



- Use this form to cancel or opt out of Death, Total and Permanent Disability (TPD) or Income Protection Insurance.
- If you are opting out of your insurance cover within 60 days of the date of your insurance activation letter, your request will take effect from the date your cover commenced with ADF Super and no cover will apply for that period. Any premiums paid for this cover will be reimbursed to your ADF Super account.
- If you are opting out more than 60 days after the date of your insurance activation letter, your cancellation will take effect after we receive your completed form.

Important things to consider

If you choose to cancel your cover, you will not be able to make a claim for insurance benefits for events or conditions that occur after your cover has been cancelled.

If you are replacing your cover with alternative cover, you should not cancel until the replacement cover is in place. You can work out the right level of insurance cover by logging into your ADF Super account and using the LIFEapp insurance calculator.

What happens after your cover is cancelled?

We will send written confirmation that you have cancelled your insurance cover and the date on which your cover will stop. You will not be charged premiums for the cover you have cancelled, but depending on the day of the month in which your cover is ceased, you may have a final premium deducted for the period of cover not yet charged.

If you wish to have insurance cover in future, you will need to apply and will be subject to underwriting and approval by ADF Super's insurer. This means that your ability to restart your cover may be subject to health assessment and acceptance by the insurer, and you may not be able to get cover.

Your privacy is important to us

We're committed to protecting your privacy. We collect your personal information for the purposes of providing superannuation services to you, improve our products and keep you informed. We will only share your personal information where necessary for providing superannuation services to you. This may include disclosing your personal information to our scheme administrator, service providers or government or regulatory bodies. Your personal information may be accessed overseas by our service providers. Please see our privacy policy for full details. Your personal information will not be otherwise used or disclosed unless required or permitted under law. A full copy of our privacy policy as well as the privacy complaint process is available at csc.gov.au/Members/Privacy-policy/

Before making any decisions, please read the ADF Super Product **Disclosure Statement** (PDS), available at csc.gov.au

> If you need help, please call 1300 203 439





SECTION A – Your personal details

ADF Super member no.																						
Title		Mr			N	1rs			Ms				Viss			Ot	her					
Surname																						
Given name(s)																						
Date of birth	D	D	/	M	M	/	Υ	Υ	Υ	Υ												
Residential address																						
	SUBURB							STATE					POSTCODE									
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Income protection insurance

Complete this section if you wish to cancel (opt out of) income protection insurance Before you opt out of income protection cover you should consider the following:

If you decide to take up income protection cover again in the future, you will need to apply (including
any previously transferred cover) and will be subject to a full insurance application and approval by
ADF Super's insurer

I want to opt out of my income protection insurance



Death and TPD insurance

Complete this section if you wish to cancel (opt out of) Death and TPD Insurance

Before you opt out of Death and TPD cover you should consider the following:

• If you decide to take up Death and TPD cover again in the future, you will need to apply and will be subject to underwriting and approval from the insurer.

l w	ant to opt out of my
	Death and TPD cover
	TPD cover



I declare:

- the information I have provided on this form is complete and correct
- I have read and understood the ADF Super PDS
- If I have elected to cancel (or opt out of) a type of cover, I will need to reapply later if I wish to take up that cover again and will be required to complete a full insurance application and will need approval by ADF Super's insurer. This means that my ability to restart cover may be subject to health assessment and acceptance by the insurer, and acknowledge that I may not be able to get cover
- I understand that I will not be able to make a claim for insurance benefits for events or conditions that occur after my cover has cancelled







Lodgement

Please return this completed form to:

ADF Super Locked Bag 20116 Melbourne VIC 3001 Email: formsandapplications@adfsuper.gov.au



EMAIL members@adfsuper.gov.au

PHONE 1300 203 439 FAX 1300 204 314 MAIL **ADF Super**

> Locked Bag 20116 Melbourne VIC 3001

WEB csc.gov.au









