

## Cancel or Reduce Voluntary Insurance cover

This form can be used to reduce or cancel Voluntary Death only, Death and Total and Permanent Disablement (TPD), and Salary Continuance insurance held with the Seafarers or Maritime Super divisions of the Fund.

Death, disability and salary continuance insurance is provided by AIA Australia Limited (ABN 79 004 837 861 AFSL No. 230043).

### Your Personal Details

Member Number <input type="text"/>	Membership Category <input type="text"/>	
Title (Mr/Mrs/Ms/Miss etc) <input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Surname <input type="text"/>	Given Names <input type="text"/>	
Residential Address <input type="text"/>		
Postal Address (if different from above) <input type="text"/>		
Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>	Phone Number <input type="text"/>	Email Address <input type="text"/>

### Reduce your Voluntary cover

Please tick (✓) the voluntary insurance option(s) you wish to reduce, and specify the number of units you wish to retain:

<input type="checkbox"/> I wish to <b>reduce my Death only cover</b> (specify number of units you wish to retain)	<input type="text"/> units
<input type="checkbox"/> I wish to <b>reduce my Death and TPD cover</b> (specify number of units you wish to retain)	<input type="text"/> units

Please note you can only cancel and not reduce your Salary Continuance cover.

### Cancel your Voluntary cover

Please tick (✓) the voluntary insurance option(s) you wish to cancel:

<input type="checkbox"/> I wish to <b>cancel my Death only cover</b>
<input type="checkbox"/> I wish to <b>cancel my Death and TPD cover</b>
<input type="checkbox"/> I wish to <b>cancel my Salary Continuance cover</b>

### Member's Declaration and Agreement

#### General Declarations

- I understand that this election will not take effect until the date it is received by the Trustee.
- I understand that I can later take up this Voluntary insurance cover, provided I am under age 65 and a member of the Maritime Super division or Seafarers division (other than SVITZER Accumulation and Defined Benefit category members) of the Fund. However, I understand that, subject to the conditions of the Policy, any pre-existing medical condition I may have when I opt in may not be covered.

Member's Signature

Date  /  /