

Superannuation change details – (insurance)

Return this completed form to either:

Email: mail@legalsuper.com.au

OR

Post: legalsuper

Locked Bag 5081

Parramatta NSW 2124

Phone: 1800 060 312

Insurance cover (complete sections 1, 2, and/or 3 & 4)

Please use **BLOCK LETTERS** and **BLACK INK** when completing this form.

This form will be invalid if unsigned or undated by the member (see Section 4).

You should obtain and read a copy of the current legalsuper *Superannuation Product Disclosure Statement (PDS)*, *Employer Sponsored Super & Personal Super Additional Information* document and *Target Market Determination (TMD)* before you complete this form. These documents are available free of charge at legalsuper.com.au or by calling 1800 060 312 (8am to 8pm [AEST/AEDT] Monday to Friday).

You can also make these changes online at legalsuper.com.au

1. My details

legalsuper Membership Number

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Justice

Surname

Given Names

Date of birth (dd/mm/yyyy)

2. Death and Total and Permanent Disablement (TPD) insurance cover

legalsuper offers cover for Death, Total and Permanent Disablement (TPD) and Salary Continuance cover.

What insurance cover do I have?

Subject to meeting the Insurer's eligibility conditions, legalsuper members are provided with either Death & TPD cover or Death Only cover at the Default Cover Level. To check your existing cover you can use MemberAccess or contact us on the number shown on this form.

Before you alter any insurance arrangements you should read the *PDS*, *Employer Sponsored Super & Personal Super Additional Information* document and *TMD* available at legalsuper.com.au. We recommend that you also obtain financial advice from a suitably qualified professional.

Method of application

You are able to apply for increased Death & TPD or Death Only cover by providing the information required and completing the Personal Health Statement online in MemberAccess. Simply access your legalsuper online account and follow the prompts.

Alternatively, you can complete this form, and download and complete a Personal Health Statement, which you can obtain from legalsuper.com.au

Applications to increase cover are subject to underwriting approval by the Insurer. Terms and conditions apply as detailed in the *PDS*, the *Employer Sponsored Super & Personal Super Additional Information* document.

Your insurance request

Members can apply to increase ☐ or decrease ☐ or cancel ☐ their cover. Tick your selection and provide your instruction below.

Cancel Death & TPD or Death Only cover

Tick the relevant box if you wish to cancel your existing Death & TPD, existing TPD cover (retaining Death Only cover) or Death Only cover. Your cover will be cancelled on the day this form is received by legalsuper.

☐ Death & TPD cover ☐ Death Only cover ☐ TPD cover

You can not hold TPD only cover

If you wish to either increase or decrease your cover, indicate below the total cover you wish to hold after the change should your application be successful.

Fixed cover

Equal Death & TPD	OR	Death only	TPD only*
\$ <input type="text"/>		\$ <input type="text"/>	\$ <input type="text"/>

Fixed cover is only available as multiples of \$10,000.

Unitised cover (Employer-sponsored members only)

Equal Death & TPD units	OR	Death units	TPD units*
<input type="text"/>		<input type="text"/>	<input type="text"/>

* For Fixed cover, TPD must not exceed the level of Death cover and for unitised cover the number of TPD units should not exceed the number if Death units following a change.

3. Salary Continuance cover

Salary Continuance is available in units of cover of \$100 per month (one unit represents \$100 benefit per month) up to a Maximum Monthly Benefit Level of \$30,000 per month. The cost of Salary Continuance cover varies depending on your age and gender, chosen Waiting Period and Benefit Period, and the amount of your cover.

You can apply for cover up to the lesser of:

- a maximum of 75% of your Salary, plus up to 11.5% Superannuation Contribution Benefit paid into your legalsuper account; and
- \$30,000 per month.

A Waiting Period of 30, 60 or 90 days must be chosen.

Method of application

You are able to apply for Salary Continuance cover by providing the information required and completing the Personal Health Statement online in MemberAccess. Simply access your legalsuper online account and follow the prompts.

Alternatively, you can complete this form, and download and complete a Personal Health Statement, which you can obtain from legalsuper.com.au.

Applications are subject to underwriting approval by the Insurer. You will be informed of the Insurer's decision. Terms and conditions apply as detailed in the *Superannuation Product Disclosure Statement (PDS)*, the *Employer Sponsored Super & Personal Super Additional Information* document and *TMD*.

How many units (each unit represents \$100 benefit per month) of Salary Continuance cover would you like to apply for? (Please tick)

10 units ☐ 20 units ☐ 30 units ☐ 40 units ☐ 50 units ☐
 60 units ☐ 70 units ☐ 80 units ☐ 90 units ☐ 100 units ☐
☐ Other (please specify units, up to a maximum of 300 units)

Which Waiting Period do you want to choose?

30 days ☐ 60 days ☐ 90 days ☐

The Waiting Period is the number of consecutive days that must elapse during which you must be totally disabled or partially disabled before you are eligible to receive Salary Continuance benefits.

Which Benefit Period do you want to choose?

2 years ☐ 5 years ☐ to age 60 ☐ to age 65 ☐

What is your gross salary inclusive of superannuation?

\$ per annum

Cancel or reduce your Salary Continuance cover

☐ **Tick this BOX** if you wish to reduce your number of units of Salary Continuance cover. How many units do you wish to hold after this change. Your cover will be reduced on the day this form is received by legalsuper (insurer underwriting approval is not required).

Please specify the number of units.

☐ **Tick this BOX** if you wish to cancel your existing Salary Continuance cover. Your cover will be cancelled on the day this form is received by legalsuper (insurer underwriting approval is not required).

☐ **Tick this BOX** if you wish to increase your waiting period from 30 days to either 60 or 90 days. If you have a 60 days waiting period you can increase your waiting period to 90 days (Insurer underwriting approval is not required).

Your Waiting Period will be changed on the date your request is received by legalsuper.

60 days ☐ 90 days ☐

4. Declaration

The personal information that you have provided on this form will be used by legalsuper to change your account in accordance with your instructions subject to the Insurer's approval (as required). If you do not complete the sections as detailed on page one, the Trustee will not be able to change the details as you have requested.

Information about how legalsuper uses and discloses the personal information that you provide is contained in the Fund's *Privacy Policy*. To access the Fund's Policy and your personal details or to make an enquiry about any aspect of your Fund membership, please call legalsuper on **1800 060 312** (8am to 8pm [AEST/AEDT] Monday to Friday), visit legalsuper's website at **legalsuper.com.au** or write to legalsuper at Locked Bag 5081, Parramatta NSW 2124.

I acknowledge that:

- (i) I have read the legalsuper *PDS, Employer Sponsored Super & Personal Super Additional Information* document and *TMD*.
- (ii) legalsuper will not implement any request to increase any insurance cover until this is accepted by the Insurer.
- (iii) legalsuper is not responsible for any delays in implementing my instructions.
- (iv) If I have applied for insurance cover in section 2 or 3, I have attached a Personal Health Statement.
- (v) I understand that legalsuper will confirm my instructions in writing.

I acknowledge that I should seek independent professional financial advice if I need assistance.

Member's signature

Date (dd/mm/yyyy)