of the Sunsuper Superannuation Fund ABN 98 503 137 921 MySuper Authorisation 98 503 137 921 996