

Change insurance cover

(Toyota TS 2A)



About this form

You can use this form to opt in to, apply for, increase, decrease or opt out of your death and total and permanent disablement (TPD) or income protection (IP) insurance cover. For full details of insurance cover, please refer to the *Equip Corporate Toyota TS2A 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

Default death and total and permanent disablement (TPD) cover

Cover applies automatically when you meet Equip Super's eligibility and cover conditions, unless you have opted out of it previously. Below you can choose to opt in to, opt out of, apply for or change your level of insurance cover in Equip Super.

Opt in to insurance cover

- ☐ Default death and TPD cover
☐ Default death only cover

The level of default cover is death and TPD cover of 15% x future service to age 65 x salary. For further details, refer to the *Insurance in your super* guide.

Change my default level of cover to

- Death cover of ☐ 15% ☐ 20%
TPD cover of ☐ 15% ☐ 20%

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.

Opt out of 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



2 – Change insurance cover (continued)

Additional death and total and permanent disablement (TPD) cover

Additional cover is available on a fixed cover basis. For further details, refer to the *Insurance in your super* guide.

Apply for additional fixed cover of	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> Death cover	You cannot hold more additional fixed TPD cover than your additional fixed death cover. Please refer to the <i>next steps</i> section on the following page to see if you also need to complete a <i>Personal Statement</i> . 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.
	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> TPD cover	
Opt out of additional insurance cover	<input type="checkbox"/> No death and TPD cover <input type="checkbox"/> 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.

Income Protection (IP) cover

Opt in to IP cover	<input type="checkbox"/> Default IP cover	The level of default cover is 85% of salary with a 2-year benefit period and 90 day waiting period. For further details, refer to the <i>Insurance in your super</i> guide.
Apply for income protection cover of	\$ <input type="text"/> , <input type="text"/> per month	If you are applying for more IP cover than you have now, please refer to the <i>next steps</i> section below.
IP waiting period of	<input type="checkbox"/> 90 days <input type="checkbox"/> 60 days <input type="checkbox"/> 30 days	If you are changing your waiting period to a shorter time than you currently have, please refer to the <i>next steps</i> section below.
Cancel my income protection cover	<input type="checkbox"/> 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.

Need help?



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equisuper.com.au



Equip Super, GPO Box 4303, Melbourne VIC 3001



Privacy

The personal information you provide on this form will be used in accordance with Together Trustee's 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**.

Together Trustee's 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.

Our administrator, Mercer Outsourcing (Australia) Pty Ltd (Mercer), will also handle your personal information. You can view Mercer's Privacy Policy online at mercerc.com.au/privacy

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 TS2A 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

Date (ddmmyyyy)

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

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