

Superannuation Personal Insurance Insurance reduction/cancellation



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Please use **BLACK** pen and **BLOCK** letters.

Complete this form if you wish to cancel or reduce personal insurance you have taken out under the Group Policy held by Netwealth through the Netwealth Superannuation Master Fund, including Super Accelerator and Russell Investments Super Series.

Please note: If you wish to cancel a LifeWRAP Individual insurance policy held through the Netwealth Superannuation Master Fund you will need to contact the respective Insurer directly.

! You should read the current Product Disclosure Statement for the product in which your account is held as there may have been changes to the terms and conditions governing this transaction. The current Product Disclosure Statement is available on our website.

Step 1. Provide member details

Client name	<input type="text"/>
Client number	<input type="text"/>
Netwealth account number	<input type="text"/>

Step 2. Provide details of the insurance you want to cancel

Please cancel

All personal insurance that I hold under the group insurance plan

OR (tick all that apply)

My Death Only insurance

My Total & Permanent Disability (TPD) insurance

My Death and Total & Permanent Disability (TPD) insurance

My Income Protection insurance

Step 3. Provide details of the reduction of cover

Enter the total amount of cover required after the reduction.

My Death insurance \$

My Total & Permanent Disability (TPD) insurance \$

My monthly Income Protection insurance \$

! Death insurance cannot be less than TPD insurance.

Step 4. Opt out of annual CPI increases

Please select each of the insurance options for which you wish to opt out of annual CPI increases:

My Death insurance

My Total & Permanent Disability (TPD) insurance

My Income Protection insurance

Step 5. Update income protection options

I wish to downgrade my Income Protection insurance from Agreed value cover to Indemnity cover

To update the waiting period and/or benefit payment period that applies to your Income Protection insurance, select the new period below:

Waiting period (select one)	AND	Benefit payment period (select one)
<input type="checkbox"/> 30 days		<input type="checkbox"/> 2 years
<input type="checkbox"/> 60 days		<input type="checkbox"/> Up to age 65 (no escalation)
<input type="checkbox"/> 90 days		<input type="checkbox"/> Up to age 65 (with escalation)

Please note that you can only elect to reduce your cover i.e. 30 day waiting period to 60 day waiting period or age 65 to 2 years.

Step 6. Read and sign this client declaration

By submitting this instruction, I represent to Netwealth that all the details in this transaction are true and correct and I declare that:

1. I instruct Netwealth to cancel, reduce or downgrade my insurance cover as indicated at Step 2 to Step 5 of this form as applicable;
2. I understand that I will no longer have claim to any cancelled insurance benefits under the Netwealth Group Policy;
3. I acknowledge that should I wish to reinstate or reapply for insurance cover I may be required to provide appropriate medical evidence to enable the insurer to decide whether to accept my application and on what terms;
4. I discharge Netwealth and the insurer from any liability arising from my decision to cancel or reduce this insurance;
5. I have received, read and understood and agree to be bound by the terms and conditions including the insurer’s privacy policy and my duty to take reasonable care set out in the relevant Product Disclosure Statement for the Netwealth Superannuation Master Fund current as at the date I sign this form; and
6. I authorise Netwealth to disclose to my Financial Adviser (if applicable) information regarding this transaction and/or my investments held through the Netwealth Superannuation Master Fund.

Insurance Election Notice

By completing this form:

1. You elect to apply for and maintain insurance benefits even if, at the date of this application/request, your superannuation account has been inactive¹ for a continuous period of 16 months; and
2. You elect to maintain your insurance benefits if, at any time after this application/request is accepted, your superannuation account becomes inactive¹ for a continuous period of 16 months,

unless you complete the following instruction:

I agree to be notified periodically when my account has had a continuous period of inactivity (to warn me that, if I do not take any further action, my insurance may be cancelled if my account becomes inactive¹ for a continuous period of 16 months).

Warning: If you tick this box and at the time or any time after this application/request is accepted your account has been inactive¹ for a period of 16 months, we may cancel your insurance cover at that time.

¹ Your superannuation account will be considered inactive if you do not make a contribution or rollover to the account for a period of 16 months or more.

Full name

Signature of the person to be insured

Date / /

It is recommended that you retain a copy of the completed form for your own records.

This transaction is not available online and the offline transaction fee will not apply to this transaction.

Step 7. Once complete please send to us

Send to us: contact@netwealth.com.au Netwealth Superannuation Master Fund, Reply Paid 336, South Melbourne VIC 3205
 [Activities & Tasks > Document Upload > Insurance Variation \(Advisers only\)](#)
For more information: netwealth.com.au 1800 888 223 Your adviser