

Bendigo SmartOptions Insurance opt-in form



SandhurstTrustees

This form can be used for the following product:

- Bendigo SmartOptions Super

Use this form to advise Sandhurst of your election to retain your insurance cover even in the event that your account is inactive for a continuous period of 16 months.

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 Election to opt-in to insurance cover

We are required to cancel your cover if your account is inactive for a period of 16 continuous months. you can elect to maintain insurance cover in your account while it is inactive by marking the boxes below with an X.

- I elect to keep the insurance cover held for me/I have applied for in Bendigo SmartOptions on the date of this election, even if my account is inactive for a continuous period of 16 months.
- I acknowledge that insurance premiums for the insurance cover I have elected to retain/applied for 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)

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Please send completed form to:

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