

## **Perpetual Select Super Plan**

Perpetual Superannuation Limited ABN 84 008 416 831 AFSL 225246 RSE L0003315 Perpetual Select Superannuation Fund ABN 51 068 260 563 RSE R1057034

## Insurance election form

Please complete this form in black ink using BLOCK letters.

Your insurance cover is subject to the policy terms, governing rules of Perpetual Select Super Plan and superannuation law. Please post your completed form to us or email the form to selectfunds@perpetual.com.au.

If you do not complete and return this form and your account is inactive for 16 months and/or your account remains under \$6,000, your insurance cover will cease.

## 1. Your personal details

name							П	Ι	Ι	L	E
client number			account i	number							
Your account will be i	nactive if a contri	bution has not been	received for 16 r	months.							
At the time your acco		•		low \$6,000,	insuran	ce cove	r will be	canc	elled	unles	SS
Before you make a de Product Disclosure St				•					art of	the	
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## 2. Election to maintain insurance cover

By signing this form, I elect to maintain my insurance cover even if my account:

- is inactive for a continuous period of 16 months and/or
- my balance remains below \$6,000.

I understand that:

- Perpetual must receive this instruction before 16 months of inactivity otherwise my insurance cover will be cancelled if no contributions are made to my account; and
- my insurance cover will be maintained where my account has sufficient funds to deduct the insurance premiums for the period of cover
- my election to maintain insurance cover is permanent; and
- my election is enduring and that I can reduce, cancel or apply to increase my insurance cover at any time.

I confirm that I have considered the necessary information including the PDS.

ASIC's MoneySmart website also provides free and independent information and guidance: www.moneysmart.gov.au/superannuation-and-retirement/how-super-works/insurance-through-super

name										
signature				date		/	/			

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