



BT Super Application to Reduce or Cancel Insurance Cover

BT Customer Relations © 132 135 (8am–6.30pm Mon-Fri, Sydney time)

BT Funds Management Limited ABN 63 002 916 458 AFSL 233724 RSE L0001090 is the Trustee of BT Super which is part of Retirement Wrap RSE R1001327 ABN 39 827 542 991. The Insurer is AIA Australia Limited ABN 79 004 837 861, AFSL 230043.

Use this form to reduce or cancel insurance cover held through your BT Super account. The level and types of cover which currently apply to you can be viewed by logging into your account online or on your **New Member Statement** or latest **Annual Statement**.

If you wish to reduce your SCI waiting period use the applicable Life Insurance Application form.

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

1. MEMBER DETAILS

All fields are mandatory unless otherwise stated.

BT Member number (9 numbers)

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

Preferred email address

2. INSURANCE COVER

If you have both insurance covers listed below, please select which relevant cover or covers you want to amend:

BT Super - Employee Insurance

BT Super - Lifetime Insurance

3. REDUCE INSURANCE COVER

Please enter the amount of insurance cover you want to reduce to, or other change you want to make

Reduce my Essential Cover Units (<i>applicable to BT Super - Employee Insurance only</i>)	<input type="text"/> Unit(s)
<input type="checkbox"/> Death	\$
<input type="checkbox"/> Total & Permanent Disablement (TPD) (<i>can't be greater than Death cover</i>)	\$
<input type="checkbox"/> Salary Continuance Insurance (SCI) per annum (<i>maximum of 75% of Income[^] plus up to 15% super contributions benefit if applicable</i>)	\$
Increase SCI waiting period	<input type="text"/> days

[^] Please refer to the BT Super - Employee Insurance Guide for the definition of 'Income' if you are amending your BT Super - Employee Insurance cover. If you are amending your BT Super - Lifetime Insurance cover, please provide an annualised figure for 'Monthly Earnings'. Refer to the BT Super - Lifetime Insurance Guide for the definition of 'Monthly Earnings'.

4. CANCEL INSURANCE COVER

Please indicate the insurance cover you want to cancel by ticking the box below

<input type="checkbox"/> Death Only Cover	<input type="checkbox"/> Death & TPD Cover
<input type="checkbox"/> TPD Cover	<input type="checkbox"/> Salary Continuance Insurance

You can't have TPD cover without Death Cover.

5. CANCEL CPI

I wish to opt-out of Consumer Price Indexation of my insurance cover

Death Only or Death & TPD Cover
 Salary Continuance Insurance

Once you have opted out of CPI indexation you will not be able to opt back in unless you complete the applicable Life Insurance Application form and are accepted by the Insurer.



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6. MEMBER DECLARATION AND SIGNATURE

I have read the current BT Super Product Disclosure Statement (PDS) and relevant BT Super - Insurance Guide and I elect to amend my current insurance arrangements as indicated above. I understand that:

- By signing this form I agree I want my insurance to start and continue, even if my account is, or becomes, inactive*; has not had a balance of at least \$6,000 ever; or I am under age 25. This declaration includes any additional benefit that I may add to my account in the future, until I notify otherwise.

** inactive means no contributions or rollovers have been received for a continuous period of 16 months (or longer) in my superannuation account.*

- any insurance I currently have, and the premium payable, will reduce or cease on the 1st day of the following month from the date that BT receives this fully completed application, and
- should I wish to increase or obtain insurance cover in the future I will be required to provide underwriting information, including evidence of good health satisfactory to the Insurer, and my new insurance cover will not commence until the Insurer has accepted my application.

Signature of **Member**

Date

Signatory name (please print)

You can submit this form by:

- ✉ mail BT Super
GPO Box 3958, Sydney NSW 2001
- ✉ email superforms@btfinancialgroup.com

