

Date Stamp (Internal Office Use Only)



Insurance cancellation form

Complete this form in pen using CAPITAL letters. Where applicable complete boxes with an X

SECTION 1 - YOUR PERSONAL DETAILS

Client number

Last name

Mr

Mrs

Miss

Ms

Dr

First name/s

Male Female

Date of birth (DD/MM/YYYY)

Postal address

Suburb/town

State

Postcode

Street address (if different to postal address)

Suburb/town

State

Postcode

Home phone

Day time phone

Mobile

Email

Would you like to receive all communications and documents electronically (where legally possible)?

Yes

No

SECTION 2 - INSURANCE CANCELLATION

You can use this form to cancel some or all of your insurance. Please indicate which insurance option/s you would like to cancel:

Income Protection

Death and TPD

Death only

SECTION 3 - YOUR PRIVACY

Your privacy is important to us. Details on how your personal information is collected, managed and used is contained in our Privacy Policy which includes our Privacy Collection Statement and is available at www.wasuper.com.au/privacy/.

SECTION 4 - ACKNOWLEDGEMENT AND DECLARATION

- I understand that in completing and signing this form that any previous details will be replaced by the new details on this form.
- I have read and understood the Fund's Product Disclosure Statement.
- In signing this form I acknowledge that I will continue to be bound by the Fund Trust Deed and Rules in all respects.
- I understand that by cancelling my insurance, if I wish to apply again in the future, full underwriting including a medical examination may be required and I may be subject to different terms and conditions, levels of cover or premium loadings.

Signature

Date