

Essential Super

Election to keep insurance cover in a low balance account



Please phone us on 13 4074 with any enquiries.
Please use this form to elect to keep your insurance cover by completing and signing the form and returning it to Essential Super Reply Paid 86495, SYDNEY NSW 2001. Please complete this form using BLACK INK and print well within the boxes in CAPITAL LETTERS. Start at the left of each answer space and leave a gap between words.

1 Personal details

Essential Super account number

If you do not know your account number, please fill in your details below.

Title Mr Mrs Miss Ms Other

Date of birth

Given name(s)

Surname

Postal address

Unit number Street number Street name

Suburb State Postcode

Country

Daytime phone number

Email address

2 Election to keep insurance in a low-balance account

By law we must cancel your insurance cover if your account balance stays below \$6,000 between 1 November 2019 and your April 2020 premium due date, unless you elect to keep your cover.

By signing this form I am electing to keep my current insurance cover in my superannuation account, even if my account balance stays below \$6,000.

I understand that:

- this low balance account election will continue until my account is closed
- my amount of cover, and the cost of my cover, may change in accordance with the insurance policy terms
- I can cancel or reduce my cover at any time
- my cover may end in circumstances set out in the Product Disclosure Statement (for example, if there are insufficient funds in my account to pay for my insurance premiums, or we are required by law to cancel cover due to 16 months of continuous inactivity)
- by keeping the insurance cover, future premiums will continue to be deducted from my account and may reduce my super.

3 Declaration

If this form is signed under Power of Attorney, the Attorney declares that they have not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this form unless we have already sighted it).

Signature of member

Print name

Date signed

Please mail the completed form to:
Essential Super,
Reply Paid 86495, SYDNEY NSW 2001