

Reduce or cancel insurance cover form

For Suncorp super members

Issue date: 01 April 2022

Use this form only to reduce or cancel insurance cover.

Important note: You cannot use this form to apply for new or an increase in insurance cover.

These applications need to be made on an *Insurance Application* form, available at suncorp.com.au/super. Your application may be subject to eligibility conditions, underwriting and approval by the insurer.

If you would like to obtain a quote prior to applying to change your insurance cover, please call us and we'll be happy to help.

Tips to help you complete this form

- Use a blue or black pen and write in CAPITAL letters
- Use an (X) to mark answer boxes
- Sign and date the form on the next page

Have any questions?

If you would like help completing this form, just call us between 9am and 5pm (AEST) Monday to Friday on 13 11 55 for Suncorp Brighter Super, 1800 191 517 for Suncorp Everyday Super, or 1800 652 489 for the Suncorp Employee Superannuation Plan.

Before making any decision about insurance through your Suncorp super account, we recommend that you speak to a financial adviser. Please refer to the relevant Product Disclosure Statement and Product Guide available at suncorp.com.au/super for further information.

Personal details

Account number*	<input type="text"/>
Title*	<input type="text"/>
Given name(s)*	<input type="text"/>
Last name*	<input type="text"/>
Date of birth*	<input type="text" value="DD / MM / YYYY"/>

Contact details

Update your contact details if they have changed or we don't have them on file. Please provide your phone number so we can contact you if we have a question about your form:

Residential address - sorry we can't accept PO boxes	<input type="text"/>	<input type="text" value="State"/>	<input type="text" value="Postcode"/>
Country (if not Australia)	<input type="text"/>		
Daytime phone number	<input type="text"/>	Mobile phone number*	<input type="text"/>
Email Address	<input type="text"/>		
Postal address (if different from above)	<input type="text"/>	<input type="text" value="State"/>	<input type="text" value="Postcode"/>
Country (if not Australia)	<input type="text"/>		

Request to reduce amount of insurance cover

I would like to reduce my insurance cover amount(s). Please nominate the new insurance cover amount(s) you would like to reduce your cover to:

Life cover	<input type="text" value="\$"/>
Total and permanent disablement (TPD) cover	<input type="text" value="\$"/>
Income protection cover	<input type="text" value="\$"/>

Please note: Your TPD insurance cover amount cannot be higher than your Life insurance cover amount.

You are unable to have both default and voluntary insurance cover at the same time. If you alter your default Life or TPD insurance, all of your existing default cover will change to fixed cover. We will change your insurance fees to the fees for voluntary Life and/or TPD and/or IP insurance cover.

*Mandatory field

Request to cancel insurance cover

- I would like to cancel insurance cover. Please nominate the type(s) of insurance cover you would like to cancel:
- Cancel all my Life cover
 - Cancel all my Total and permanent disablement (TPD) cover
 - Cancel all my Income protection cover

Please note: You cannot have TPD or Income Protection insurance cover without Life insurance cover.

Declaration and signature

By signing this form, I understand and acknowledge that:

- I am requesting the Trustee to reduce and/or cancel all or part of my insurance cover and/or change my insurance options
- the date this form is received by the Trustee is the date my insurance cover will change and/or stop
- if I cancel my insurance cover and want insurance cover again in the future, I will need to complete an *Insurance application* form which includes questions on my health and my application may be subject to eligibility conditions, underwriting and approval by the insurer
- if I cancel any cover, I will not be able to claim for an event which occurs after the date my insurance cover is cancelled
- if I select a type of insurance cover for which I am not eligible, my request will not be processed
- I have read and understood the *Product Disclosure Statement* and *Product Guide* for my account, available at suncorp.com.au/super; and
- I have had the opportunity to speak to a financial adviser about my insurance needs.

Your signature*

Date*

Where to send your form

Please send the completed form to:

Mail: Suncorp Super
GPO Box 2585
Brisbane QLD 4001

Email: super@spsl.com.au

*Mandatory field

We collect, use and disclose your personal information in accordance with our privacy policy. By providing us with your personal information you agree to us collecting, using and disclosing that information in accordance with our privacy policy.