Essential Super		B8AKJ0 	Provided
•	Save form		Color
Reduce or Cancel Insurance Cover	Print form		First Sta
Insurance Cover			
Please phone us on 13 4074 with any e	nquiries.		
Please use this form to reduce or cancel returning it to Essential Super.	l your insurance cover by	completing and signing the form	n and
If you want to reduce your Lifestage cov If you want to cancel your Lifestage cov		· •	
Please complete this form using BLACK Start at the left of each answer space ar			?S.
1 Account details			
Fields marked with an asterisk (*) must be completed			
Essential Super account number*			
067979			
If you do not know your account number, please	fill in your details below.		
Title 🗌 Mr 🗌 Mrs 🗌 Miss 🗌 Ms 🗌	Other		
Given name(s)*			
Surname*			Date of birth*
			D D / M M / Y Y Y
Postal address			
Unit number Street number	Street name	9	
Suburb		State	Postcode
Country			
2 Reduce insurance cover			
Lifestage default cover			
☐ I request you to reduce my Lifestage Death a	and/or Total and Permane	ent Disablement (TPD) cover to th	e cover nominated below:
Half the Lifestage default cover			
Lifestage default cover (this option is only		-	
Note: If you want to reduce your Lifestage cover insurance application by logging onto NetBank c			
Tailored cover			
I request to reduce my Tailored cover amount	ts as nominated below:		
Type of cover	New cover amount		
Death cover	\$		
Total and Permanent Disablement (TPD) cover ¹	\$		
Salary Continuance Insurance (SCI) cover	\$	per month	
1 Total and Permanent Disablement (TPD) cover amount cann	iot exceed the Death cover amou	unt.	
Note: If you want to increase your cover amount			an insurance application b
ogging onto NetBank or the CommBank app. Co			
logging onto NetBank or the CommBank app. Co And/or			

2 Reduce insurance cover (continued)
Waiting period
□ 90 days
Benefit period
2 years
□ 5 years
Note: If you want to reduce your waiting period or request a longer benefit period, you'll need to complete an insurance application by logging onto NetBank or the CommBank app. Cover is subject to the insurer's acceptance.
3 Cancel insurance cover
\Box I request you to cancel all insurance cover (including any Lifestage default and/or Tailored cover held)
OR
Lifestage default cover
\Box I request you to cancel my Lifestage default insurance cover selected below:
Death and Total and Permanent Disablement (TPD) cover
Total and Permanent Disablement (TPD) cover
Tailored cover
I request you to cancel my Tailored insurance cover selected below:
\Box Death and Total and Permanent Disablement (TPD) cover
\Box Total and Permanent Disablement (TPD) cover
□ Salary Continuance Insurance (SCI) cover

Note: When cancelling cover it is recommended that you do not cancel existing cover until any replacement cover you are arranging is in place.

4 Declaration

If I have requested that my cover be reduced or I have requested that some, but not all, of my cover be cancelled, I understand that:

- the cost of my cover may change in accordance with the insurance policy terms
- I can cancel or reduce my cover at any time
- my insurance cover may end in circumstances set out in the Product Disclosure Statement and Insurance Reference Guide (for example if there are insufficient funds in my account to meet insurance premiums)
- by keeping the insurance cover, future premiums will continue to be deducted from my account and may reduce my super.

If I have requested that any of my cover be cancelled, I understand that:

- I will no longer have insurance premiums deducted from my super account for cover that I have cancelled
- I won't be able to claim for any insured events that occur after my cover is cancelled (but I will be able to make a claim for any insured events that occurred before my cover is cancelled)
- if I want insurance cover in the future, I will need to complete a new insurance application and provide information about my medical history. I understand that the insurer may accept or decline my application.

Signature of member

X		
Print name		
Date signed		

If this form is signed under Power of Attorney, the Attorney declares that they have not received a notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this form unless we have already sighted it)

We recommend you review your insurance arrangements regularly and seek financial advice before you apply to cancel or reduce your cover. For general information about insurance in super please read the Essential Super Insurance Reference Guide available at **commbank.com.au/essentialinfo**



Please return the completed form to: Essential Super Reply Paid 86495, SYDNEY NSW 2001 or upload a scanned copy via NetBank

If you have any questions or require assistance, please call 13 4074