



ELECTION FORM TO MAINTAIN INSURANCE COVER

Putting Members' Interests First

Please fill out this form (electronically or by hand) if you would like to maintain your Insurance Cover even if your account balance has not reached \$6,000 on or after 1 April 2020.

Your details:

Member number	
Given name	
Surname	

Election to maintain Insurance Cover:

I elect to maintain my Insurance Cover

Your declaration:

By signing this request form I am making the following statements:

- I understand the effect this election may have on my account balance, and do not require further information.
- I declare that the information provided is true and correct.
- I understand that personal information provided on this form will be used to action my request.

Sign

.....

Date

.....

Please return your completed form via:

Email: insurance@christiansuper.com.au

OR

Post: Christian Super
Locked Bag 5073
Parramatta NSW 2124
Australia

* Please make sure all areas are filled and the form is signed.

@ insurance@christiansuper.com.au

📞 1300 360 907 🌐 christiansuper.com.au

✉ Locked Bag 5073 Parramatta NSW 2124

Trustee Christian Super Pty Limited ABN 66 628 776 348 AFSL No. 24411