

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 ☒ in any applicable boxes.

1. Account details

Member number

Plan name

2. Member details

Title

Date of birth

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Surname

Given name(s)

Residential address (a PO Box is not acceptable)

Suburb

State

Postcode

Contact phone number

Mobile number

Email address

Address for communications

☐ Please cross ☒ if same as residential address

Address

Suburb

State

Postcode

3. Reduce death and if applicable TPD insurance cover

If you're eligible, your category in your plan provides you with default death and TPD insurance cover (complete a. or b. below):

- a. What is the multiple of standard insurance cover that you want to reduce to?

 (times the standard insurance cover)

- b. Select the type(s) and amount(s) of insurance cover you'd like:

☐ Death \$

☐ TPD¹ \$

¹ TPD cover can't be more than death cover.

Notes:

- 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.
- 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 your insurance cover in the future. Your application may be rejected or accepted subject to a premium loading or insurance cover exclusion.

4. Remove indexation

Important: If you remove indexation you will need to undergo an underwriting assessment to reinstate the indexation.

☐ Please cross ☒ this box to remove indexation from your exiting insurance cover.

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.

Member signature

X

Date

D D M M Y Y Y Y

Parent or legal guardian signature (if applicable)

X

Date

D D M M Y Y Y Y

Where to send this form

Mail or email this completed form to:

AMP Limited
Reply Paid 300
PARRAMATTA NSW 2124
askamp@amp.com.au

Any questions?

1300 366 019