

Insurance Opt-in Form



Please complete this form using BLOCK LETTERS and a blue or black pen.

This form is for members:

- > who have recently joined First Super;
- > are under age 25 and/or have an account balance below \$6,000; and
- > who wish to elect (opt in) to have the default cover of 4 units of Death (including Terminal Illness) and Total and Permanent Disablement (TPD) insurance.

You should read the important information about insurance in super before making a decision. See our Insurance booklet at firstsuper.com.au/PDS or request one from our Member Services Team on **1300 360 988** or mail@firstsuper.com.au.

Section 1 | Your personal details

Title	Member number	Account number (if known)	Date of birth (DD/MM/YYYY)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname				
<input type="text"/>				
Given name(s)				
<input type="text"/>				
Residential address				
<input type="text"/>				
Town/Suburb/City		State	Postcode	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Telephone (home)	Telephone (work)	Mobile number		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

Section 2 | Your insurance election?

Completing and signing this form counts as a "Valid Election" under the definition required by current superannuation legislation* and as detailed on page 19 of our Insurance booklet.

Please tick whichever of the boxes apply.

- I elect (opt in) to hold and keep insurance cover with First Super even if though I am under age 25 and/or my account balance is below \$6,000.
- I elect (opt in) to keep any insurance cover held on my behalf with First Super, even if my account balance does not receive a contribution or rollover over a period of 16 continuous months.

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* Treasury Laws Amendment (Putting Members' Interests First) Act 2019 amending Part 7 of the Superannuation Industry (Supervision) Act 1993

Section 3 | Declaration

- > I understand that this election (opt-in) will apply to all insurance cover through my account, including any cover for Death (including Terminal Illness), Total and Permanent Disablement, and Income Protection.
- > I understand the effect insurance premium deductions may have on my account balance.
- > I understand my election will continue to apply to my insurance cover unless and until it is withdrawn by me by contacting First Super. I understand that I can withdraw my election at any time.
- > I also understand that I can, at any future time, decrease or cancel my insurance cover by contacting First Super.

Please sign here

Date (DD/MM/YYYY)

WHAT TO DO NEXT:

1. Have you signed and dated this form?
2. Simply post it or scan and email it back to us using the contact details below.
3. You can also opt in online at firstsuper.com.au/insurance or through firstonline at firstsuper.com.au/login.

Please return this completed form by:

 **First Super, PO Box 666, Carlton South, VIC 3053**

 **mail@firstsuper.com.au**

Want to know more? We're here to help.

 **1300 360 988**

 **mail@firstsuper.com.au**

 **firstsuper.com.au**