

Retain Insurance Cover form



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

Use this form if you would like to retain your insurance cover

Tips to help you complete this form

- Use a blue or black pen
- Read the “Your declaration and signature” section
- Complete all sections and sign and date the form

Have any questions?

If you would like help completing this form, or if you have any questions just call 13 11 55.

Personal details

Account number _____

Full name _____

Mobile number _____

Email address _____

Retain my insurance



I want to retain my insurance cover

Your declaration and signature

By signing this form, I understand that:

- I am instructing Suncorp Portfolio Services Limited to retain my insurance cover, even if I have not contributed any funds to my account for a continuous period of 16 months.
- My insurance cover won't be cancelled unless I request in writing to cancel my cover, I reach the maximum age of cover, I don't have enough money in my account to pay insurance fees or I meet one of the other scenarios listed in the Product Guide.
- Continuing to pay insurance fees may be a factor in the reduction of my retirement benefits.
- I can amend or cancel my insurance cover at any time.

Signature

Date ____/____/____

Full Name

Where to send the form

Please send the completed form to:

Post Suncorp Super
GPO Box 2585
Brisbane QLD 4001

Email super@suncorp.com.au