

Election to keep insurance cover in a low balance account



SAVE FORM

PRINT FORM

This form allows you to elect to keep your insurance even if your account stays below \$6,000. You can complete this form for:

- FirstChoice Employer Super (065)
- FirstChoice Personal Super (010)
- FirstChoice Wholesale Personal Super (011)
- Rollover and Superannuation Fund (060)

Please complete this form using **BLACK INK** and print well within the boxes in **CAPITAL LETTERS**. Start at the left of each answer space and leave a gap between words.

1 INVESTOR DETAILS

Account number* – To avoid processing delays please ensure your account number is clearly marked.

Title

Mr Mrs Miss Ms Other

Full given name(s)*

Surname*

Date of birth*

Postal address

Unit number Street number Street name
 Suburb State Postcode
 Country

Daytime phone number

Email address

2 ELECTION TO KEEP INSURANCE IN A LOW-BALANCE ACCOUNT

By law we must cancel your insurance cover if your account balance stays below \$6,000 between 1 November 2019 and your April 2020 premium due date, unless you elect to keep your cover.

By signing this form I am electing to keep my current insurance cover in my superannuation account, even if my account balance stays below \$6,000.

I understand that:

- this low balance account election will continue until my account is closed
- my amount of cover, and 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 cover may end in circumstances set out in the Product Disclosure Statement (for example, if there are insufficient funds in my account to pay for my insurance premiums, or we are required by law to cancel cover due to 16 months of continuous inactivity)
- by keeping the insurance cover, future premiums will continue to be deducted from my account and may reduce my super.

3 DECLARATION

If this form is signed under Power of Attorney, the Attorney declares that they have not received 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).

Signature of member

Print name

Date signed

Please send the completed form to:
Colonial First State
Reply Paid 27, Sydney NSW 2001