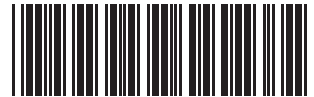


# Election to keep insurance cover in an inactive or low balance account



SAVE FORM

PRINT FORM

This form allows you to elect to keep your insurance even if your account stays below \$6,000 or if your account becomes inactive. 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; or
- your account becomes inactive (no contribution or rollover is received in your account for a continuous period of 16 months or more).

Please cross either or both boxes below and sign the declaration if you would like to keep your insurance cover in the relevant circumstance.

### Low-balance election

I would like to keep my current insurance cover in my super account, even if my account balance stays below \$6,000.

### Inactive account election

I would like to keep insurance cover in my super account, even if no contribution or rollover is received in my account for a continuous period of 16 months or more.

I understand that:

- my election will continue until my account is closed
- an **inactive account election** applies to the insurance cover that I currently hold in my superannuation account, and any other types of insurance cover that I may hold in my superannuation account in the future, including Death Cover, Total and Permanent Disablement cover and Salary Continuance Insurance
- 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)
- by keeping the insurance cover, future premiums will continue to be deducted from my account and may reduce my super.

## 3 DECLARATION

**Please note:** to make a valid election you must cross one or both of the boxes in Section 2 and sign this form. If you do not cross any of the boxes your election will not be valid and your insurance cover will be cancelled in the circumstances described.

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