

**BT Funds Management Limited ABN 63 002 916 458 AFSL 233724 RSE L0001090 is the Trustee of BT Lifetime – Personal Super ABN 83 953 436 008 RSE R1003864**

Use this form to reduce or opt-out of insurance cover under your superannuation plan. The level and types of cover which currently apply to you are specified on your **New Member Statement or latest Annual Statement**.

Complete this form using **black pen** – print in clear **CAPITAL LETTERS**

## 1. INVESTOR DETAILS

Investor number

**C**

Title

Mr  Mrs  Miss  Ms  Other

Given name(s)

Surname

Date of birth (mandatory) (dd/mm/yyyy)

/  /

Gender

Male  Female

Residential address

State  Postcode  
Country, if not Australia

Postal address (if different from above)

State  Postcode  
Country, if not Australia

Daytime phone number

(  )

Mobile phone number

Email address

## 2. REDUCE COVER

I wish to reduce my current level of cover and require the following:

New level of cover	Amount
<input type="checkbox"/> Death	\$
<input type="checkbox"/> Total & Permanent Disablement (TPD) <sup>1</sup>	\$

<sup>1</sup> Your level of TPD cover cannot exceed your Death cover.

## Investor declaration and signature

I have read the Product Disclosure Statement (PDS) and I elect to reduce my insurance cover. I understand that:

- any insurance cover I currently have, and the premium payable, will reduce from the date that BT receives this fully completed application, and
- should I wish to apply for increased insurance cover in the future I will be required to provide underwriting information, including evidence of good health satisfactory to the Insurer and my insurance cover will not commence until the Insurer has accepted my application.

Signature of Investor

Date

/  /

Signatory name (please print)

## 3. OPT-OUT OF COVER

I wish to opt-out of my:

- Death Only cover<sup>2</sup>  
 Death and TPD cover

<sup>2</sup> You cannot maintain TPD cover only.

## Investor declaration and signature

I have read the Product Disclosure Statement (PDS) and I elect to opt-out of insurance cover. I understand that:

- any insurance cover I currently have, and the premium payable, will cease from the date that BT receives this fully completed application, and
- should I wish to apply for increased insurance cover in the future I will be required to provide underwriting information, including evidence of good health satisfactory to the Insurer and my insurance cover will not commence until the Insurer has accepted my application.



Signature of Investor

Date

/  /

Signatory name (please print)

## You can submit this form by:

-  mail BT Lifetime – Personal Super  
GPO Box 2919, Adelaide SA 5001  
 fax (02) 9274 5062

