

Super/Pension Reduce or Cancel Insurance Form

Complete this form if you want to reduce or cancel your insurance.

Please print clearly using an in boxes where required.

Step 1 | Your details

Please read our **Personal Information Collection Statement** at lucrf.com.au/privacy.

LUCRF Super member number

(please call **1300 130 780** if you don't know your member number)

Title

Mr Mrs Miss Ms Other (please specify)

First name(s)

Last name

Date of birth

/ /

Gender

Male Female Other

Residential/Street address

Unit/Street number

Street name

Suburb/City/Town

State

Postcode

Postal address – if different to residential

Unit/Street/PO Box number

Street name

Suburb/City/Town

State

Postcode

Contact details

Email address

Home phone

()

Work phone

()

Mobile

Step 2 | Opt-in to keep your insurance (if you're reducing your cover)

By law, if your account becomes inactive (does not receive any amounts, such as contributions or rollovers, for 16 continuous months), any insurance cover you have with us will be cancelled. You can elect to keep your insurance if this happens by crossing the box below:

I want my insurance cover to continue if my account becomes inactive. I understand this election will apply as long as my account is open, or until I choose to cancel my insurance cover. I will be notified at regular intervals how my insurance can be subsequently cancelled if desired.



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Step 3 | Reduce or cancel my insurance cover

I want to reduce or cancel my insurance for the following account(s) (please cross):

- Super account
- Pension account (Insurance with your pension account can only be cancelled. It cannot be changed.)

Step 4 | Reduce or cancel my Death Only or Death and Total & Permanent Disablement (TPD) insurance cover

I want to (please cross):

Cancel my Death & TPD insurance cover. **Cancel** my Death Only insurance cover. **Cancel** my TPD insurance cover only.

Reduce my Death & TPD insurance cover to:
 Number of units you wish to retain (if you have Fixed Premium cover) **OR** \$ Dollar amount you wish to retain (if you have Fixed Amount cover)

Reduce my Death Only insurance cover to:
 Number of units you wish to retain (if you have Fixed Premium cover) **OR** \$ Dollar amount you wish to retain (if you have Fixed Amount cover)

Fixed Premium – you pay a fixed cost for every unit of cover you have according to your age.

Fixed Amount – you pay a cost for every \$1,000 of cover you have. The cost of your insurance will change as you grow older, but the total amount you're insured for will stay the same.

Step 5 | Reduce or cancel my Income Protection insurance cover

I want to (please cross):

Cancel my Income Protection insurance cover. **Reduce** my Income Protection insurance cover to:
\$ Number of units you wish to retain (please enter units as multiples of \$100 – for example, \$500)

AND/OR

Change my Income Protection insurance waiting period from: 30 days to 60 days 30 days to 90 days 60 days to 90 days

Step 6 | Sign and date this form

- I acknowledge that I have read and understood the information in the Insurance Guide and relevant Super Member Guide (Product Disclosure Statement) and elect to reduce or cancel my insurance cover with LUCRF Super.
- I confirm that if I apply for insurance cover in the future, I will need to provide medical information and any acceptance or rejection of cover will be at the discretion of the insurer.
- I confirm that if I elect to reduce my insurance cover, I will not be entitled to that part of cover from the date that LUCRF Super receives this completed form.
- I confirm that all of the details provided in this form are accurate and complete.
- I acknowledge that updates to my cover will take effect upon receipt of this form by LUCRF Super.

Signature



Date

/ /

Checklist

Before you send this form to us, make sure you have:

- completed all relevant steps
- signed and dated this form at Step 6.

Send this form to

LUCRF Super
PO Box 211
North Melbourne VIC 3051
Or scan and email it to: mypartner@lucrf.com.au

If you need any help completing this form, please call us on **1300 130 780** or email mypartner@lucrf.com.au.