

Bendigo SmartOptions Insurance opt-in form



This form can be used for the following product:

- Bendigo SmartOptions Super

This form can be used to inform Sandhurst that you wish to maintain your existing insurance cover if your account is a low-balance account or in the event your account becomes inactive.

Please complete in **black** or **blue** in using **CAPITAL LETTERS** (except for email addresses) and where provided, mark answer boxes with an **X**.

Step 1 Member details

Member number	<input type="text"/>				
Title	<input type="text"/>	Sex	Female <input type="checkbox"/>	Male <input type="checkbox"/>	
Surname	<input type="text"/>				
Given name(s)	<input type="text"/>				
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy)				
Email Address	<input type="text"/>				
Residential Address	<input type="text"/>				
Town/Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Your preferred contact number	<input type="text"/>				

Step 2 Insurance opt-in election

Low balance insurance election

If your account balance has not reached at least \$6,000 from November 2019 and you don't tell us you want us to provide the cover to you, we will be required to cancel the cover on 1 April 2020.

I elect to keep the insurance cover held for me in the product on the date of this election, even if my account balance is under \$6,000.

Inactive account insurance election

We are required to cancel your insurance cover if no contributions have been received into your account for a period of 16 continuous months (inactive), unless you instruct us otherwise in writing.

By ticking this box you are instructing us to maintain your insurance cover held in respect of this account in the event your account becomes inactive.

I acknowledge that insurance premiums for the insurance cover I have elected to retain will continue being charged to my account and I can request to cancel my insurance at any time. My cover will continue to be subject to the existing insurance terms and conditions.

Signature	Date (dd/mm/yyyy)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Please send completed form to:

Bendigo Super
GPO Box 264
Melbourne VIC 3001
or Email: superannuation@bendigobank.com.au