

Use this form if you would like to elect to receive default insurance cover

Tips to help you complete this form

- Use a blue or black pen
- Complete “Your personal details” section of the form.
- Read and sign and date the “Your declaration and signature” section of the form.

Have any questions?

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

Personal details

Account number* _____

Full name* _____

Address* _____

Mobile number _____

Email address _____

Employment date _____

IMPORTANT: Your election for default insurance must be completed by you and returned to us within 59 days from the date your employment started.

*mandatory field

Request for default insurance cover

- I would like to receive the default¹ insurance cover available to me.

Your declaration and signature

By signing this form, I understand that:

- I am requesting Suncorp Portfolio Services Limited provide default insurance cover to my account, even if :
 - my account balance is less than \$6,000, or
 - I am under 25 years old, or
 - no funds are contributed 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 funds in my account to pay for the insurance fees or I meet one of the other scenarios listed 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 ____/____/____

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

¹ Default cover may include Life Cover, Total & Permanent Disablement Cover and Income Protection Cover.