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
2. Request for car	ncellation
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 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 ddd/mm//yyyyyy	
Please send the completed form and any required attachments to: Suncorp Employee Superannuation Plan GPO Box 2585 (IPC: LS004) Brisbane QLD 4001	

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