

Prime Super Insurance Variation/Cancellation

Please complete this form if you wish to apply to reduce or cancel your insurance cover through Prime Super or if you want to increase your Income Protection waiting period.



Part of your Community

Prime Super

ABN 60 562 335 823
RN 1000276

Trustee

Prime Super Pty Limited
ABN 81 067 241 016
AFSL 219723
RSE L0000277

Part A - Personal Details

Title (Please Tick One)

Mr Mrs Miss Ms Dr

Membership Number

Surname

Given Names

Address

Phone Number (BH)

Phone Number (AH)

Mobile

Email

State

Postcode

Date of Birth

Gender

Male

Female

Part B - What do you want to do?

Note: If you hold units of cover you can only reduce the number of units you hold, you cannot elect a lower dollar value of cover.

a) I want to reduce my Death only or Death and TPD cover to:

i. units

ii. nominated fixed amount

iii. I want to reduce my Death and TPD cover to Death only cover.

iiii. Nil. I want to cancel all of my Death only or Death and TPD cover.

b) I want to reduce my Income Protection cover to

i. \$ per month

ii. Nil. I want to cancel all of my Income Protection cover.

c) I want to vary my Income Protection waiting period to:

(Please Tick One)

30 days 60 days 90 days

Note: If you want to reduce your waiting period you must complete the Prime Super Full Personal Statement

Part C - Declaration and Signature

I understand that once I have indicated that I wish to vary my insurance cover, cover will be varied, reduced or cancelled accordingly and the premium will be adjusted as appropriate. I understand that if I wish to re-apply I will be required to provide health and other information that is subject to acceptance by the insurer.

Signature

Print Full Name

Date

Please send this completed form to:

Prime Super
PO Box 2229
Wollongong, NSW 2500
or Freefax to: 1800 023 662
Enquires: Freecall 1800 675 839
8am to 8pm Monday to Friday (Sydney Time)