

Insurance Choice Form Super Member



Please complete this form in BLOCK letters and black pen

Only complete this form to change your default insurance option.
Please note that confirmation of your insurance switch will be sent to you within 7 days of us actioning your change. Please check this carefully and contact us immediately if it does not reflect the instructions you provided on this form.

1. Your personal details

Mr/Mrs/Ms/Rev/Other Surname

Given Names

Date of Birth

Street Number/PO Box

Street Name

Suburb/Town

State

Postcode

Phone [daytime]

Mobile

Email

2. Your insurance choices

Have you at any time received a Total & Permanent Disablement (TPD) payment or other disability benefit (including worker's compensation) or have been denied cover for TPD?

Yes

No

Unitised cover

Select the cover you require:

Death & TPD

Death Only

Unitised cover

I wish to receive a set number of units of cover with the fund. Select

1.

3.

6.

9.

12.

15.

18.

other

I wish to cancel my Death & TPD insurance

Fixed cover

I wish to receive a set number of units of cover with the fund. Select

I wish to have a fixed level of cover with the fund.

Select the level of cover you require noting that TPD cover cannot exceed Death cover:

Death

TPD

Income Protection (IP)

Select the cover you require:

Income Protection

Not required

Are you employed for less than 15 hours per week on average?

Yes (you cannot receive IP cover)

No

Select the number of IP Units you require for your annual gross salary (equivalent salary in brackets):

3 (\$20,800)

6 (\$41,600)

9 (\$62,400)

12 (\$83,200)

4 (\$27,700)

7 (\$48,500)

10 (\$69,300)

18 (\$124,800)

5 (\$34,700)

8 (\$55,500)

11 (\$76,300)

Other (maximum 80)

I wish to cancel my Income Protection insurance

Benefit Period	Waiting Period		
2 years	<input type="checkbox"/> 30 days	<input type="checkbox"/> 60 days	<input type="checkbox"/> 90 days
5 years	<input type="checkbox"/> 30 days	<input type="checkbox"/> 60 days	<input type="checkbox"/> 90 days
To age 65	<input type="checkbox"/> 30 days	<input type="checkbox"/> 60 days	<input type="checkbox"/> 90 days

3. Occupational group

Select the Group that accurately reflects your occupation (your benefit may be affected if your Group is incorrect when you make a claim):

- Group 1 (e.g. lawyer, doctor, solicitor, accountant, principal, school business manager)
- Group 2 (e.g. teacher, clergy, social worker, office worker, travel consultant, home duties)
- Group 3 (e.g. jeweller, computer technician, shop assistant, waiter, nurse, bus driver)
- Group 4 (e.g. cleaner, gardener, mechanic, storeman)

4. Member declaration

I Declare that:

1. The details on this form are true and correct.
 2. I have received and read Christian Super's Product Disclosure Statement.
 3. I acknowledge that I have access to Christian Super's Privacy Policy and understand that my personal information will be handled to provide and manage my superannuation.
 4. I consent to Christian Super using my TFN to access the ATO SuperMatch system
- I hereby apply to become a member of Christian Super.

Your Signature

Date

.....

.....