

Insurance cancellation form

Please complete these instructions in **BLACK INK** using **CAPITAL LETTERS** (except for your email address) and **✓** boxes where provided.

1 Member details

Member number	<input type="text"/>																													
Title	<input type="text"/>	Surname	<input type="text"/>																											
Given name(s)	<input type="text"/>																													
Current residential address																														
Unit No	<input type="text"/>				Street No	<input type="text"/>																								
Street name	<input type="text"/>																													
Suburb	<input type="text"/>																State	<input type="text"/>		Postcode	<input type="text"/>									
Phone (home)	<input type="text"/>		<input type="text"/>										Phone (work)	<input type="text"/>		<input type="text"/>														
Mobile	<input type="text"/>				<input type="text"/>				<input type="text"/>																					
Email address	<input type="text"/>																													

2 Insurance cover

I request that the Trustee of the Pitcher Partners Superannuation Fund cancel/modify my insurance cover as follows:

- Please cancel my Total & Permanent Disability insurance cover only (Death insurance cover will remain)
- Please cancel my Death and Total & Permanent Disability insurance cover
- Please cancel my Income Protection cover

3 Member declaration

I hereby confirm that I have reviewed my personal situation with regards to my need for Death, Total & Permanent Disablement and Income Protection insurances and confirm that the cover I am requesting to be cancelled is surplus to my requirements.

I understand that I should seek professional advice in relation to any insurance or related needs and obtaining such advice is wholly my responsibility.

I also understand that should I wish to take out any insurance cover under the Fund at any point in the future, I will be required to provide evidence of good health and other underwriting information as requested. The insurer may decline to issue cover based on their assessment of this information at that time.

Please note: Residual premiums due to cancellation will be credited to your fund account.

Member signature	<input type="text"/>	Date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please forward all correspondence and queries to

Pitcher Partners Superannuation Fund, GPO Box 1144, BRISBANE QLD 4001 Email info@pitcherpartners.com.au
 Client services team (07) 3222 8444 Facsimile (07) 3221 7779 Website www.pitcher.com.au/Brisbane