

Step 3 – Declaration and signature

I understand and agree that:

- Any higher insurance cover will be subject to the provision of satisfactory evidence of good health to the insurer and will not be applicable until the trustee has advised me in writing of its acceptance of the increased insurance cover.
- Any reduction from my existing additional insurance cover will take effect from the date the trustee receives my request.
- The cost of insurance cover will be deducted from my account at the published premium rates, which are subject to change.
- I will provide further medical authorities as requested.
- This request replaces any previous instruction from me.
- Insurance cover will only be provided on the terms and conditions set out in the contract of insurance with the insurer and as agreed between the Fund and the insurer from time to time.
- I have read MyLife MyInsurance's Privacy Statement available at www.mylifemyinsurance.com.au/privacy. I understand and consent to my personal information being collected and used by MyLife MyInsurance in accordance with this statement.
- I have read the duty of disclosure and am aware of the consequences of non-disclosure.
- I understand the duty of disclosure continues after I have completed this statement until my request has been accepted in writing.
- I consent to my information being collected, disclosed and used in the manner set out in this form.

Member Signature

X

Date

/ /

Please return your completed form to MyLife MyInsurance, GPO Box 4303, Melbourne VIC 3001.

