

CANCEL MY INSURANCE

IMPORTANT INFORMATION

This form is for members who hold insurance in the MINING DIVISION. Generally, you're in the MINING Division if you joined the Fund before 20 May 2024, are eligible for insurance and/or have opted in to the MINING DIVISION.

If you hold insurance in the DEFAULT DIVISION you're covered under different insurance arrangements.

If you currently have insurance, you can find the Division you're part of by logging in to your online account at teamsuper.com/login or by calling us on 13 64 63.

Before you start...

Fill this form out in **BLOCK** letters using a **black or blue pen**. Write **'X'** to mark boxes.

If you make a mistake while completing this form, simply cross it out and initial to verify your change. Your application will be invalid if you use liquid paper or don't sign the form.

If you cancel your:

Income Protection (IP) insurance. If we receive this form back from you within 90 days of your insurance starting, we'll re-credit any deducted premiums to your account. If you applied to us for IP insurance, you won't be able to receive this refund. If you want this insurance in the future, you won't be covered for any health conditions you have at the time this cover is added to your account.

Basic Cover: Death and Terminal Illness (DTI) and Total and Permanent Disablement (TPD) Cover. If we receive this form back from you within 90 days of your insurance starting, we'll re-credit any deducted premiums to your account as long as no claim has been made on your cover. You won't be able to have this insurance in the future.

Voluntary Death and Terminal Illness (DTI) and Total and Permanent Disablement (TPD) Cover. If you want this insurance in the future, you'll need to have your health assessed.

1. Your personal details

Mr	Ms	Mrs	Miss	Dr	Other	Male	Female	Member number
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Given names								
<input type="text"/>								
Surname						Date of birth (DD-MM-YYYY)		
<input type="text"/>						<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address								
<input type="text"/>								
Suburb						State		Postcode
<input type="text"/>						<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address. If the same as your residential address, mark 'X' in this box								<input type="checkbox"/>
<input type="text"/>								
Suburb						State		Postcode
<input type="text"/>						<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile phone			Home phone			Work phone		
<input type="text"/>			<input type="text"/>			<input type="text"/>		
Email								
<input type="text"/>								

Turn over to finish filling out this form...

Locked Bag 2020 Newcastle NSW 2300 | T 13 64 63 | teamsuper.com
 Insurance is provided by TAL Life Limited ABN 70 050 109 450 AFS licence 237848 under a life insurance policy issued to Team Super Pty Ltd ABN 70 003 566 989 AFS licence 246864 as trustee of Team Superannuation Fund ABN 16 457 520 308 MySuper authorisation number 16457520308485.



2. Choose the type of insurance you want to cancel

Mark 'X' in the relevant boxes below

Income Protection insurance.

All my Voluntary Cover.

Basic Death and Terminal Illness (DTI) and
Total and Permanent Disablement (TPD) Cover.

Only Voluntary Total and Permanent
Disablement (TPD) Cover.

3. Your declaration

I declare that:

- I've read the **Product Disclosure Statement**, including the **Insurance Guide - Mining Division**, at teamsuper.com/pds, plus the information in the **Before you start** section.
- I understand that I'll no longer be charged for this insurance and won't be able to make a claim for events or conditions that happen after it was cancelled.
- I understand I shouldn't cancel any existing cover until my application for new cover has been accepted by the new insurer.
- I understand and accept the implications of cancelling my insurance and the restrictions that might apply if I want insurance in the future.

Your signature



Date (DD-MM-YYYY)

When complete return this form to us by:

Post Team Super
Locked Bag 2020 Newcastle NSW 2300
Email help@admin.teamsuper.com

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