



Insurance Choice Form Super Member

Refer to this guide and the Product Disclosure Statement (PDS) for more details on each section.

Your Member Number can be found on your Member Statement.

If completing this form as part of a new member application, leave this field blank.

The cost of all insurance is deducted from your superannuation account.

Unitised Cover and Fixed Cover

Christian Super offers a Fixed Cover and a Unitised Cover option.

Fixed Cover option allows a Member to set their level of cover that will generally not change as the Member ages (subject to TPD tapering explained in the Insurance guide). Instead, the premiums applied to the Member's account will be adjusted in accordance to the age.

Unitised Cover allows a member to choose how many units of cover they would like with the fund. The cover will generally decrease with age but the premium will remain the same over time.

Your cover with Christian Super must be either completely Fixed or Unitised.

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.

Please write in blue or black pen. Complete and return form to:

Christian Super Locked Bag 5073, Parramatta NSW 2124
or email to: helpdesk@christiansuper.com.au

Your personal details

Member Number

Mr/Mrs/Ms/Rev/Other Surname

Given Names

Date of Birth

Street Address

Street Number

Street Name

Suburb/Town

State

Postcode

Phone [daytime]

Mobile

Email

Your Insurance Choices

Death & Disablement

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 (you generally cannot receive TPD) No

I wish to cancel my Death & TPD insurance

Unitised cover

Select the cover you require:

Death & Disablement Death Only

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 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 \$, ,000

TPD \$, ,000

Please turnover to complete and sign this form

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The cost of all insurance is deducted from your superannuation account.

Your Insurance Choices continued

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

2 Years
 2 Years
 2 Years
 5 Years
 5 Years
 5 Years
 To Age 65
 To Age 65
 To Age 65

Waiting Period

30 days
60 days
90 days
30 days
60 days
90 days
30 days
60 days
90 days

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)

Member declaration

1. I declare that 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.

Your Signature

Date

I am including Personal Health Statement

The Occupational Groups are described on page 3 of the Insurance Guide. You only need to complete this section if you apply for, or are automatically allocated, insurance cover.

Return this completed form to Christian Super

Locked Bag 5073
Parramatta NSW 2124

For more info contact

Ph 1300 360 907
Fax 1300 367 828
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www.christiansuper.com.au

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