

Cancel My Policy



– Use this form for cancellation of entire policy

The cancellation of your insurance policy, and the protection it provides you, could be irreversible. You should consider your current health status, age and financial position as you may be unable to obtain the same cover or may even have to pay substantially more if you require protection in the future. You may be subject to health assessment and acceptance by the insurer, and you may not qualify for cover if you decide to restart your cover in future. When you cancel, we will stop deducting premiums from your account. After your cover has been cancelled, you should be aware you will not be able to make a claim for a condition that arises after the cover is cancelled. We recommend that you consult financial adviser to help you make a decision before cancelling your policy. Your adviser can explain the financial implications of cancelling your policy and how it may impact you and your family's circumstances.

If you would like the contact details for your adviser, or to talk to one of our specialists about the flexible options you have, please call us on **13 1056**.

Instructions: Complete this form using a pen. Post the completed and signed form to: **CommInsure. PO Box 320, Silverwater, NSW, 2128**. Alternatively you can scan and email the form to **RACancellations@cba.com.au**, or fax to F: **1300 852 076**. If you have any questions please contact CommInsure on **13 1056**.

I have read and understood this section, including the explanation of the risks of cancelling my policy

Section 1 – Policy owner(s) (one owner to complete this section to identify the correct policy, then all to sign section 3)

Policy owner title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>		
Member/ Policy owner full names	<input type="text"/>						
Policy owner date of birth (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Policy owner contact mobile	<input type="text"/>
Policy owner email	<input type="text"/>						
Policy owner address	<input type="text"/>						
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>		

Section 2 – Policy number(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 3 – Policy owner signature (all owners are required to sign)

Position in company if policy owner one is a company	Signature of policy owner one	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Position in company if policy owner two is a company	Signature of policy owner two	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>