

# Insurance variation and increase – Group Death and TPD cover

Please complete this form in CAPITAL letters.

**Questions?** Contact us on 1300 654 720 or at [smartsave@diversa.com.au](mailto:smartsave@diversa.com.au).

## Important information

- ▶ Use this form to update any personal member details or to cancel or reduce your existing Death and Total and Permanent Disablement (TPD) insurance cover, or to increase your Death and TPD insurance cover.
- ▶ We will send you written confirmation within 30 days of receiving your completed form. If you do not receive confirmation, please contact us on 1300 654 720. Before you complete this form, you should have read the Smartsave Member's Choice Superannuation Master Plan Product Disclosure Statement (PDS) and Insurance Guide which explain the specific insurance cover options available to you.

## 1. Member details

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Member number		Date of birth (DD/MM/YYYY)	
<input type="text"/>		<input type="text"/>	
Title	Given name(s)		
<input type="text"/>	<input type="text"/>		
Surname		Tax file number	
<input type="text"/>		<input type="text"/>	
Postal/Residential address			
<input type="text"/>			
Suburb		State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Phone (home)	Phone (work)	Mobile	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email			
<input type="text"/>			

- I authorise Smartsave Member's Choice Superannuation Master Plan to update my address and contact details if the details provided above differ to the details currently held.

## 2. Insurance variation – my options and instructions

- Cancel my existing insurance cover:  
 Death cover      OR       Death and TPD cover

By cancelling my cover, I understand I will no longer have Death and TPD insurance cover with the Fund. If I wish to have Death and TPD insurance cover with Smartsave Member's Choice Superannuation Master Plan in the future I will need to apply, provide medical evidence and be accepted by the Insurer.

- Reduce my existing Death and TPD insurance cover to: \$\_\_\_\_\_ Death only OR \$\_\_\_\_\_ Death and TPD.  
 Increase my existing insurance cover to: \$\_\_\_\_\_ Death only OR \$\_\_\_\_\_ Death and TPD.

(Terms and conditions apply.) To increase insurance cover, a personal health statement from the Insurer must be completed in addition to this form and is available on the Secure Online Portal. I may be required to supply medical evidence and I understand this must be confirmed as accepted by the insurer before the additional cover commences.

- Transfer of insurance<sup>1</sup>

(Terms and conditions apply.) An Insurer transfer of insurance application form must be completed, and is available on the Secure Online Portal. Further information on the terms and conditions can be found in the Smartsave Insurance Guide.

- Life event increase of insurance<sup>1</sup>

(Terms and conditions apply.) An Insurer life event application form must be completed, and is available on the Secure Online Portal. The fully completed and signed application to request the increase in insured cover must be received by the Fund within 90 days of the Nominated Event.

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<sup>1</sup> Further information on the terms and conditions can be found in the Smartsave Insurance Guide.

### 3. Member declaration

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I declare that:

- ▶ I have received a copy of the Smartsave Member's Choice Superannuation Master Plan PDS and Smartsave Insurance Guide and if I received a copy from the internet or other electronic means, I received a complete copy of it personally or a printout of it.
- ▶ I have read, understood and agree to be bound by any terms and conditions contained in the Smartsave Member's Choice Superannuation Master Plan PDS, Smartsave Insurance Guide and the Trust Deed as amended from time to time, including any documents incorporated by reference.
- ▶ I have read the Duty of Disclosure in the Insurance Guide and I am aware of the consequences of non-disclosure. I understand that the Duty of Disclosure continues after I have completed this statement until my application for cover has been accepted in writing by Smartsave Member's Choice Superannuation Master Plan and the Insurer.
- ▶ I declare that all of the information provided in my Insurance Variation form is true and correct, including those not in my own handwriting, and I have told the Insurer everything I know that could affect its decision to accept my application for insurance. I understand that the information provided in this form may alter my entitlement eligibility and insurance arrangements.
- ▶ I am not restricted by illness or injury from carrying out all my normal work duties and I am actively working my normal hours. I authorise the release to the Insurer or any other organisation duly appointed by the Insurer, of any medical information needed in connection with this application, including full details of my past medical history. A photocopy (or similar) of this authorisation will be as valid as the original.

I understand that:

- ▶ The information contained in this form may be shared with staff and service providers of Smartsave Member's Choice Superannuation Master Plan and by providing email addresses, I agree that the Fund may use this address to provide me with information about the Fund (such as transaction confirmations, statements, reports and other material).
- ▶ The only insured benefits that will be paid by the Fund are those that are payable under the Policy held with the Insurer, and neither of the Trustee or any service provider to the Fund guarantees the payment of any benefit or sum insured or the return of any money. I do not have any right of ownership or participation in the Policy.
- ▶ If I cancel my cover, I understand I will not be insured by Smartsave Member's Choice Superannuation Master Plan and will not be entitled to claim an insurance benefit. In choosing to cancel or reduce my cover, the changes will take effect from the date Smartsave Member's Choice Superannuation Master Plan receive the form and I will no longer be insured for that amount and type of cover. If I decide I require insurance cover in the future, I understand that I will need to apply to Smartsave Member's Choice Superannuation Master Plan and provide medical evidence.
- ▶ In choosing to increase my cover, I will need to provide a personal statement and medical evidence and understand that this will have to be accepted by the Insurer before the additional insurance cover begins.
- ▶ If this application is signed under Power of Attorney, the Attorney declares that s/he has not received notice of revocation of that power (certified copy of that Power of Attorney must be submitted with this application unless we have already sighted it).

### 4. Signature

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Member signature

Date (DD/MM/YYYY)

Please return completed and signed form to: Smartsave, PO Box 1282, Albury NSW 2640.

### Privacy Policy

The collection of your personal information (PI) in this form is governed by the Privacy Act 1988 (Cth). Diversa Trustees Limited uses your PI to administer your superannuation account (including insurance (if any)), improve our products and services and keep you informed. If we cannot collect this information, we may not be able to do these tasks. We may collect your PI from you, or from third parties such as your employer. We will only share your PI where necessary to perform our activities with our administrator, other service providers, as required by law or court/ tribunal order or with your permission. Your PI may be accessed overseas by some of our service providers. For full details of how we use your PI, the countries where your PI may be accessed, how you can access and change your PI and the privacy complaints process, please read our Privacy Policy at [smartsavesuper.com.au](http://smartsavesuper.com.au) or call us on 1300 654 720.

### Contact us

**Phone:** 1300 654 720 | **Email:** [smartsave@diversa.com.au](mailto:smartsave@diversa.com.au) | **Website:** [smartsavesuper.com.au](http://smartsavesuper.com.au)

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