Insurance Reinstatement

Equip Super

About this form

Please complete this form to reinstate your insurance arrangements within your super, where your cover has been cancelled due to inactivity. Reinstatement of cover is subject to certain conditions, which are outlined in the relevant *Insurance in your super* guide and *Product Disclosure Statement (PDS)*.

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

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.

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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2 – Sign the form

By signing this form I:

- confirm I wish to reinstate all my insurance cover, even if my account has not received a contribution or other super money for 16 months or more; or
- confirm I wish to reinstate all my insurance cover, which ceased due to insufficient funds in my account.
- understand that:
  - the fund must receive this form within 120 days of the date my cover ceased
  - reinstatement is subject to certain conditions. I will be advised of the outcome of my election and any further information that may be required
  - reinstated cover will be limited cover for the first 12 months
  - cover will recommence on the date the fund receives this form
  - no claim will be paid for an event that occurs after cover ceased but before it was reinstated
  - if there is not enough in my super account to pay the cost of my insurance, my insurance cover will be cancelled
- acknowledge that I have read and understood the *Insurance in your super* guide and *PDS*, and received all information I require in order to exercise my choice to reinstate my insurance cover.

Signature

X

Date (ddmmyyyy)

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

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