Change insurance cover

(Toyota Retained)

Equip Super

About this form

You can use this form to apply for or make changes to death and total and permanent disablement (TPD) or income protection (IP) insurance cover. For full details, please refer to *Equip Super Corporate Toyota Retained Product Disclosure Statement* (PDS) and the *Insurance in your super* guide.

1 – Your member details

Please complete in pen using CAPITAL letters

Member number

Title

Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other ☐ _____

Sex

Male ☐ Female ☐

Date of birth (ddmmyyyy)

First name

Last name

Postal address (must be provided)

Suburb

State

Postcode

Country (if not Australia)

Business hours phone

After hours phone

Mobile

Email

2 – Change insurance cover

Death and total and permanent disablement (TPD) cover

Death and TPD cover is provided on a **fixe** cover basis. Below you can choose to apply for, opt out of or change your level of insurance cover in Equip Super.

Apply for total death and TPD cover of	$ ___,___,___ Death cover $ ___,___,___ TPD cover	You cannot hold more TPD cover than death cover. Please refer to the *next steps* section on the following page to see if you also need to complete a *Personal Statement*. If you reduce your cover but later decide to apply for more cover, you will need to complete underwriting and be approved by the insurer.
Cancel my insurance cover	☐ No death and TPD cover ☐ No TPD cover	If you decide to apply for cover in the future, you will need to complete underwriting and be approved by the insurer.

Need help?

1800 682 626 **equipsuper.com.au** Equip Super, GPO Box 4303, Melbourne VIC 3001

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as trustee for Equipsuper ABN 33 813 823 017 USI 33 813 823 017 000
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Income Protection (IP) cover

You can request a fixed dollar amount of IP insurance cover, subject to a maximum of $30,000 per month. IP payments are limited to a maximum of 87% of your monthly income. Refer to the *Equip Corporate Toyota Retained Insurance in your super* guide for more details. You can apply for or change your level of IP cover, adjust the waiting period or cancel your IP cover on this form.

Apply for income protection cover of	$ ☐☐☐ , ☐☐☐ per month	If you are applying for more IP cover than you have now, please refer to the *next steps* section below.
IP waiting period of	☐ 90 days ☐ 60 days ☐ 30 days	If you are changing your waiting period to a shorter time than you currently have, please refer to the *next steps* section below.
Cancel my income protection cover	☐ No IP cover	If you decide to apply for cover in the future, you will need to complete underwriting and be approved by the insurer.

Next steps

You'll need to complete a *Personal Statement* and return it to us with this form if you've requested an increase in your death, TPD or IP cover or a shorter waiting period for your IP cover than you currently have.

The *Personal Statement* is available on our website or from our Helpline on **1800 682 626**. If you've applied for high levels of cover, our insurer may also request you provide further health evidence (such as blood tests or a medical examination). Any change in your cover will apply from the date we notify you in writing.

If you don't need to complete a *Personal Statement*, simply return this form to us and the change will be effective from the date that we receive your request.

Privacy

The personal information you provide on this form will be used in accordance with Togethr Trustees' Privacy Statement, which you can view online at **equipsuper.com.au/privacy** or you can obtain a copy by contacting us on **1800 682 626**.

Togethr Trustees' Privacy Collection Statement details how we deal with your personal information and who you can talk to if you wish to access and seek correction of the information we hold about you. It includes details on how we collect, disclose and manage your personal information, including other entities and offshore locations that may receive or provide your information.

If you have any other queries in relation to privacy issues, you can contact us or write to our Privacy Officer, GPO Box 4303, Melbourne VIC 3001.

3 – Sign the form

By signing this form I:

- acknowledge that I have received all information I require in order to exercise the choices I have made.
- understand that this request replaces any previous instruction by me.
- understand that the provision of any higher insurance cover will be subject to underwriting and require the approval of the insurer and will not be provided until Equip Super has advised me in writing of the acceptance of the increased cover.
- understand that any reduction in death, TPD or IP cover will take effect from the date Equip Super receives the request.
- understand that where I have elected to decrease or cancel any cover, I will need to apply, complete underwriting, and be approved by the insurer should I wish to increase or reinstate cover in future.
- acknowledge that I have read and understood the *Equip Corporate Toyota Retained Product Disclosure Statement (PDS)* including the *Insurance in your super* guide and agree to be bound by the terms and conditions outlined in them.

Signature

X

Date (ddmmyyyy)

☐☐ ☐☐ ☐☐☐☐

Please return your completed form to Equip Super, GPO Box 4303, Melbourne VIC 3001

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