

Insurance inside super election

Use this form to elect to have insurance cover inside your super account.

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

1. Your details

Super account number

Title

Date of birth

D	D	M	M	Y	Y	Y	Y
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Surname

Given name(s)

Residential address

Suburb

State

Postcode

Contact phone number

Mobile number

Email address

2. Insurance confirmation

Please cross this box for insurance cover to be provided and kept within your super account, even if:

- you're under age 25, or
- your super account balance is below \$6,000, or
- your super account doesn't receive a contribution or rollover for 16 months.

Important details about insurance in super and how the super laws could affect your insurance are available at amp.com.au/insuranceinsidesuper.

3. Authorisation and signature

- By completing and signing this form, I consent to AMP collecting my personal information, for the purposes of keeping the insurance in my super account.
- I've read and understood the **important details** found at amp.com.au/insuranceinsidesuper.



Please contact us at askamp@amp.com.au or 1300 363 267 with any concerns about privacy and how we keep your personal information safe. View our privacy policy at amp.com.au/privacy.

If signed under a Power of Attorney

If not already supplied to AMP, please attach a certified copy of the Power of Attorney and notice of non-revocation with this form.

Member/Power of Attorney name

Member/Power of Attorney signature

Date

D	D	M	M	Y	Y	Y	Y
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Where to send this form

Mail (no stamp required) or email this completed form to:

AMP Limited

Reply Paid 300

PARRAMATTA NSW 2124

askamp@amp.com.au

Any questions?

1300 363 267

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