

# Change your insurance

Corporate (Pitcher Partners and client employees)



## 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 Pitcher Partners employees or client employees*.

## 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 (ddmmyyy) <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 – Change your death and TPD insurance

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

I would like to <i>opt in</i> to insurance cover	<input type="checkbox"/> <b>Default cover</b> <input type="checkbox"/> <b>Default death only cover</b>	The level of default cover you may be eligible for is outlined in the <i>Insurance in your super guide</i> .
I would like to have a total fixed amount of cover as follows: \$ <input type="text"/> , <input type="text"/> , <input type="text"/> death cover \$ <input type="text"/> , <input type="text"/> , <input type="text"/> TPD cover		You can request any amount of death cover, but TPD cover is subject to a maximum of \$3 million and it cannot be higher than your death cover amount. Please refer to the <i>next steps</i> section on the following page to see if you need also need to complete a Personal Statement.
I would like to change my salary based cover as follows: > I would like to convert my existing cover to Fixed cover (tick box) <input type="checkbox"/> > I would like <input type="text"/> death multiples and <input type="text"/> TPD multiples.		If you already have salary based cover or if you are an employee of Pitcher Partners, Judo Bank or K Dean Nominees, you can request any amount of death cover, but TPD cover is subject to a maximum of \$3 million and it cannot be higher than your death cover amount. Please refer to the <i>next steps</i> section on the following page to see if you need also need to complete a Personal Statement.
I would like to <i>opt out</i> of insurance cover	<input type="checkbox"/> <b>No cover</b> <input type="checkbox"/> <b>No TPD cover</b>	If you decide to apply for cover in the future, you'll need to provide detailed health evidence.

## Need help?

☎ Call us on 1800 682 626 or 🌐 [www.equipsuper.com.au](http://www.equipsuper.com.au) 📍 Equip, GPO Box 4303, Melbourne VIC 3001

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### 3 – Salary continuance insurance

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You can request a fixed dollar amount of 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: \$   ,    per month

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.

### Next steps

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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

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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](http://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](http://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

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#### 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 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 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)* and *Financial Services Guide* and agree to be bound by the terms and conditions outlined in them.

Signature

Date (ddmmyyyy)

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

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