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 MySuper and superannuation law. Please post your completed form to us or email the form to investments@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 | | Ш | | | | ш | | ш | | | | | |
|--|------------|-----------|----------|-------------|--------------------------------------|------------|--------|-------------|--------|--------|-------|----|--|
| client number | | П | | | account number | П | | | | | | | |
| Your account will be inactive if a contribution has not been received for 16 months. | | | | | | | | | | | | | |
| At the time your acco | | | | • | nce remains below \$6,0 ce cover. | 00, insura | ance c | over will | oe can | celled | unles | 3S | |
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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.

Product Disclosure Statement (PDS). A copy of the PDS is available online at www.perpetual.com.au/mysuper.

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 | | | I | | | | | | | | | | | |
|-----------|--|--|---|--|--|------|--|---|---|---|--|--|--|--|
| signature | | | | | | date | | , | T | 1 | | | | |

Phone 1800 003 001

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