

Decrease or cancel insurance cover

Please phone us on **1800 023 928** with any questions about this form or your account. More information is also available in our Product Disclosure Statement (PDS) and Reference Guides at oursuperfund.com.au/pds.

Use of this form

You can use this form to decrease or cancel any existing Death and Total and Permanent Disablement (TPD), Death-only cover and/or Salary Continuance insurance cover for your Accumulate Plus account. To cancel cover, you can also call us or log in to your Group Super Onlive or Group Super App and cancel your cover online. Remember, any future application for new or increased cover are subject to the insurer's standard application and assessment process, which may require additional medical evidence, and may be accepted or rejected.

Refer to the relevant **Reference Guide: Insurance Cover for Accumulate Plus** (oursuperfund.com.au/pds) for more details on insurance cover, including premium rates, circumstances in which a benefit may or may not be paid, and exclusions.

1. Member details

Account number

Title: Mr Mrs Miss Ms Other

Full given name(s) Surname

Postal address

Unit number Street number PO Box Street name

Suburb State Post code Country

Date of birth dd / mm / yyyy Mobile number Email

▶ By providing your **mobile**, you consent to its use for security validations, e.g. to transact online. By providing your **email**, you consent to receiving communications such as newsletters, significant event notices and other important information to this email, although from time to time we may still need to send you information by post. Note: If no mobile, you **must** give a daytime contact number.

2. Changes being requested on this form

Indicate below your reason(s) for completing this form – tick **any/all** that apply:

- Cancel** my existing Death and TPD or Death-only cover – complete **section 4** over the page, or call or email us
- Cancel** my existing Salary Continuance cover – complete **section 4** over the page, or call or email us
- Decrease** my existing Death and TPD or Death-only cover – complete **section 3A** below
- Decrease** my existing Salary Continuance cover – complete **section 3B** over the page

3. Details of decreased insurance cover

Only complete this section if you're **decreasing** your existing cover. You should indicate below the **total amount** of cover you want to retain, i.e. after the decrease is applied.

3A. Death & TPD cover OR Death-only cover

Permanent¹ employees of Commonwealth Bank Group: If you currently have multiple-based cover, or you would be eligible for default cover, as outlined in *Reference Guide: Insurance Cover (Death & TPD)*, your cover can generally be based on a multiple of your notional salary, as a whole or half multiple between 0.5 and 10 inclusive, **or** a fixed dollar amount **or** a combination of both.

- ▶ **Total NEW amount** of Death cover: . times super salary **and/or** \$ fixed cover
- ▶ **Total NEW amount** of TPD cover: . times super salary **and/or** \$ fixed cover

Note: The amount of TPD cover can't be more than Death cover and you can't have TPD cover on its own. If applying for different amounts of cover for the individual Death and TPD components, all cover must be a fixed dollar amount only. If requesting Death-only cover, indicate zero in the 'TPD' row above.

1. 'Permanent' in this case means you're employed by the Commonwealth Bank Group on a permanent basis, as defined in **Reference Guide: Insurance Cover (Death & TPD)**, including a fixed term arrangement, and your employer's super contributions are being paid to Accumulate Plus.

3A. continued...

Non-permanent¹ Group employees, including former Group employees and spouse members: All cover is a fixed dollar amount only.

- ▶ **Total NEW amount** of Death cover: \$ fixed cover
- ▶ **Total NEW amount** of TPD cover: \$ fixed cover

3B. Salary Continuance cover

Important: You pay monthly premiums based on the level of cover you request below. In the event of a claim, your income immediately before your disablement is taken into account in determining the monthly benefit payable. If your pre-disability income is **less** than your level of accepted cover, a benefit based on the **lower** amount is paid. In this case, the excess premiums are **not** refunded, therefore it's important that you notify us if your income changes to the extent that it is less than your accepted amount of cover. Read the **Reference Guide: Insurance Cover (Salary Continuance)** for more on how pre-disability income is calculated and how benefits are paid.

If considering changes to this type of cover, you may also want to confirm if you're already covered for any salary continuance or income protection benefits through another source, e.g. arrangements through your employer, such as CBA Employee Income Protection, through another super fund, or through a policy held directly with an insurer. While you can hold more than one policy for this type of cover, you should be aware that you may not receive the full benefit amount from one or more of those policies in the event of a claim. Read the Reference Guide for more information.

All cover must be a fixed dollar amount only:

- ▶ **Total NEW amount** of cover: \$ per month – ensure you read the 'Important' note above
- ▶ **NEW waiting period:** 90 days – leave blank if no change to your existing waiting period
- ▶ **NEW benefit payment period:** 2 years – leave blank if no change to your existing benefit payment period

Note: A request to change to a 30-day waiting period and/or an age 65 payment period is considered an increase in cover therefore you need to complete our **Insurance application form**. This is subject to the insurer's standard assessment process and may be accepted or rejected.

4. DECLARATION**I understand and acknowledge that:**

- The changes to insurance cover that I've requested on this form will form the new basis of the contract of insurance as follows:
 - If I'm requesting a decrease to my insurance cover, my new amount of cover takes effect immediately from the date the fund receives my request and my premiums change from the next premium due date thereafter.
 - If I'm requesting to cancel my insurance cover, my cover ceases on the next premium due after the fund receives my request to cancel, in which case I'll continue to be covered until that date. From the next premium due date, I'll no longer be entitled to claim an insurance benefit through Accumulate Plus.
- If I decrease or cancel my insurance cover and later decide to increase or recommence it, I must apply through the insurer's standard application and assessment process, which may require me to provide additional medical evidence. In addition I understand that any request for new or increased cover is subject to the rules applying to insurance cover in Accumulate Plus at the time of application, and the insurer may accept or reject my application.
- I've read and understood the **Reference Guide: Insurance Cover** (oursuperfund.com.au/pds) relevant to my type of insurance cover in Accumulate Plus.
- A photocopy or electronically transmitted image of this form shall be considered as effective and valid as the original signed form.
- I understand and consent to my information being collected, disclosed and used in accordance with the fund's privacy policy, which is available by contacting the fund or visiting **oursuperfund.com.au** (under the 'Privacy' link on the homepage).

Signature

Print name

Date

Return your completed form to Commonwealth Bank Group Super:
Mail: GPO Box 4303, Melbourne VIC 3001 **Email:** please log in to your account and use the online enquiry form.

Member interests in Commonwealth Bank Group Super (the fund) (ABN 24 248 426 878) are issued by Commonwealth Bank Officers Superannuation Corporation Pty Limited (the trustee) (ABN 76 074 519 798, AFSL 246418). Insurance cover is provided under policies issued to the trustee by AIA Australia Limited (the insurer) (ABN 79 004 837 861, AFSL 230043).