

APPLICATION TO CHANGE INSURANCE COVER

Personal Details

NAME: _____		TITLE: Mr / Mrs / Ms / Miss
SURNAME	FIRST NAMES	(Please circle one)
CHANGE(S) TO TAKE EFFECT: 1 st JAN / FEB / MAR / APR / MAY / JUN / JUL / AUG / SEPT / OCT / NOV / DEC		
(Please circle one)		
MRU: _____	OUTPUT TEAM: _____	IRD NO. _____
EMPLOYEE NUMBER: _____	DATE OF BIRTH: ____/____/____	

CHANGE OF INSURANCE COVER LEVEL

Effective on and from the first day of the month circled in the Personal Details section of this form, I select the following level of insurance cover for my death and total disablement benefits as described in the Fund's Product Disclosure Statement:

8% p.a. (Basic level) 12% p.a. (Medium level) 16% p.a. (Top level)

I understand the following:

- the basic level of insurance cover is compulsory and other levels are voluntary;
- the level of insurance cover for ill-health is half the selected level above (i.e. 4%, 6% or 8% p.a. for basic, medium and top respectively);
- if I wish to increase my level of cover I will have to complete a medical questionnaire and may be required to attend a medical examination and any increased level of cover will not apply until my acceptance is advised in writing;
- the Trustee may impose restrictions on my insurance cover as a result of any medical condition I may have. These restrictions may include not accepting my election to increase my insurance cover.

If you wish to change the level of your insurance cover, please sign this form and return it at least five working days prior to the first day of the month you wish any changes to take effect.

By signing, you acknowledge that you have received and read the Fund's Product Disclosure Statement, which explains these options in more detail.

Signed by Member: _____

Date: ____/____/____
Day Month Year

IMPORTANT:

Please send your completed form to NZAS HR at least five working days before the first of the month indicated by you in the Personal Details section above. Your form will be invalid (and the change will not take place) if you do not indicate a date. Changes cannot be made retrospectively, that is, changes cannot be backdated.

If your form is received less than five working days before the first of the month you indicate, the change may be delayed until the first day of the following month.