



IOOF

ESSENTIAL SUPER

1 July 2019

Insurance cancellation form

Please complete these instructions in **BLACK INK** using **CAPITAL LETTERS** and ✓ boxes where provided.

Step 1: Member details

Account number

Title (Dr/Mr/Mrs/Ms/Miss) Surname

Given name(s)

Residential address

Suburb State Postcode

Phone (home) Phone (work)

Mobile

Email

Step 2: Insurance cover

I request that the Trustee of IOOF Essential Super cancel/modify my insurance cover as follows:

- Please cancel my Total & Permanent Disability insurance cover only (Death insurance cover will remain)
- Please cancel my Death and Total & Permanent Disability insurance cover
- Please cancel my Income Protection cover

Step 3: Member declaration

I hereby confirm that I have reviewed my personal situation with regards to my need for Death, Total & Permanent Disablement and Income Protection insurances and confirm that the cover I am requesting to be cancelled is surplus to my requirements.

I understand that I should seek professional advice in relation to any insurance or related needs and obtaining such advice is wholly my responsibility.

Important note: The Trustee collects the information in this form in order to process your investment instructions. Any personal information provided in this form will be handled in accordance with the Trustee's privacy policy, available at ioof.com.au/privacy.

I also understand that should I wish to take out any insurance cover under IOOF Essential Super at any point in the future, I will be required to provide evidence of good health and other underwriting information as requested. The insurer may decline to issue cover based on their assessment of this information at that time.

Please note: Residual premiums due to cancellation will be credited to your IOOF Essential Super account.

Member signature

Date / /

Please forward all correspondence and enquiries to

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Telephone 1800 913 118

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Web www.ioof.com.au