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Superannuation change details - (insurance)

Return this completed form to either:

Email: mail@legalsuper.com.au

OR

Post: legalsuper Locked Bag 5081 Parramatta NSW 2124 Phone: 1800 060 312

Insurance cover (complete sections 1, 2, and/or 3 & 4)

Please use **BLOCK LETTERS** and **BLACK INK** when completing this form. This form will be invalid if unsigned or undated by the member (see Section 4).

You should obtain and read a copy of the current legalsuper *Superannuation Product Disclosure Statement* (PDS), *Employer Sponsored Super & Personal Super Additional Information* document and *Target Market Determination (TMD)* before you complete this form. These documents are available free of charge at legalsuper.com.au or by calling 1800 060 312 (8am to 8pm [AEST/AEDT] Monday to Friday).

You can also make these changes online at legalsuper.com.au

1. My details							
legalsuper	Members	hip Numl	oer				
Mr	Mrs	Ms	Miss	Dr	Justice		
Surname							
Given Names							
Date of birth (dd/mm/yyyy)							

2. Death and Total and Permanent Disablement (TPD) insurance cover

legalsuper offers cover for Death, Total and Permanent Disablement (TPD) and Salary Continuance cover.

What insurance cover do I have?

Subject to meeting the Insurer's eligibility conditions, legalsuper members are provided with either Death & TPD cover or Death Only cover at the Default Cover Level. To check your existing cover you can use MemberAccess or contact us on the number shown on this form.

Before you alter any insurance arrangements you should read the *PDS*, *Employer Sponsored Super & Personal Super Additional Information* document and *TMD* available at legalsuper.com.au. We recommend that you also obtain financial advice from a suitably qualified professional.

Method of application

You are able to apply for increased Death & TPD or Death Only cover by providing the information required and completing the Personal Health Statement online in MemberAccess. Simply access your legalsuper online account and follow the prompts.

Alternatively, you can complete this form, and download and complete a Personal Health Statement, which you can obtain from legalsuper.com.au

Applications to increase cover are subject to underwriting approval by the Insurer. Terms and conditions apply as detailed in the PDS, the Employer Sponsored Super & Personal Super Additional Information document.

Your insurance request

Members can apply to increase or decrease or cancel their cover. Tick your selection and provide your instruction below.

Cancel Death & TPD or Death Only cover

Tick the relevant box if you wish to cancel your existing Death & TPD, existing TPD cover (retaining Death Only cover) or Death Only cover. sYour cover will be cancelled on the day this form is received by legalsuper.

Death & TPD cover Death Only cover TPD cover

You can not hold TPD only cover

If you wish to either increase or decrease your cover, indicate below the total cover you wish to hold after the change should your application be successful.

Fixed cover

Equal Death & TPD OR Death only TPD only*
\$ \$ \$

Fixed cover is only available as multiples of \$10,000.

Unitised cover (Employer-sponsored members only)

Equal Death & TPD units OR Death units TPD units*

3. Salary Continuance cover

Salary Continuance is available in units of cover of \$100 per month (one unit represents \$100 benefit per month) up to a Maximum Monthly Benefit Level of \$30,000 per month. The cost of Salary Continuance cover varies depending on your age and gender, chosen Waiting Period and Benefit Period, and the amount of your cover.

You can apply for cover up to the lesser of:

- a maximum of 75% of your Salary, plus up to 11.5%
 Superannuation Contribution Benefit paid into your legalsuper account; and
- \$30,000 per month.

A Waiting Period of 30, 60 or 90 days must be chosen.

Method of application

You are able to apply for Salary Continuance cover by providing the information required and completing the Personal Health Statement online in MemberAccess. Simply access your legalsuper online account and follow the prompts.

Alternatively, you can complete this form, and download and complete a Personal Health Statement, which you can obtain from **legalsuper.com.au**.

Applications are subject to underwriting approval by the Insurer. You will be informed of the Insurer's decision. Terms and conditions apply as detailed in the *Superannuation Product Disclosure Statement* (PDS), the *Employer Sponsored Super & Personal Super Additional Information* document and *TMD*.

^{*} For Fixed cover, TPD must not exceed the level of Death cover and for unitised cover the number of TPD units should not exceed the number if Death units following a change.

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How many units (each unit represents \$100 benefit per month) of Salary Continuance cover would you like to apply for? (Please tick)	4. Declaration The personal information that you have provided on this form will be used by legalsuper to change your account in accordance with your instructions subject to the Insurer's approval (as required). If you do not complete the sections as detailed on page one, the Trustee will not be able to change the details as you have requested.			
10 units 20 units 30 units 40 units 50 units				
60 units 70 units 80 units 90 units 100 units	Information about how legalsuper uses and discloses the personal information that you provide is contained in the Fund's <i>Privacy Policy</i> . To access the Fund's Policy and your personal details or to make an enquiry about any aspect of your Fund membership, please call legalsuper on 1800 060 312 (8am to 8pm [AEST/AEDT] Monday to Friday), visit legalsuper's website at legalsuper.com.au or write to legalsuper at Locked Bag 5081, Parramatta NSW 2124.			
Other (please specify units, up to a maximum of 300 units)				
Which Waiting Period do you want to choose?				
30 days 60 days 90 days	l acknowledge that:			
The Waiting Period is the number of consecutive days that must elapse during which you must be totally disabled or partially disabled before you are eligible to receive Salary Continuance benefits.	 (i) I have read the legalsuper PDS, Employer Sponsored Super & Personal Super Additional Information document and TMD. (ii) legalsuper will not implement any request to increase any insurance cover until this is accepted by the Insurer. 			
Which Benefit Period do you want to choose?				
2 years 5 years to age 60 to age 65	 (iii) legalsuper is not responsible for any delays in implementing my instructions. (iv) If I have applied for insurance cover in section 2 or 3, I have attached a Personal Health Statement. (v) I understand that legalsuper will confirm my instructions in writing. 			
What is your gross salary inclusive of				
superannuation?				
\$ per annum	I acknowledge that I should seek independent professional financial advice if I need assistance.			
Cancel or reduce your Salary Continuance cover	Member's signature			
Tick this BOX if you wish to reduce your number of units of Salary Continuance cover. How many units do you wish to hold after this change. Your cover will be reduced on the day this form is received by legalsuper (insurer underwriting approval is not required).	member 3 signature			
Please specify the number of units.	Date (dd/mm/yyyy)			
Tiskahis POV if any wish to see selection or wishing Colons				
Tick this BOX if you wish to cancel your existing Salary Continuance cover. Your cover will be cancelled on the day this form is received by legalsuper (insurer underwriting approval is not required).				
Tick this BOX if you wish to increase your waiting period from 30 days to either 60 or 90 days. If you have a 60 days waiting period you can increase your waiting period to 90 days (Insurer underwriting approval is not required).				
Your Waiting Period will be changed on the date your request is received by legalsuper.				
60 days 90 days				