

Suncorp Staff Superannuation Plan Insurance declaration form – Decline insurance cover



Issued 15 December 2009

SIS Super Pty Ltd (Trustee)
ABN 19 064 490 820 AFSL 229851 RSE L0001649

If you wish to cease all Insurance Cover under the Suncorp Staff Superannuation Plan (Staff Plan) you must read, sign and date this form and return it to the Plan Administrator, GPO Box 1453 (LS004), Brisbane Qld 4001. Please note you may not cease part of your insurance cover under the Staff Plan.

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

Declaration

I have read the Staff Plan Product Disclosure Statement. I elect to cease all Death, Total and Permanent Disablement ("TPD") and Total and Temporary Disablement ("TTD") insurance cover, if applicable to my membership category under the Suncorp Staff Superannuation Plan. I understand and acknowledge that:

1. Any cover I currently have, and the premium payable, will cease from the date that the Plan Administrator receives this correctly completed Declaration.
2. All Insurance Cover (Death, TPD and TTD) entitlements will cease from the date the Plan Administrator receives this correctly completed Declaration.
3. I may apply for 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 cover in writing.

Signature	<input type="text" value="X"/>
Name	<input type="text"/>
Date	<input type="text" value=" d d / m m / y y y y "/>
Member No	<input type="text"/>