

Sunsuper for life Business

Insurance variation form



13 11 84 | sunsuper.com.au

Important: This form is only to be used to reduce or cancel your existing insurance cover. If you want to increase your cover, please go to your employer's microsite and complete the *Change of insurance cover* form or apply online at sunsuper.com.au/business

Please provide us with as much information as possible. Please tick box 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.

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="text"/> M <input type="text"/> F
Street address / PO Box*		
<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: Where we can we'll provide your documents, including statements and notices of changes to your account, electronically. 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 by contacting us.

You can use this form to:

- reduce your combined Death and Total & Permanent Disability cover
- reduce your Total & Permanent Disability cover
- reduce your Death cover
- reduce your Income Protection cover (if applicable), 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 Business PDS*, *Plan information factsheet* and the *Sunsuper for life Business 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 or apply online (both options are 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

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

Note: this only applies to members who have Standard cover based on Years of Future Membership.

5% 10% 15%

If you're **increasing** your cover, please go to your employer's microsite and complete a *Change of insurance cover form* or apply online at sunsuper.com.au/business

2B

I want to cancel the following cover:

Tick all boxes that apply.

Death Total & Permanent Disability

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

AND/OR

2C

Reduce or cancel Additional Death and Total & Permanent Disability cover

I want to reduce my Additional fixed cover to:

Death cover \$

Total & Permanent Disability cover \$

I want to cancel my Additional fixed cover:

Death Total & Permanent Disability

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

2D

Reduce or cancel Income Protection cover

I want to reduce my Income Protection cover to:

Monthly benefit required \$

What is your annual salary? \$

Note: to be eligible for Income Protection it must be available in your Plan and you must be employed on a full or part-time permanent basis (or on a contract longer than 6 months) and working an average of 15 or more hours per week.

Please check your *Plan information factsheet*, available on your employer's microsite, for details on any Income Protection available in your Plan.

I want 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.

➔ Please continue over page

3 Financial adviser (If applicable)

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:

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 AIA Australia may collect about you and exchange with third parties located in Australia and overseas, in the manner outlined in our and AIA Australia's respective privacy policies as updated from time to time. Policies are available by visiting [sunsuper.com.au/privacy](https://www.sunsuper.com.au/privacy) and [aia.com.au](https://www.aia.com.au). 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 Business PDS Sunsuper for life Business Insurance guide and Plan Information factsheet*.
- 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 (DD/MM/YYYY)*

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