

This form is for members of the Active Super Accumulation Scheme.

Use this form if you want to:

- reduce the number of units of Basic Death and/or Basic Total and Permanent Disablement (TPD) Cover
- cancel your Basic Cover completely
- cancel your Additional Basic Insurance Cover completely
- reduce or cancel your existing voluntary cover.

You can complete this form by typing directly onto it, or by using a black pen and capital letters. Use a (✓) to mark boxes.

Make sure you consider the relevant Product Disclosure Statement (PDS) available at activesuper.com.au/PDS before making a decision.

1. YOUR DETAILS

Date of birth (DD MM YY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Title (e.g. Ms)	<input type="text"/>
Given name(s)	<input type="text"/>		
Family name	<input type="text"/>		
Email	<input type="text"/>		
Phone (home)	<input type="text"/>	Phone (work)	<input type="text"/>
Phone (mobile)	<input type="text"/>		

Postal Address

No./Street	<input type="text"/>		
Suburb/Town	<input type="text"/>		
State/Territory	<input type="text"/> <input type="text"/> <input type="text"/>	Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Residential address	<input type="checkbox"/> select if same as postal address above		
No./Street	<input type="text"/>		
Suburb/Town	<input type="text"/>		
State/Territory	<input type="text"/> <input type="text"/> <input type="text"/>	Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

2. REDUCE OR CANCEL YOUR BASIC INSURANCE COVER

Please complete ONE (1) or more options, as applicable and specify the number of units your election is to apply to.

I wish to reduce my Basic Insurance Cover as follows:

I elect to have	<input type="text"/>	unit(s) of Basic Death Cover
I elect to have	<input type="text"/>	unit(s) of Basic TPD Cover*

OR

<input type="checkbox"/>	I elect to cancel all of my units of Basic Insurance Cover.
<input type="checkbox"/>	I elect to cancel my fixed Additional Basic Insurance Cover.

* You must have at least one unit of Death cover to have TPD cover. Your Death cover must be higher than your TPD cover unless you are under age 25. The under 25 age group cannot have more than a ten unit difference of TPD cover higher than Death cover.

Additional Basic Insurance Cover is a fixed dollar amount of cover that was previously available for eligible members. If you cancel your Additional Basic Cover, you cannot reinstate it at a later date.

IMPORTANT

Please note that your insurance cover changes at ages 25 and 30. You will receive a letter after your birthday to let you know when you have moved to the new age group and what your new insurance level is. You can reduce your cover again at that time. For more information, please refer to the Accumulation Scheme PDS available at activesuper.com.au/PDS

Please tick ONE (1) or more options

NOTE: Death and TPD must be in multiples of \$1,000. Please note you must have Death cover to have TPD cover and the level of TPD cover cannot exceed the Death cover.

IMPORTANT

Please note that if you elect to reduce or cancel your existing voluntary cover and you want to reinstate voluntary cover at a later date, your application will be required to be assessed by the Insurer. Please refer to the Accumulation Scheme PDS for further information.

3. REDUCE OR CANCEL YOUR VOLUNTARY INSURANCE COVER

☐ Reduce my voluntary Death and/or TPD cover to the following amount(s):

Nominated cover

Death sum insured \$

TPD sum insured \$

☐ Cancel my voluntary Death and/or TPD cover

☐ Reduce my voluntary Salary Continuance cover as follows:

Increase the waiting period to ☐ 60 days ☐ 90 days

Reduce my benefit period to ☐ 2 years

Reduce my monthly income benefit to \$

☐ Cancel my voluntary salary continuance cover

4. YOUR DECLARATION

By signing this request form I am making the following statements:

- I declare that I have fully read the important notes, the relevant PDS and/or fact sheet.
- I understand the effect this election may have on my benefits, and do not require further information.
- I declare that the information provided is true and correct.
- I understand that personal information provided on this form will be used to action my request.

Name

Signed

Date (DD MM YY)

SEND YOUR COMPLETED FORM BACK TO US AT:

Mail Active Super, PO Box N835, Grosvenor Place NSW 1220

Email insurance@activesuper.com.au

Privacy Collection Statement

The information provided on this form is collected by LGSS Pty Limited (ABN 68 078 003 497) as Trustee for Local Government Super (ABN 28 901 371 321) ('Active Super') for the purposes of administering accounts and providing services to you associated with fund membership. If you do not provide the requested information, Active Super may not be able to perform these services. Your personal information may be shared with our administrator, other superannuation trustees and other service providers, in order to be able to provide our services to you. We may provide information to government, regulatory or other bodies if required by law. For further information about how we manage and protect personal information, please refer to our privacy policy available at activesuper.com.au/privacy-policy or by calling us on 1300 547 873. It sets out how we use the information we hold about you, how you can access and correct the information, how you may complain about a breach of privacy and our process for resolving privacy related enquiries and complaints.

Issued by LGSS Pty Limited (ABN 68 078 003 497) (AFSL 383558), as Trustee for Local Government Super (ABN 28 901 371 321) ('Active Super').