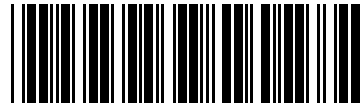


Essential Super

Election form to keep insurance cover



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 using the Reply Paid information below:
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

067979

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 Your election to keep your insurance cover

I elect to keep the insurance cover in my superannuation account even if no contribution or rollover is received in my account for a continuous period of 16 months or more.

I understand that:

- this election will continue until my account is closed
- this election applies to the insurance cover that I currently hold in my superannuation account, and any other types of insurance cover that I may hold in my superannuation account in the future, including cover for death benefits; Total and Permanent Disablement benefits
- my amount of cover, and the cost of my insurance cover, may change in accordance with the insurance policy terms
- **I can cancel or reduce my insurance cover at any time**
- my insurance cover may end in circumstances set out in the Product Disclosure Statement and Reference Guide (for example, if there are insufficient funds in my account to pay for my insurance premiums)
- by keeping the insurance cover, future premiums will continue to be deducted from my account and may reduce my super.

3 Declaration

I declare that:

- all details in this form are true and correct
- 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)
- I release and indemnify the trustee and/or its related entities ('the Group') against any liabilities whatsoever arising out of Colonial First State acting on any communications received by phone, fax, or other electronic means including without limitation transactions effected through the internet in respect of my investments

Signature of member

Print name

Date signed

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