# DuluxGroup Superannuation Plan (Retained members)
# Insurance Variation

**Australian Retirement Trust**

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

⊙ **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

C59384

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

## 1  Personal details

**Title**

**First name\***

**Middle name**

**Last name\***

**Date of birth** (DD/MM/YYYY)\*

**Gender\***  M  F

**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
• 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** 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 in writing. 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 fixed cover[1]:**

**Death cover** $

**TPD cover[2]** $

1 Fixed cover means your amount of insurance stays the same but your premiums will generally increase as you get older.
2 Your TPD cover cannot exceed your total amount of Death cover.

**I want to cancel the following cover:**
Tick all boxes that apply.

**Death and TPD cover**

**TPD only**

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

⊙ **Please continue over page**

**Important**

On 28 February 2022, Sunsuper and QSuper merged to form Australian Retirement Trust. Sunsuper Pty Ltd ABN 88 010 720 840 became the trustee of Australian Retirement Trust and was renamed to Australian Retirement Trust Pty Ltd. Each Sunsuper member was issued with a product(s) in Australian Retirement Trust which had the same benefits and features as the Sunsuper product(s) they held at the merger date. Dulux Superannuation Plan (Retained members) is closed to new members. As a result, a new Product Disclosure Statement *(PDS)* was not prepared. For copies of information previously provided to you in relation to the former Sunsuper product (including copies of past PDS*s* and material change notifications), please contact us on **13 11 84**.

## 3 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.
- 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**