# Former CBA Group Super Plan 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.

#### To access information about your plan online, visit art.com.au/cbasp

1	Personal d	etails							530444	
Title	First name*					Middle na	ame			
Last n	ame*							Date of birth (DD	/MM/YYYY)*	Gender*
Street	t address / PO Box	(*								
Subur	·b/Town*		State*	Pos	stcode*	Home phone nu	mber	D	aytime phone nui	mber*
Perso	nal email addres	5						M	obile phone num	ber*
You ca • redu • alter	an use this form ce your Death and	/or Total & Permanent lection cover (if applicab	Disability (TPD		our preferences i	n Member Online, t	the <b>Austra</b>	lian Retirement Trusi	t <b>app</b> , or by contactin	g us.
		surance cover just login t Before completing this s Super Plan and the Sup reduce or cancel any of Insurance Cover form, a acceptance by the insur	o <b>Member On</b> ection, please re er Savings – Co your insurance vailable at <b>art.</b>	line or the efer to you rporate Ir cover but com.au/	e <b>Australian Re</b> ur Super Savings nsurance Guide t would like to ir <b>cbasp</b> . The insu	tirement Trust app - Corporate Produc Former CBA Group So crease or have cover rer would then asses:	t Disclosur uper Plan ( <sup>.</sup> again in tl	(available at <mark>art.com.a</mark> he future, you will neec	u/cbasp) for insuran I to apply by complet	ce details. If you ing a Change of
<b>2A</b>	Reduce or ca	ncel Death and Total	& Permanei	nt Disab	ility (TPD) co	ver				
follow	ld like to reduce ving amount of co	over1:		\$		TPD cover	\$			
		d your total amount of Deatl our cover, please complete a		ance Cover	form.					
I wan	t to cancel the fo	bllowing cover:	Death and TPD cover		TPD cover		h and/or TP Variation fo	PD cover will be cancelled orm is received by Austral	effective of the date you ian Retirement Trust.	ur completed
2B	Reduce or ca	ncel Income Protecti	on cover							
		the 'benefit period' o er from "to age 65" to				e to change the 'w tection cover fro				
I wou	ld like to cancel r	ny Income Protection	cover:			rotection cover will be o stralian Retirement Tru		ffective of the date your co	ompleted Insurance Va	riation form is
2C	Tailored Inco	me Protection cover	indexation							
Please	indicate below if y	/ou want to opt-in or op	ot-out of index							
		e my Tailored Income ed on 1 July each yea		NO a Si	lote: If you choos period of 24 mon avings – Corporat	e to opt back into annu ths and until you are 'a e Insurance Guide Forr	ial indexatio t work' for 3 ner CBA Gro	on, the increased Income 30 consecutive days after to oup Super Plan for more i	Protection cover will be the end of the 24-mont nformation.	subject to 'limited cover' for h period. Refer to your Supe

Australian Retirement

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

Trust

Member number

Office use only

if already a member

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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.

Me	mber to sign here*
3	¢
Ful	I name (print in BLOCK letters)*
Dat	te (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