

# Insurance alteration form

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

## 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

## SECTION 2 - INSURANCE CANCELLATION

Please indicate which insurance option/s you would like to cancel:

Income Protection  Death and TPD  Death only

## SECTION 3 - DECREASE INSURANCE

Please indicate which insurance you would like to decrease including your nominated sum insured.

Income Protection

a) Select your waiting period:

30 days  60 days  90 days\*  180 days  1 year  2 years

b) Select your benefit period:

2 year\*  5 year

**\*You cannot select a 2 year benefit period and 90 day waiting period together.**

Death and TPD \$

Death only \$

## SECTION 4 - 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/](http://www.wasuper.com.au/privacy/).

## SECTION 5 - 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.
- If at a later date you wish to increase your cover you will be required to provide health and personal information.
- A request to cancel my insurance will take effect from the date the form is received by the Fund.

Signature

Date