



1 July 2019

## Insurance cancellation form

Please complete these instructions in **BLACK INK** using **CAPITAL LETTERS** (except for your email address) and **✓** boxes where provided.

### Step 1: Member details

Account number	<input type="text"/>					
Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>			
Given name(s)	<input type="text"/>					
Residential address	<input type="text"/>					
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	
Phone (home)	<input type="text"/>	<input type="text"/>	Phone (work)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Email	<input type="text"/>					

### Step 2: Insurance cover

I request that the Trustee of eXpand Super cancel/modify my insurance cover as follows:

- Please cancel my Total & Permanent Disability insurance cover only (Death insurance cover will remain)
- Please cancel my Death and Total & Permanent Disability insurance cover
- Please cancel my Income Protection cover

### Step 3: Member declaration

I hereby confirm that I have reviewed my personal situation with regards to my need for Death, Total & Permanent Disablement and Income Protection insurances and confirm that the cover I am requesting to be cancelled is surplus to my requirements.

I understand that I should seek professional advice in relation to any insurance or related needs and obtaining such advice is wholly my responsibility.

**Important note:** The Trustee collects the information in this form in order to process your investment instructions. Any personal information provided in this form will be handled in accordance with the Trustee's privacy policy, available at [www.myexpand.com.au/privacy](http://www.myexpand.com.au/privacy).

I also understand that should I wish to take out any insurance cover under eXpand Super at any point in the future, I will be required to provide evidence of good health and other underwriting information as requested. The insurer may decline to issue cover based on their assessment of this information at that time.

**Please note:** Residual premiums due to cancellation will be credited to your eXpand Super account.

Member signature

Date  /  /

**Please forward all correspondence and enquiries to**

**Post:** eXpand  
GPO Box 264, Melbourne VIC 3001

**Email:** [clientfirst@myexpand.com.au](mailto:clientfirst@myexpand.com.au)

**Telephone:** 1800 517 124

**Web:** [www.myexpand.com.au](http://www.myexpand.com.au)