

APPLICATION TO CHANGE INSURANCE COVER

Name: _____ Title: Mr / Mrs / Ms / Miss
Surname Given names (Please circle one)

CHANGE(S) TO TAKE EFFECT: 1st JAN / FEB / MAR / APR / MAY / JUN / JUL / AUG / SEPT / OCT / NOV / DEC
(Please circle one – note that your form will be invalid and the change will not take place if you do not indicate a date)

IRD No.: _____ Date of Birth: ____/____/____ Contact Phone No: () _____

Email Address: _____

CHANGE OF INSURANCE COVER LEVEL

Effective on and from the first day of the month circled above, 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 attach this form to a ServiceNow payroll enquiry. ServiceNow is accessible to all NZAS employees via Element. Kindly ensure that you submit this form at least five working days before the first day of the month indicated by you 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 day of the month you indicated, the change may be delayed until the first day of the following month.