

Change your insurance

Corporate (Dow)



About this form

You can use this form to apply for, increase, decrease or cancel your death and total and permanent disablement (TPD) or salary continuance (SC) insurance cover. For full details of insurance cover, please refer to the *Equip Corporate Product Disclosure Statement (PDS) for Dow*.

1 – Your member details

Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth (ddmmyyyy) <input type="text"/>	Member number <input type="text"/>
First name <input type="text"/>	Last name <input type="text"/>	Postal address (must be provided) <input type="text"/>	
Suburb <input type="text"/>			
State <input type="text"/>	Postcode <input type="text"/>	Country (if not Australia) <input type="text"/>	
Business hours phone <input type="text"/>	After hours phone <input type="text"/>	Mobile <input type="text"/>	
Email <input type="text"/>			

2 – Select your level of voluntary death and TPD insurance

You can request a fixed dollar amount of voluntary cover. You can request any amount of death cover, but TPD cover is subject to a maximum of \$3 million. Your TPD cover amount cannot be higher than your death cover amount. The cover you nominate will replace any existing voluntary death and TPD cover on your account. If you leave a cover amount blank, we will not change any existing amount of that cover. To cancel cover, please complete section 4.

I would like \$, , of death cover and \$, , of TPD cover.

3 – Salary continuance insurance (for Dow employee members only)

You can request SC insurance cover, subject to a maximum of \$30,000 per month. SC payments are limited to a maximum of 85% of your monthly income. Refer to your *Equip Corporate Insurance in your super guide* for more details.

I would like SC cover of: 75 % of salary OR 85% of salary (10% of the 85% is paid as a superannuation contribution.)

I'd like a waiting period of: 90 days 60 days 30 days

If you are applying for SC cover and don't nominate a waiting period, the default waiting period of 90 days will apply. If you already have SC cover, you can elect to change your existing waiting period by selecting from the options above.

4 – Cancel your insurance

Complete this section to cancel your insurance cover (✓ tick the box for the type of cover you wish to cancel). You won't be insured for that cover from the date we receive your cancellation request and you (or your beneficiaries) won't be able to make an insurance claim for that type of cover for an insurable event occurring after that date. If you decide to apply for cover in the future, you'll need to provide detailed health evidence as part of your application.

Please cancel my: Death and TPD basic cover (Dow employee members only) Death and TPD additional voluntary cover (if any)
 TPD cover so I only have death cover Salary continuance cover

Need help?

☎ Call us on 1800 682 626 or 🌐 www.equipsuper.com.au 📍 Equip, GPO Box 4303, Melbourne VIC 3001

Issued by Togethr Trustees Pty Ltd ABN 64 006 964 049 AFSL 246383 as trustee for Equipsuper Superannuation Fund ABN 33 813 823 017 USI 33 813 823 017 000

Next steps

You'll need to complete a *Personal Statement* and return it to us with this form if you've requested:

- more death and TPD or SC cover.
- a shorter waiting period for your SC cover than you currently have.

The *Personal Statement* is available on our website or from our Helpline **1800 682 626**. If you've applied for high levels of cover, our insurer may also request you to provide further health evidence (such as blood tests, or a medical examination by your own doctor). 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 Equip's Privacy Statement, which you can view online at www.equipsuper.com.au/privacy or you can obtain a copy by contacting us on 1800 682 626.

We collect, use and disclose personal information about you in order to manage your superannuation benefits and give you information about your super. We may also use it to supply you with information about the other products and services offered by us and our related companies. If you do not wish to receive marketing material, please contact us on 1800 682 626. You can also manage your communication preferences via Equip's secure website or by following any instructions in the emails we may send you.

Equip's Privacy 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, will also handle your personal information. You can view Mercer's Privacy Policy online at www.mercer.com.au/privacy.html.

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.

5 – 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 the provision of any higher insurance cover will be subject to the provision of satisfactory evidence of good health to the insurer and will not be provided until Equip has advised me in writing of its acceptance of the increased cover.
- understand that any reduction in death, TPD or SC cover will take effect from the date Equip receives the request.
- understand that this request replaces any previous instruction by me.
- understand that where I have elected to decrease or cancel any cover, the insurer will require evidence of good health should I wish to increase or reinstate cover in future.
- acknowledge that I have read and understood the *Equip Corporate Product Disclosure Statement (PDS) for Dow and Financial Services 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, GPO Box 4303, Melbourne VIC 3001

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