

2. Reduce cover (continued)

Salary continuance

nominate a fixed-dollar cover amount

to a value of: \$, . per month

select your waiting and benefit period:

no change

change your waiting period (if increasing only):

30 days

60 days

90 days

change your benefit period (if decreasing only):

2 years

5 years

to age 65

Note: Please complete an insurance application form available at www.perpetual.com.au/resources-and-documents if you wish to **decrease your waiting period and/or increase your benefit period** as these changes are subject to underwriting. Approval of any change will be confirmed in writing.

3. Cancel part or all of your cover

Complete this section if you want to cancel part or all of your cover. Please put an (X) next to each type of cover that you want to cancel and note that Perpetual Select Super Plan allows for Death or TPD only cover.

Once cover is cancelled you will no longer be insured for that cover and you (or your beneficiaries) will not be able to make an insurance claim for that type of cover. If you cancel your cover and decide to apply for that type of cover in the future, you will need to complete an insurance application form and go through underwriting.

Please cancel my:

Death only

TPD only

Death and TPD

Salary continuance

4. Signature and declaration

Privacy statement

I have read and understood the privacy disclosure as detailed in the Perpetual Select Super Plan PDS and incorporated by reference documents that form part of the PDS. I consent to my personal information being collected and used and disclosed in accordance with the privacy disclosure.

I acknowledge that:

- I have read the 'Insurance in your super' document which forms part of the PDS and I elect to reduce or have no cover under Perpetual Select Super Plan.
- I understand that any cover I currently have, and the premium payable, will be reduced or cease from the date that the Trustee receives this fully completed application.
- If I have chosen to cancel part or all of my cover, I will not be entitled to the part, or all, of the cover that I have applied to cancel after the date that the Trustee receives this fully completed application to reduce or cancel cover.
- Should I wish to apply for or increase my cover with the Trustee in the future, I will be required to go through underwriting by completing an insurance application and my cover will not commence until the Insurer has accepted my application for cover in writing.

signature

date

print name

5. Mailing instructions

Return this form to:

Perpetual Select Super and Pension
Reply Paid 95150
PO Box 616
Parramatta NSW 2124

Or email to:

selectsuperandpension@perpetual.com.au