

Officers' Superannuation Fund (OSF) Decrease or cancel insurance cover

1 November 2011

Please phone us on **1800 023 928** with any questions about this form.

Please complete this form using BLACK INK and print well within the boxes in CAPITAL LETTERS. Mark appropriate answer boxes with a cross like the following X. Start at the left of each answer space and leave a gap between words.

USE OF THIS FORM

If you are an OSF Division F member, you can use this form to decrease or cancel any existing Death and Total and Permanent Disablement (TPD), Death-only cover and/or Salary Continuance insurance cover on your account.

1. MEMBER DETAILS

OSF account number

0 2 5

Title Mr Mrs Miss Ms Other Male Female

Full given name(s)

Surname

Postal address

Unit number Street number PO Box Street name
Suburb State Post code

Daytime phone number

Date of birth

DD / MM / YYYY

Email address

2. CHANGES TO INSURANCE COVER

Please indicate below your reason(s) for completing this form:

- I would like to **cancel** my existing Death and TPD or Death-only cover
- I would like to **decrease** my existing Death and TPD or Death-only cover – please also complete section 3 over the page
- I would like to **cancel** my existing Salary Continuance cover
- I would like to **decrease** my existing Salary Continuance cover – please also complete section 3 over the page

3. DETAILS OF DECREASED INSURANCE COVER

You only need to complete this section if you are decreasing your existing cover. Refer to the current OSF Division F Product Disclosure Statement (PDS) and Reference Guide: Insurance Cover for more details on insurance cover, including eligibility for cover, premium rates and any exclusions that may apply. The PDS and Reference Guide are available from our website osfsuper.com.au or by calling us on 1800 023 928. Please indicate below the **TOTAL AMOUNT** of cover you are requesting.

DEATH & TPD COVER or DEATH-ONLY COVER

If you are a **permanent Group employee** working at least 10 hours per week, cover can be based on a multiple of your notional super salary (a whole or half multiple between 0.5 and 10 inclusive) **OR** a fixed dollar amount **OR** a combination of both.

▶ **Total NEW amount** of Death cover: times super salary **and/or** \$ fixed cover

▶ **Total NEW amount** of TPD cover*: times super salary **and/or** \$ fixed cover

* The TPD component cannot be more than the Death component and you cannot have TPD cover on its own. If you would like different amounts for the individual Death and TPD components, your cover for both components must be a fixed dollar amount. For Death-only cover, please indicate zero in the 'TPD' row.

If you are **not a permanent Group employee** working at least 10 hours per week (eg. casual employee, former Group employee or spouse member), cover must be a fixed dollar amount:

▶ **Total NEW amount** of Death cover: \$ fixed cover

▶ **Total NEW amount** of TPD cover: \$ fixed cover

SALARY CONTINUANCE COVER

Cover must be a fixed dollar amount:

▶ **Total NEW amount** of cover: \$ per month

▶ Waiting period (choose ONE only): 90 days 30 days

▶ Benefit period (choose ONE only): 2 years To age 65

4. DECLARATION

I understand and acknowledge that:

- The changes to insurance cover that I have requested on this form will form the basis of my insurance cover and will take effect from the date the OSF receives this form.
- If I decrease or cancel my insurance cover and later decide to increase or recommence it, I will need to apply through the insurer's normal application and underwriting process and any cover accepted by the insurer will be subject to the rules applying to Division F insurance cover at that time.
- If I cancel my insurance cover, I will no longer be entitled to claim an insurance benefit.
- I have read and understood the current PDS and Reference Guide: Insurance Cover.
- A photocopy of this form is as valid as the original.

Member's signature

Print name

Date

/ /

Please send the completed form to:
 Mail: OSF Investor Services, GPO Box 4758, Sydney NSW 2001
 Fax: (02) 9303 7700 Email: osfms@colonialfirststate.com.au