

Super Savings Insurance Variation form

↓ **Did you know you can reduce or cancel your insurance quickly and easily in Member Online? Simply visit art.com.au/memberonline**

Important: Before completing this form please ensure you read and understand your Duty to Take Reasonable Care to Not Make a Misrepresentation located at art.com.au/duty

Refer to your Product Disclosure Statement (PDS) and Insurance Guide, available at art.com.au/pds for insurance details.

This form is only to be used to:

- Reduce or cancel your existing insurance cover
- Change your Tailored Total & Permanent Disability cover type
- Opt in or out of indexation for Tailored Income Protection cover.

If you want to increase your cover, please complete the Tailored Insurance Cover Application. 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 dark ink when completing this form and ensure it is signed and dated.

*DENOTES MANDATORY FIELD.

Member number
if already a member

1 Personal details

Title	First name*	Middle name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Last name*	Date of birth (DD/MM/YYYY)*	Gender*		
<input type="text"/>	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F		
Street Address / PO Box* Please complete for identity purposes.				
<input type="text"/>				
Suburb/Town*	State*	Postcode*	Home phone number	Daytime phone number*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Personal email address				Mobile phone number
<input type="text"/>				<input type="text"/>

Note: Unless you have elected to receive printed information, Australian Retirement Trust will confirm this change electronically if we can. We'll email or SMS you when information is ready to view online through Member Online or the Australian Retirement Trust app. If you would prefer the information to be posted, you can change your preferences in Member Online, the Australian Retirement Trust app or call us on **13 11 84**. If you are not yet registered for online access you can apply by visiting art.com.au/online-access

2 Insurance cover Please complete to reduce and/or cancel your cover

Important

Before completing this section, please refer to the Super Savings Product Disclosure Statement for Accumulation Account and the Super Savings Insurance Guide 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 Tailored insurance cover application form or apply online. 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 Would you like to decrease your existing level of Death and/or Total & Permanent Disability cover?

Death

I would like to decrease my cover to:

Death cover

Total & Permanent Disability

I would like to decrease my Total & Permanent Disability cover to:

Total & Permanent Disability cover

AND/OR

2B Would you like to cancel your existing cover?

Tick all boxes that apply if you'd like to cancel your Death, Total & Permanent Disability and/or Income Protection cover.

Death

Total & Permanent Disability

Income Protection

Your cover will be cancelled effective of the date your completed Insurance Variation form is received by Australian Retirement Trust. If you cancel your cover, evidence of health satisfactory to the insurer will be required before cover can restart from the date accepted by the insurer.

AND/OR

2C Change your Tailored Total & Permanent Disability cover type

Change my Tailored Total & Permanent Disability cover to Tailored Total & Permanent Disability Assist cover.

Your Tailored Total & Permanent Disability cover will change to Tailored Total & Permanent Disability Assist cover effective of the date your completed Insurance Variation form is received and accepted by Australian Retirement Trust.

For members wanting to switch from Tailored Total & Permanent Disability Assist cover to Tailored Total & Permanent Disability cover, you will need to re-apply for Tailored cover (evidence of health satisfactory to the insurer will be required). Refer to the Insurance Guide for more information.

➔ Please continue over page

2 Insurance cover continued

2D Would you like to alter your Income Protection cover?

Please fill out the fields below to alter your Income Protection Cover

I would like to decrease my monthly benefit to:

I would like to increase my waiting period to:

60 days

90 days

180 days

I would like to decrease my Benefit Period to:

From 5 years to 2 years

From age 65 to 5 years

From age 65 to 2 years

Your income protection cover will be cancelled effective of the date your completed Insurance Variation form is received by Australian Retirement Trust. If you cancel your cover, evidence of health satisfactory to the insurer will be required before cover can restart from the date accepted by the insurer.

AND/OR

2E Tailored Income Protection indexation?

Please tick below if you want opt-in or opt-out of indexation for your existing Tailored Income Protection cover.

I do NOT want to have my Tailored Income Protection cover indexed on 1 July each year

I do want to have my Tailored Income Protection cover indexed on 1 July each year

3 Authorisation and declaration Sign this application form and return to Australian Retirement Trust:

I declare that:

- All of my details on this Insurance variation form are correct.
- I've read and understood the accompanying Super Savings Product Disclosure Statement (PDS). I understand that other important information which forms part of the PDS is contained in Super Savings Insurance Guide and that the entire PDS should be read.
- 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.
- I acknowledge and have read my Duty to Take Reasonable Care to Not Make a Misrepresentation at art.com.au/duty and all of my details on this form are correct.

Member to sign here*



Date (DD/MM/YYYY)*

Please return the form to
Australian Retirement Trust
Reply Paid 2924 Brisbane Qld 4001

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.