Bendigo SmartStart Super®

Insurance Cancellation Form

Bendigo Superannuation

Use this form to cancel your insurance cover in Bendigo SmartStart Super (the Plan). Generally, your insurance cover will be cancelled from the date we received and accepted your request.

Step 1 Member details

Member number							
Title			Sex	Female	Male		
Surname							
Given name(s)							
Date of birth	/	/	(dd/n	nm/yyyy)			
Email Address							
Postal Address							
Town/Suburb					State	Postcode	
Your preferred contact							
Step 2 Cancel ye	our cove	r					
Complete this section	to cancel y	our insurance	cover. I wish to	cancel the follo	owing cover:		
Death Only/Death	and TPD*	TPD*	Only Incor	ne Protection			
*Total and Permanent	Disableme	ent cover. If De	ath cover is can	celled, TPD cove	er will automatically	cancel.	
Step 3 Member	declarat	ion					
		-				ake a claim for events be deducted from my	
If my cancellation and premiums dec				ne day cover con	nmenced, my cover	will be cancelled from i	inception
I understand that health assessmer				ay not be able to	o get cover and my a	application will be sub	ject to
I understand that	if I am rep	lacing my cove	er with alternativ	e cover, I should	d not cancel my cov	er until I have confirm	ation that

- my replacement cover is in place.
- I am aware that I can get independent financial advice to help me make a decision on whether or not to cancel my cover.
- I have read and understood Bendigo Superannuation Pty Ltd's (Bendigo Super) Privacy Policy which is available at www.betashares.com.au/privacy-policy and agree that Bendigo Super and Betashares Group may collect, use and disclose my personal information for the purposes of administering my account in accordance with the law.

Signature

Date				
	/	/		

Please send completed form to: Bendigo SmartStart Super GPO Box 264 Melbourne VIC 3001 or Email: super@betashares.com.au