

Elect to keep my insurance cover

Purpose of this form

If your account hasn't received a contribution or a rollover for over 16 months, we're required by law to cancel your insurance. Use this form if you want to keep your insurance.

Member details

Account number / (e.g. CSUP / 100000)

Given name(s)

Surname

Email address

Phone ()

Date of birth

Do you want to keep your insurance cover?

Yes, I elect to keep my insurance cover

Member declaration and signature

By signing this form, I:

- declare the information provided is true and correct,
- understand I am choosing to continue my insurance cover in my super account listed above, even if my account hasn't received a contribution or rollover for a continuous period of 16 months,
- understand that the insurance premiums will continue to be deducted from my super account to pay for my insurance cover and this will reduce my super balance, and
- I can cancel or change my insurance cover at any time.

Signature of member

Date signed

Sending your form

Please send the form to us via your email address on file or mail.

Mailing address:

ClearView Wealth
Reply Paid 4232
Sydney NSW 2001

Email address:

client.wealth@clearview.com.au

If you have any questions or need help please call our Service Centre on **132 977**.

This document is issued by Equity Trustees Superannuation Limited (ABN 50 055 641 757, RSE Licence L0001458, AFSL 229757) as Trustee for the ClearView Retirement Plan ABN 45 828 721 007 RSE Registration No R1001624.