

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”
- Complete all sections and sign and date 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 _____

Mobile number _____

Email address _____

Retain my insurance cover

I want to retain my insurance cover

Your declaration and signature

By signing this form, I understand that:

- My insurance cover provided through my Suncorp Super account will be retained even if my account balance is less than \$6,000 or becomes inactiveⁱ
- My instruction will continue to apply until I otherwise request in writing, or meet one of the scenarios for cancellation of insurance listed in the Product Guide for my Suncorp super product, available at www.suncorp.com.au/super
- Insurance fees will continue to be deducted from my account which may erode my account balance and ultimately reduce 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

ⁱ Inactive means we have not received any contribution or rollover amount for a member for a continuous period of 16 consecutive months, unless the member makes an election to retain the insurance cover