

# Bendigo SmartStart Super<sup>®</sup> Insurance Variation or Cancellation Form



Complete this form if you wish to reduce or cancel your insurance cover in Bendigo SmartStart Super (the Plan). For more information about available insurance cover refer to the current Bendigo SmartStart Super Insurance Guide. Your request to reduce or cancel your cover will be effective from the date we receive your request.

**To increase or apply for Tailored Cover you will need to complete the Insurance Application and Personal Health Statement Form available at [sandhursttrustees.com.au/superforms](http://sandhursttrustees.com.au/superforms).**

## 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"/>					
Postal 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 Variation or cancellation of existing cover

### a) Default Cover

Complete this section to cancel or reduce Default cover.

**I wish to *cancel* the Default Cover I have in the Plan.** I understand that if I cancel my Default Cover it will no longer be available to me under automatic acceptance. If I wish to apply for insurance in the future I will need to apply for Tailored Cover and go through the full underwriting process and provide the usual evidence of health requirements.

**I wish to *reduce* the amount of Default Cover I have in the Plan.** I understand that if I reduce my insurance and wish to increase my insurance in the future I will need to go through the full underwriting process and provide the usual evidence of health requirements. I wish to retain the following units of Default cover in the Plan:

Death Only	Or	Death and TPD
<input type="checkbox"/> 1 unit		<input type="checkbox"/> 1 unit
<input type="checkbox"/> 2 units		<input type="checkbox"/> 2 units
<input type="checkbox"/> 3 units		<input type="checkbox"/> 3 units
<input type="checkbox"/> 4 units		<input type="checkbox"/> 4 units
<input type="checkbox"/> 5 units		<input type="checkbox"/> 5 units

## b) Tailored Cover

Complete this section to **cancel** or **reduce** the amount of Fixed Death Only, Fixed Death and Total and Permanent Disablement (TPD) and/or Income Protection cover you have in the Plan.

### I wish to **cancel** the Tailored Cover I have in the Plan as follows:

- I wish to cancel my Death and TPD cover
- I wish to cancel my TPD cover only
- I wish to cancel my Income Protection cover

I understand that if I cancel my insurance and wish to apply for insurance cover again in the future I will need to go through the full underwriting process and provide the usual evidence of health requirements.

### I wish to **reduce** the amount of Tailored Cover I have in the Plan as follows:

Reduce my Death and/or TPD cover to the following amount(s):

#### Nominated cover

Death sum insured \$    ,    .

TPD sum insured \$    ,    .

#### Nominated premium

OR Note: Sum insured will decrease with age; premium remains fixed

Type of cover  Death only  Death and TPD

Nominated premium per week \$   .    
(e.g. \$2.00 per week)

**Note:** Death and TPD cover must be in multiples of \$1,000. Please note that you must have Death cover to have TPD cover and the level of TPD cover cannot exceed the level of Death cover.

Reduce my Income Protection cover as follows:

Retain an Annual benefit (excluding superannuation contribution benefit) of \$    ,

Reduce my superannuation contribution benefit to   .   % (If applicable)

Increase the *waiting period* from   days to   days (Note: this must be an increase i.e. 30 days to 90 days)

I understand that if I reduce my insurance and wish to increase my insurance in the future I will need to go through the full underwriting process and provide the usual evidence of health requirements.

## Step 3 Member declaration

- I acknowledge that I have read the current Bendigo SmartStart Super Product Disclosure Statement (PDS) and Bendigo SmartStart Super Insurance Guide.
- I acknowledge and agree that the information contained in the PDS is only a summary of the main terms and conditions of the insurance offered under the Plan and I agree that I can access the full terms and conditions governing the insurance arrangements by contacting Sandhurst's Client Services Team on 1800 033 426.
- I have read and understood Bendigo and Adelaide Bank Group's Privacy Policy which is available at [www.sandhursttrustees.com.au](http://www.sandhursttrustees.com.au) and agree that Sandhurst and Bendigo and Adelaide Bank Group may collect, use and disclose my personal information in accordance with the Privacy Policy.

Signature

Date

/  /

Please send completed form to:

**Bendigo SmartStart Super**  
**GPO Box 264**  
**Melbourne VIC 3001**  
**or Email: [superannuation@bendigobank.com.au](mailto:superannuation@bendigobank.com.au)**