

Perpetual WealthFocus Super Plan

Perpetual Superannuation Limited ABN 84 008 416 831 AFSL 225246 RSE L0003315 Perpetual WealthFocus Superannuation Fund ABN 41 772 007 500 RSE R1057010

INSURANCE REINSTATEMENT FORM

Please complete this form in black ink using BLOCK letters.

Please complete this form if your insurance cover was cancelled as a result of 'inactivity' and you would like to reinstate your insurance cover. You can only reinstate your insurance cover within 60 days of your insurance cover cancelling. Your insurance cover is subject to the policy terms, governing rules of Perpetual WealthFocus Superannuation Fund and superannuation law.

Please post your completed form to us or email the form to investments@perpetual.com.au.

You can only complete this form if you are requesting to reinstate your insurance cover within 60 days of your insurance cover cancelling.

Please contact us if your insurance cover has cancelled outside of 60 days.

1. Your personal deta	ans
-----------------------	-----

name			Ш		
client number		account number	Ш		

2. Request to reinstate insurance cover and election to maintain insurance cover

By signing this form:

- I request to have insurance cover reinstated on my account; and
- I elect to maintain my insurance cover even if my account is inactive for a continuous period of 16 months.
- I understand that:
 - I will be charged backdated insurance premiums to ensure that my insurance cover remains continuous;
 - My insurance cover will be maintained where my account has sufficient funds to deduct the insurance premiums for the period of cover; and
 - I can reduce, cancel or apply to increase my insurance cover at any time.
- I confirm that I have considered the information including the Product Disclosure Statement and Insurance Book.

name	I	Ι												
signature							date		/	L	/			

Phone 1800 022 033

Mail Perpetual WealthFocus Super, Reply Paid 4171, Sydney NSW 2001

Email investments@perpetual.com.au

Website www.perpetual.com.au