

# Insurance variation form



Did you know you can reduce or cancel your insurance quickly and easily in *Member Online*?

Simply visit [sunsuper.com.au/memberonline](https://sunsuper.com.au/memberonline).

**Important:** Before completing this form please ensure you read and understand your Duty of Disclosure located at [sunsuper.com.au/dutyofdisclosure](https://sunsuper.com.au/dutyofdisclosure)

**Important:** This form is only to be used to reduce or cancel your existing insurance cover, change your Tailored Total & Permanent Disability cover, or opt-in or out of Income Protection indexation. If you wish to increase your cover please complete the *Tailored insurance cover application*. 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.

13 11 84 [sunsuper.com.au](https://sunsuper.com.au)  
Reply Paid 2924 Brisbane Qld 4001

**Member number**  
if already a member

## 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="button" value="M"/> <input type="button" value="F"/>
Street Address / PO Box* <small>Please complete for identity purposes.</small>		
<input type="text"/>		
Suburb/Town*	State*	Postcode*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home phone number	Daytime phone number*	
<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 when information is ready to view online through *Member Online* or the Sunsuper app. If you would prefer the information to be posted, you can change your preferences in *Member Online*, the Sunsuper app or call us on 13 11 84. If you are not yet registered for online access you can apply by visiting [sunsuper.com.au/online-access](https://sunsuper.com.au/online-access)

**You can use this form to:**

- reduce your Death and/or Total & Permanent Disability cover
- alter your Income Protection cover (if applicable)
- change your Tailored Total & Permanent Disability cover type
- opt-in or opt-out of indexation for Tailored Income Protection cover, or
- cancel any or all of your cover

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

### Important

Before completing this section, please refer to the *Sunsuper for life Product Disclosure Statement (PDS)* and the *Sunsuper for life Insurance guide* 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 *Tailored insurance cover application* form or apply online. 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 Would you like to decrease your existing level of Death and/or Total & Permanent Disability cover?

#### Death

I would like to decrease my cover to:

Death cover

#### Total & Permanent Disability

I would like to decrease my Total & Permanent Disability cover to:

Total & Permanent Disability cover

### 2B Would you like to cancel your existing cover?

Tick all boxes that apply if you'd like to cancel your Death, Total & Permanent Disability and/or Income Protection cover.

Death

Total & Permanent Disability

Income Protection

Your Death and/or Total & Permanent Disability cover will be cancelled effective of the date your completed *Insurance variation form* is received by Sunsuper. If you cancel your cover, evidence of health satisfactory to the insurer will be required before cover can restart from the date accepted by the insurer.

### 2C Change your Tailored Total & Permanent Disability cover type

Change my Tailored Total & Permanent Disability cover to Tailored Total & Permanent Disability Assist cover.

Your Tailored Total & Permanent Disability cover will change to Tailored Total & Permanent Disability Assist cover effective of the date your completed *Insurance variation form* is received and accepted by Sunsuper.

For members wanting to switch from Tailored Total & Permanent Disability Assist cover to Tailored Total & Permanent Disability cover, you will need to re-apply for Tailored cover (evidence of health satisfactory to the insurer will be required). Refer to the *Sunsuper for life Insurance guide* for more information.

➔ Please continue over page

## 2 Insurance cover continued

### 2D Would you like to alter your Income Protection cover?

Please fill out the fields below to alter your Income Protection Cover

I would like to decrease my monthly benefit to:

I would like to increase my waiting period to:

60 days

90 days

180 days

I would like to decrease my Benefit Period to:

From 5 years  
to 2 years

From age 65  
to 5 years

From age 65  
to 2 years

Your income protection cover will be cancelled effective of the date your completed *Insurance variation form* is received by Sunsuper. If you cancel your cover, evidence of health satisfactory to the insurer will be required before cover can restart from the date accepted by the insurer.

AND/OR

### 2E Tailored Income Protection indexation?

Please tick below if you want opt-in or opt-out of indexation for your existing Tailored Income Protection cover.

I do NOT want to have my Tailored Income Protection cover indexed on 1 July each year

I do want to have my Tailored Income Protection cover indexed on 1 July each year

## 3 Financial adviser

Please communicate with my financial adviser where possible regarding this form. I have attached (or previously provided) a signed third party authority for my financial adviser to access information about my Sunsuper account(s).

Please communicate with my financial adviser about this form via email. I acknowledge email is not a secure form of communication.

Adviser name/Company:

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


### 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 PDS* and *Sunsuper for life 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.
- I acknowledge and have read my Duty of Disclosure at [sunsuper.com.au/dutyofdisclosure](https://www.sunsuper.com.au/dutyofdisclosure) and all of my details on this form are correct.

Member to sign here\*



Date (DD/MM/YYYY)\*

 Please return the form to Sunsuper  
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 call 13 11 84.

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