SIGNATURESUPER®



Application to reduce insurance cover

Use this form to:

- reduce death and if applicable total and permanent disablement (TPD) cover,
- remove indexation on your death and/or TPD insurance cover,

for your SignatureSuper – Signature Protection insurance cover on your SignatureSuper account.

For details on the insurance cover arrangements that apply to you, please refer to your **annual statement** or login to your **My AMP** account at **amp.com.au**.

Please print in CAPITAL LETTERS and place a cross x in any applicable boxes.

1. Account details	3. Reduce death and if applicable TPD insurance cover		
Member number	If you're eligible, your category in your plan provides you with default death and TPD insurance cover (complete a. or b. below		
Plan name	a. What is the multiple of standard insurance cover that you want to reduce to? (times the standard insurance cover)		
2. Member details			
Title Date of birth	b. Select the type(s) and amount(s) of insurance cover you'd like:		
Surname	Death \$ TPD¹ \$		
Given name(s)	1 TPD cover can't be more than death cover.		
	Notes:		
Residential address (a PO Box is not acceptable)	 You can't have TPD or temporary salary continuance (TSC) insurance cover without death cover. If you cancel your death cover, your TPD and TSC insurance cover will also be cancelled. 		
Suburb State Postcode Contact phone number Mobile number	 If you cancel or reduce your insurance cover, you won't be able to resume or increase your insurance cover. You'll need to provide information about your health sufficient for the insurer to assess your application to resume or increase you 		
Email address	insurance cover in the future. Your application may be rejected or accepted subject to a premium loading or insurance cover exclusion.		
	4. Remove indexation		
Address for communications Please cross if same as residential address	Important: If you remove indexation you will need to undergo an underwriting assessment to reinstate the indexation.		
Address	Please cross Ithis box to remove indexation from your exiting insurance cover.		
Suburb State Postcode			

4. Acknowledgement and signature

I acknowledge that:

 I've read and understood the information in my member statement and the most recent PDS and request that my membership of the plan reflect my requirements in this application.

If I'm under age 18:

- I should speak to my parent or guardian about reducing the insurance cover before signing this form.
- I understand that by signing this form I give up any claims against the Trustee and will not commence any action against the Trustee or AMP in relation to the reduction of insurance cover in this form through SignatureSuper out of, or in connection with, being under 18.

Parent or legal guardian (if applicable)

I agree and declare that:

- I'm the parent or legal guardian of the applicant who is reducing their insurance cover and/or removing the indexation from their insurance cover, and understand the consequences of this (including reading through all parts of the applicable PDS and by obtaining professional advice).
- To the best of my knowledge, information and belief (after undertaking all reasonable enquiries), the information provided in this application is true and correct.
- I take joint and several responsibility for the consequences of this application, and will reimburse and make the Trustee and AMP whole in respect of any successful claims against the Trustee or AMP made by or in respect of the applicant in relation to this application.

A A			1	
Mem	har	cian	コナロ	$r \circ$
/ / /	DEL	21511	alu	



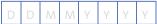
Date



Parent or legal guardian signature (if applicable)



Date



Where to send this form

askamp@amp.com.au

Mail or email this completed form to:

AMP Limited Any questions?

Reply Paid 300 1300 366 019

PARRAMATTA NSW 2124