



1 July 2019

Insurance opt in

Use this form if you'd like to opt in to retain your insurance in your super account. You'll only need to use this form if you currently have or are in the process of applying for insurance cover. Super funds are required to cancel the insurance of members who haven't received a contribution into their account for 16 continuous months or haven't opted in.

Your insurance opt in remains for the life of your account.

How to opt in

It's important that you complete all of your details in the boxes below, sign and date the form, and return it by email or post to:

Email: clientfirst@myexpand.com.au

Post: GPO Box 264, Melbourne VIC 3001

Account number or client number

Title (Dr/Mr/Mrs/Ms/Miss) Surname

Given name(s)

Date of birth / /

Email address

I elect to retain all of my current insurance arrangements and acknowledge that I can request to cancel my cover at any time. My cover will continue, and premiums will continue to be deducted from my super account subject to any existing terms and conditions, even if there is not a contribution to my account for a continuous period of 16 months.

Signature

Date / /

For all enquiries please contact ClientFirst at:

Email: clientfirst@myexpand.com.au

Phone: 1800 517 124