



Application to reduce or opt out of cover

Instructions on completing this form

Please complete in pen using BLOCK letters. Print 'X' to mark boxes where applicable. Form must be completed in full.

- If you wish to **reduce** your cover you should complete Part A and B of this form
- If you wish to **opt out** of all cover you should complete Part A and C of this form

You should read page 8 of your Product Disclosure Statement (PDS) before electing to reduce or opt out of insurance cover.

A — Personal details

Your Tasplan member number

Title Mr Mrs Ms Miss Other

Given name

Family name

Date of birth
 / / Male Female

Postal address

 State Postcode

Email address

Telephone number (business hours)
 ()

Telephone number (after hours) () Mobile number

B — Reduce cover

I wish to reduce my current level of cover and require the following number of units/level of cover:

New level of cover (excluding your basic cover of 3 units for death and TPD)

Units of Cover	Or Fixed cover
Death Only <input type="checkbox"/> <input type="checkbox"/> units	Death Only \$ <input type="text"/>
Death and TPD <input type="checkbox"/> <input type="checkbox"/> units	Death and TPD \$ <input type="text"/>
Income Protection	
\$ <input type="text"/>	

Please indicate the new level of cover you require. Your new level of TPD cover cannot exceed your Death cover. Note that you can only reduce your units of voluntary cover.

Declaration
 I have read the PDS and I elect to reduce my cover under the fund. I understand that:

- Any cover I currently have, and the premium payable, will reduce from the date that Tasplan receives this fully completed form.
- Should I wish to apply for cover with Tasplan in the future I will be required to provide evidence of my good health satisfactory to the insurer and my cover will not commence until the insurer has accepted my application for cover in writing.

Signature Date

C — Opt out of cover

In order to opt out of cover you need to be under the age of 18, over the age of 60, or have equivalent cover with another insurer. You are able to opt out of TPD cover or income protection cover at any age.

I wish to opt out of the following insurance cover (please indicate by ticking a box)

TPD

Death/TPD

Income Protection

Note:
 Please attach an up-to-date statement confirming the type and level of cover held under your other insurance arrangements. Cover will not be cancelled under the Tasplan policy unless this is equivalent.

Declaration
 I have read the PDS and I elect to opt out of the cover I nominated above. I understand that:

- If I am under 18 years of age, one unit of death and TPD cover will automatically be reinstated on my 18th birthday.
- Any cover I have nominated and the premium payable, will cease from the date that Tasplan receives this fully completed form.
- I will not be entitled to the insurance cover that I have nominated after the date that Tasplan receives this fully completed form.
- Should I wish to apply for this cover with Tasplan in the future I will be required to provide evidence of my good health satisfactory to the insurer and my cover will not commence until the insurer has accepted my application for cover in writing.

Signature

Date

Please return this completed form to:
 Tasplan
 GPO Box 1547
 Hobart TAS 7001
 No postage stamp required