Oracle Superannuation Plan (Permanent Employees)

Insurance Variation

Australian

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

Member number if already a member

Office use only

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 portal australianretirementtrust.com.au/oracle					Office use offig	
1 Personal details					C59442 Permanen	t Employees
Title First name*			Middle name			
Last name*				Date of birth (DI	D/MM/YYYY)*	Gender*
						M
Street address / PO Box*						
Suburb/Town*	State*	Postcode*	Home phone number	ı	Daytime phone numbe	ar*
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Personal email address					Mobile phone number	•
Note: Where we can we'll provide your documents Member Online . If you would prefer information	s, including statemer	nts and notices of chang	es to your account, electronic	cally. We'll email or SM	S you when information is	ready to view i
You can use this form to:	is posted to you, cha	inge your preferences in	Member Online, the Austr	anan keurement iru:	st app , or by contacting us	
• reduce your Death and/or Total & Permaner	nt Disability (TPD) o	cover				
• cancel any or all of your cover						
2 Insurance cover Please cor	nplete to reduce	e and/or cancel you	ir cover			
Tip: To view your existing insurance cover just logi	in to Member Onlin	e or the Australian Ret	irement Trust app.			
			- Corporate Product Disclosu plan's microsite) for insuran			
would like to increase	e or have cover agair	in the future, you will n	eed to apply by completing a Any application for insurance	Change of Insurance	Cover form, available on yo	our employer
evidence of health wil		issess your application. I	any application for insurance	cover will be subject to	acceptance by the insure	diu sausiacio
Permanent employees working 15 hours	or more per we	ek				
I would like to reduce my cover to the following amount of fixed cover ^{1,2} :	Death cover	5	TPD cover \$			
Note: If you're increasing your cover, please complete	e a Change of Insuranc	e Cover form.				
I want to cancel the following cover ³ : Tick all boxes that apply.	Death a	nd TPD you	ır Death and TPD cover will be c ur completed Insurance Variatio irement Trust.	ancelled effective of the on form is received by Aus	late tralian	
Fixed cover means your amount of insurance stays the sar 2. If you change your Standard cover to a fixed amount, the 3. The cost of Standard Death and TPD cover is met by your early.	premiums will no longer	ill generally increase as you on the met by your employer.	get older.			
Permanent employees working less than	15 hours per we	eek				
I would like to reduce my cover to the following amount of fixed cover ^{1,2} :	Death cover	5	TPD cover \$			
Note: If you're increasing your cover, please complete	e a Change of Insuranc	e Cover form.				
I want to cancel the following cover ³ :	Death cover	TPD cover		cancelled effective of the		
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- Fixed cover means your amount of insurance stays the same but your premiums will generally increase as you get older.
 If you change your Standard Death cover to a fixed amount, the premiums will no longer be met by your employer.
 The cost of Standard Death only cover is met by your employer.

FRM-C0092-C59442-PE-0723

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
- 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 australian retirement trust.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