Former CBA Group Super Plan **Insurance Variation**



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

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.

Member number
if already a member

Office use only

530444

Please continue over page

| To access information about your plan online, visit art.com.au/cbasp | | | | | Office use only | |
|---|------------------------|--------------|---------------------------------------|---|---|----------|
| 1 Personal details | | | | | 530444 | |
| Title First name* | | | Middle name | | | |
| | | | | | | |
| Last name* | | | | Date of birth (D | D/MM/YYYY)* | Gender* |
| | | | | | | M F |
| Street address / PO Box* | | | | | | |
| | | | | | | |
| Suburb/Town* | State* | Postcode* | Home phone number | | Daytime phone numb | er* |
| | | | | | | |
| Personal email address | Personal email address | | | | Mobile phone number* | |
| | | | | | | |
| You can use this form to: reduce your Death and/or Total & Permanent Disability (TPD) cover alter your Income Protection cover (if applicable) cancel any or all of your cover Insurance cover Please complete to reduce and/or cancel your cover | | | | | | |
| Tip: To view your existing insurance cover just login to Member Online or the Australian Retirement Trust app. Before completing this section, please refer to your Super Savings – Corporate Product Disclosure Statement for Accumulation Account (PDS) Former CBA Group Super Plan and the Super Savings – Corporate Insurance Guide Former CBA Group Super Plan (available at art.com.au/cbasp) 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 at art.com.au/cbasp. 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. Reduce or cancel Death and Total & Permanent Disability (TPD) cover | | | | | | |
| I would like to reduce my cover to the | · ¢ | | | | | |
| following amount of cover¹: 1 Your TPD cover cannot exceed your total amount of Death cover | h cover 5 | | TPD cover | | | |
| Note: If you're increasing your cover, please complete a Change of Insurance Cover form. | | | | | | |
| I want to cancel the following cover: | ath and D cover | TPD cover | Your Death and/or Insurance Variation | TPD cover will be cancelle form is received by Austr | ed effective of the date your c ralian Retirement Trust. | ompleted |
| 2B Reduce or cancel Income Protection cover | | | | | | |
| I would like to reduce the 'benefit period' on my Income Protection cover from "to age 65" to 2 years: I would like to change the 'waiting period' on my Income Protection cover from 30 days to 90 days: | | | | | | |
| I would like to cancel my Income Protection cover: Your Income Protection cover will be cancelled effective of the date your completed Insurance Variation form is received by Australian Retirement Trust. | | | | | | |
| Tailored Income Protection cover indexation | | | | | | |
| Please indicate below if you want to opt-in or opt-ou | ıt of indexati | _ , | | | | |
| I want to have my have my Tailored Income Protection cover indexed on 1 July each year: Note: If you choose to opt back into annual indexation, the increased Income Protection cover will be subject to 'limited cover' for a period of 24 months and until you are 'at work' for 30 consecutive days after the end of the 24-month period. Refer to your Super Savings – Corporate Insurance Guide Former CBA Group Super Plan for more information. | | | | | | |

Authorisation and declaration

Sign this application form and return to Australian Retirement Trust:

Your privacy - Personal information collection notice

We are collecting your personal information to set up and/ or to administer your superannuation account. We may also disclose this information to third parties such as our Insurer, medical and health professionals, if we need to, if you have given consent to the disclosure, or if we are required to by law. If you want to know more about our privacy policy, including how we collect, hold, use and disclose personal information, or how individuals can access or correct their information, visit art.com.au/privacy or call us to request a copy. A copy of the nominated insurer's privacy policy can be obtained by visiting their website directly. The nominated insurer's details can be found in your Super Savings – Corporate Insurance Guide.

I declare that:

- I confirm the information I have given is true and correct.
- I have received, read and understood the Super Savings Corporate Product Disclosure Statement for Accumulation Account (PDS) and Super Savings – Corporate Insurance Guide
- By signing this Insurance Variation form, I acknowledge 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.

Member to sign here*



Full name (print in BLOCK letters)*

Date (DD/MM/YYYY)*

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

We are committed to respecting your privacy and take protecting the privacy of personal information seriously. Our Privacy Policy sets out how we do this including how we collect, hold and disclose personal information. For a copy of the Privacy Policy, please visit art.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