Suncorp Employee Superannuation Plan
Cancellation of insurance form

Suncorp Portfolio Services Limited (Trustee)
ABN 61 063 427 958 AFSL 237905 RSE L0002059

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If you wish to cancel your insurance cover under the Suncorp Employee Superannuation Plan, you must read, sign and date this form and return it to us.

Important: It is recommended that you consult a financial adviser before cancelling your insurance cover. A financial adviser will be able to advise you about the financial implications of cancelling your insurance cover and how it may affect your personal circumstances.

1. Personal details

Suncorp Employee Superannuation Plan account number

Title

Last name

Given name(s)

Date of birth d d / m m / y y y y

Daytime phone number

Mobile

Email

2. Request for cancellation

I have read the current Suncorp Employee Superannuation Plan Product Disclosure Statement and Product Guide. I choose to cancel:

- ☐ My Death only insurance cover
- ☐ My Death & TPD insurance cover
- ☐ My TPD insurance cover only
- ☐ My Income Protection insurance cover
- ☐ All my insurance cover

I understand and acknowledge that:

1. Any insurance cover I have chosen to cancel, related entitlements, and the insurance fee payable, will stop from the date Suncorp receives this correctly completed request for cancellation.
2. I may apply for insurance cover in the future, however this will not commence until I have provided satisfactory evidence of good health to the Insurer and the Insurer has accepted my application for insurance cover in writing.

Signature ✗

Date d d / m m / y y y y

Please send the completed form and any required attachments to:

Suncorp Employee Superannuation Plan
GPO Box 2585 (IPC: LS004)
Brisbane QLD 4001