



## 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](mailto: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

Christian Super Pty Limited ABN 68 065 040 619 AFSL No. 244117 as trustee for Christian Super ABN 66 628 776 348