INSURANCE REDUCTION OR CANCELLATION FORM

Please complete this form if you would like to:

- reduce or cancel your
 - Life (which includes terminal illness) cover
 - Total and Permanent Disablement (TPD) cover
 - Income Protection (IP) cover
- reduce your IP benefit payment period
- increase your IP waiting period.

All members must complete Section 1, 2 and 6.

Complete **Section 3** if you are applying to cancel cover. Complete **Section 4** if you are applying to reduce cover, including decreasing your IP benefit payment period and increasing your IP waiting period.

Complete **Section 5** if you would like to keep your insurance cover should your account become *Inactive*.

Save time, apply online

Applying to vary your insurance via the **Member Online** portal is quick and easy.

Simply login via **ngssuper.com.au/MOL** go to the insurance section and click on the link to the **TAL Insurance portal**.

If you need help

If you're unsure of your decisions, consider obtaining professional advice. We offer:

- advice at no extra cost through our Financial Advice Helpline or
- low-cost advice through NGS Financial Planning.

To make an appointment phone us on **1300 133 177** or complete the *Financial planning enquiry form* on our website at **ngssuper.com.au/advice**

Please send your completed form to:

NGS Super GPO Box 4303 MELBOURNE VIC 3001

or email to NGSAdminTeam@mercer.com

Section 1. Personal details	Please print in black or blue pen, in capital letters, one character per box.
	Gender Title Date of birth M O F O O O O O O O O O O O O O O O O O
Given name/s	
Surname	
Address []	
Suburb	State Postcode
Daytime telephone	
Personal Email	
Job title/occupation	Average number of hours worked (per week)

TAL Life Limited ABN 70 050 109 450 AFSL 237848

Issued by NGS Super Pty Limited ABN 46 003 491 487 AFSL No 233154 the trustee of NGS Super ABN 73 549 180 515



Section 2. Default insurance	e category								
	pation details, employer details and annual salary to ensure you have the right your sum insured and will impact premium amounts.								
	kindergarten, a P&C Association, or other body providing a credit union, bank or other employer in the finance sector?								
clerical, secretarial or similar 'white	limited to professional, managerial, teaching, administrative, e collar' tasks which do not involve manual work and are %) within an office environment or classroom (excluding workshops)? Yes No								
Annual salary \$, , , ,									
Please refer to the <i>Insurance guide</i> at	ngssuper.com.au/PDS for further information on the default insurance category.								
Section 3. Applying to can	cel cover								
O I wish to cancel my Life cover									
O I wish to cancel my TPD cover									
O I wish to cancel my IP cover									
Castian 1 Applying to rade	to sover or adjust your laceme Protection benefit normant								
period and/or waiting period	uce cover or adjust your Income Protection benefit payment								
	urer, will replace any existing level and type of insurance cover you currently hold in								
NGS Super. Your current insurance will • Fixed Cover or	NGS Super. Your current insurance will be:								
 Default Cover (reflecting a Default Cover) 	Cover Multiple of Default Cover).								
You can find your cover and Default through <i>Member Online</i> .	Cover Multiple (if relevant) by viewing your current Member Statement available								
	you then apply for additional cover in the future, you will need to provide health to be assessed by the insurer.								
,	xed Cover or IP Default Cover to the following new Fixed Cover amounts:								
(Note: If you currently have Default Cover in the future.)	(Note: If you currently have Default Cover and you elect to have Fixed Cover, you may not be able to apply for Default Cover in the future.)								
Life cover amount	\$								
TPD cover amount	\$,								
IP cover amount	\$, per month								
O I wish to reduce my Default Cover to the following new Default Cover amounts:									
(Note: due to the Default Cover process, your actual cover received may be rounded down from the cover amount selected below).									
Life cover amount:	\$								
TPD cover amount:	\$, , , , , , , , , , , , , , , , , , ,								
IP cover amount:	\$ per month								
O I wish to increase my IP waiting	period to: (please choose only one)								
○ 60 days	90 days								
O I wish to reduce my IP benefit p	payment period to: (please choose only one)								
O Up to 2 years	○ Up to 5 years ○ to age 65								
(Note: If you currently have Default IP (period are changed).	Cover this will change to Fixed IP Cover if either the waiting period or benefit payment								

Step 5. Inactive account — election to maintain your cover

If you have insurance cover in your NGS account and your account becomes *Inactive* for a continuous period of 16 months, your cover will be cancelled unless you have elected to keep it. You must make an election before your account becomes *Inactive*. Generally, an account is *Inactive* where we have not received a contribution or rollover for a period of 16 continuous months.

To maintain your insurance cover and prevent it from being cancelled, simply complete this section.

O I confirm that I wish to maintain my insurance cover even when my account is *Inactive* unless I notify you otherwise in writing, or my cover ceases due to the terms and conditions of the NGS Super insurance policy.

By submitting this election, I acknowledge:

- I have read and understood the Insurance guide (and/or the Insurance transition guide for ex-QIEC Super members)
 relating to the cover I am electing to keep and my decision to opt in to keep this cover is based on my understanding of
 the relevant guide
- I understand that the insurance cover will only be provided on the terms and conditions set out in the relevant insurance
 Policy as agreed between NGS Super and TAL Life Limited
- I understand I can, at any time, apply to decrease or cancel my insurance cover by completing the Insurance Reduction
 or cancellation form available at ngssuper.com.au/forms

Step 6. Declaration and signature

I acknowledge that:

- The information provided here is true and complete and I agree that this Declaration shall be held to form part of the application for insurance.
- I have read and understood the insurance information contained in the current **Product Disclosure Statement** and **Insurance guide**.

Signature	x		

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Date	П	/	l	/				ı	

Please return your completed form to:

NGS Super GPO Box 4303 MELBOURNE VIC 3001

or email to NGSAdminTeam@mercer.com

Privacy Collection Statement

NGS Super Pty Limited ABN 46 003 491 487 of **Level 4, 14 Martin Place Sydney NSW 2000** collects personal information from you (or from third parties such as your employer or another super fund) to manage your NGS Super account, keep you informed, improve our products and services or take action on a matter you have contacted us about. If we don't have your personal information, we may not be able to perform these services. We may be authorised to collect your personal information by certain laws, including laws relating to superannuation, taxation and anti-money laundering/counter-terrorism financing.

We disclose personal information as required to manage the Fund, to service providers (including our administrator, our insurer and professional advisers), employers or parties required by law. Personal information may be accessed by service providers overseas, most likely by our administrator's processing centre in India. For any other offshore locations, details of how to access and change your personal information and the privacy complaints process, go to **ngssuper.com.au/pcs** and **ngssuper.com.au/privacy** or call us on **1300 133 177**.

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