# **Aviation Super Insurance Variation**

### **O** Please read the important information

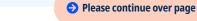
Important: Please provide us with as much information as possible. If all questions are not answered, your application may be delayed as the form may be returned. Please tick boxes where appropriate. Use **BLOCK** letters and black or blue ink when completing this form and ensure it is signed and dated. \*DENOTES MANDATORY FIELD. If you are under 18 years of age, please contact us before completing this form.

#### . . mation about your plan online, visit art com au/aviatio \_

To access information about your plan online, visit art.com.au/aviationsuper								0	Office use only			
1 Personal details							C	C59454				
Title	First name*				Mi	ddle name						
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Note: V Membo	Where we can we'll prov <b>er Online</b> . If you would	ide your documents, includir prefer information is posted	ng statements l to you, chang	and notices of cha e your preferences	nges to your a in <b>Member (</b>	ccount, electronica Online, the Austral	lly. We'll email <b>ian Retireme</b>	l or SMS you ent Trust app	when informat , or by contact	ion is ready to view in ing us.		
You ca	an use this form to:											
• redu	ce your Death and/or ce your Income Prote el any or all of your co		ility (TPD) cov	ver								
2		<b>ver</b> Please complete		-								
TIP: 10		rance cover just login to Men							ing Annount (D			
Important Before completing this section, please refer to your Super Savings – Corporate Product Disclosure Statement for Accumulation Account (PDS) and the Super Savings – Corporate Insurance Guide (available on your employer plan's microsite) for insurance details. If you reduce or cancel any of your insurance cover but would like to increase or have cover again in the future, you will need to apply by completing a Change of Insurance Cover form, available on your employer plan's microsite. The insurer would then assess your application. Any application for insurance cover will be subject to acceptance by the insurer and satisfactory evidence of health will be required.												
2A	Reduce or canc	el Death and Total & Pe	rmanent Di	sability (TPD) c	over							
	ld like to reduce my llowing amount of f		Death co	ver \$		TPD cover	r (\$					
Note: If	f you're increasing your	cover, please complete a Cha	ange of Insura	nce Cover form.								
I want to cancel the following cover: Tick all boxes that apply.		Death co	over		TPD cover			eath and/or TPD cover will be cancelled ve of the date your completed Insurance				
<ol> <li>Fixed cover means your amount of insurance stays the same but your premiums will g</li> </ol>			s will generally incre	enerally increase as you get older.			Variation form is received by Australian Retirement Trust.					
2B	Reduce or canc	el Income Protection co	over									
I woul		'benefit period' on my				ary' from						
'to-age-65' with a 90-day 'waiting period' to 2 years with a 90-day 'waiting period':												
I would like to reduce to the Standard Income Protection of 65% of 'salary' with a 'benefit period' of 1 year with a 180-day 'waiting period':							Vour Incom-		r will be capcelled effective			

I would like to cancel my Income Protection cover:

Ir Income Protection cover will be cancelled effective of the date your completed Insurance Variation form is received by Australian Retirement Trust.



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FRM-C0092- C59454-ZZ-0524	Australian Retirement Trust Pty Ltd ABN 88 010 720 840 AFSL No. 228975 Trustee of Australian Retirement Trust ABN 60 905 115 063





13 11 84 | australianretirementtrust.com.au Reply Paid 2924 Brisbane Qld 4001

Member number

Office use only

if already a member

## Sign this application form and return to Australian Retirement Trust:

### Privacy

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By completing this form you consent to the collection, use and disclosure of any personal information, including information that may be of a sensitive nature we or the nominated insurer may collect about you, in the normal course of business, being used as in the manner outlined in our and the nominated insurer's respective privacy policies. A copy of our privacy policy can be obtained by visiting **australianretirementtrust.com.au/privacy**. A copy of the nominated insurer's privacy policy can be obtained by visiting their website directly.

These policies are consistent with the requirements of the *Privacy Act 1988*.

### I declare that:

- I acknowledge that all of my details on this Insurance Variation form are correct.
- I have received, read and accept the Super Savings Corporate Product Disclosure Statement for Accumulation Account (PDS) and Super Savings – Corporate Insurance Guide.
- By signing this Insurance Variation form, I consent to the collection and disclosure of information about me for the purposes shown above.
- I understand that any future increase to my insurance cover is subject to acceptance by the insurer and satisfactory evidence of health will be required.

 Full name (print in BLOCK letters)\*

 Date (DD/MM/YYYY)\*

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 Please return the form to Australian Retirement Trust Reply Paid 2924 Brisbane Qld 4001 OR via australianretirementtrust.com.au /contact-us

We are committed to respecting the privacy of personal information you give us.

Member to sign here\*

If you would like a copy of Australian Retirement Trust's Privacy Policy, visit **australianretirementtrust.com.au/privacy** or call **13 11 84**. Australian Retirement Trust Pty Ltd ABN 88 010 720 840 AFSL No. 228975 Trustee of Australian Retirement Trust ABN 60 905 115 063