



Insurance Variation

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

C59391

To access information about your plan online, visit portal.australianretirementtrust.com.au/cbhgroup

1 Personal details

Title First name* Middle name

Last name* Date of birth (DD/MM/YYYY)* Gender*

Street address / PO Box*

Suburb / Town* State* Postcode* Home phone number Daytime phone number*

Personal email address Mobile phone number*

Note: Where we can we'll provide your documents, including statements and notices of changes to your account, electronically. We'll email or SMS you when information is ready to view in [Member Online](#). If you would prefer information is posted to you, change your preferences in [Member Online](#), the [Australian Retirement Trust app](#), or by contacting us.

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

2 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](#).

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 cancel Death and Total & Permanent Disability (TPD) cover

I would like to reduce my cover to the following amount of fixed cover¹: Death cover \$ TPD cover \$

¹ Fixed cover means your amount of insurance stays the same but your premiums will generally increase as you get older.

Note: If you're increasing your cover, please complete a Change of Insurance Cover form.

I want to cancel the following cover: Death cover TPD cover Your Death and/or TPD cover will be cancelled effective of the date your completed Insurance Variation form is received by Australian Retirement Trust.

AND/OR

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 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.

[Please continue over page](#)

Authorisation and declaration

Sign this application form and return to Australian Retirement Trust:

Privacy

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.

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 australianretirementtrust.com.au/contact-us

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