## Goldman Sachs & JBWere Superannuation Fund Retained Division Insurance Cover Change

Complete this form if you wish to:

- Opt out of insurance cover that has been transferred to your Retained Division Superannuation account.
- Apply to increase or decrease your Death and terminal illness (Death) cover, Total and Permanent Disablement (TPD) cover and Salary Continuance Insurance (SCI) cover in your Retained Division Superannuation account.
- Apply to continue your SCI in your Retained Division Superannuation Account.

You should refer to your Product Disclosure Statement for details on the insurance cover available under the Goldman Sachs & JBWere Superannuation Fund.

## If you need help

For assistance call the Goldman Sachs & JBWere Superannuation Fund Helpline on 1800 025 026.

Step 1 − Complete your personal details  Please print in black or blue pen, in uppercase, one character per box.  A   ✓	
Title Mr Mrs Ms Other Date of birth // // //	
Given names	
Surname	
Home address	
Suburb State Postcode	
Daytime Telephone	
E-mail	
Membership number	
Name of your new employer	
Your current occupation	

Issued by BEST Superannuation Pty Ltd (ABN 57 070 732 008, AFSL 530672) as trustee of the Goldman Sachs & JBWere Superannuation Fund (ABN 55 697 537 183, SPIN BES0001AU)



## Step 2 – Complete your insurance change request

I am a member of the Goldman Sachs & JBWere Superannuation Fund Retained Division. I request the following change:		
Death & TPD		
I want to cease being provided with Death and TPD insurance cover that was automatically transferred to my Retained account.		
I want to cease being provided with the TPD insurance cover that was automatically transferred to my Retained account.		
I want to increase my Death insurance cover. An increase in cover will be considered as voluntary insurance cover.		
Insert additional insurance cover required \$,		
I want to increase my Death and TPD insurance cover. An increase in cover will be considered as voluntary insurance cover.		
Insert additional insurance cover required \$		
I want to decrease my Death and TPD insurance cover to \$		
I want to decrease my TPD insurance cover to \$		
Salary Continuance Insurance (SCI)		
I want to cease being provided with salary continuance insurance cover.		
I want to transfer my SCI cover to my Retained account ( Note: Transfer of SCI cover is only available if this form is received		
within 90 days of you ceasing employment, or within 60 days of the Fund being advised by your Employer that you have ceased employment, whichever is earlier).		
I want to increase my salary continuance insurance cover. An increase in cover will be considered as voluntary insurance cover.		
Insert additional insurance cover required \$(per month).		
I want to decrease my salary continuance insurance cover to \$		
I want to decrease my benefit period to be payable for up to 5 years.		
I want to decrease my benefit period to be payable for up to 2 years.		
Please read important notes and sign the form below.		
Refer to PDS and Insurance Guide on the Fund website <b>www.gsjbw.superfacts.com</b> for automatic acceptance limits and maximum cover details.		



## Step 3 – Sign the form

If my request is agreed to, I understand that:

- Provision of additional insured cover will be subject to me providing satisfactory evidence of good health to the Fund's insurer.
- Additional insured cover will not be provided until the Fund's insurer has advised me in writing of its acceptance of the additional insurance cover.
- · Any reduction of my existing insured cover will take effect from the date the Trustee receives my request.
- Additional insured cover will be payable in addition to any other benefit payable from the Fund on my death, or total and
  permanent disablement (as applicable) if I am assessed as totally and permanently disabled by the trustee and the Fund's insurer.
- The cost of any additional insurance cover that I request will be deducted from my Retained account. Premium rates are available on the funds website or on request.
- This request replaces any previous insurance change form completed by me.
- I understand that my personal information will be collected, used and disclosed by the Trustee to provide and manage my super. Without this information the Trustee may not be able to provide my super and choices. For this purpose, my personal information may pass between the Trustee of the Goldman Sachs & JBWere Superannuation Fund and its administrator, professional advisers, insurers, government bodies, my employer and other parties as required, including the Trustee of any other super fund that my super is transferred to.

processing centre in India. I understand that the Trustee's Priva	o service providers in another country, including to the administrator's acy Policy available on the fund's website explains how I can access my cion and complain about the handling of my personal information.	
Signature	Date	
X		
Please return your completed form to the Fund Administrator, Goldman Sachs & JBWere Superannuation Fund, GPO Box 4303, Melbourne, VIC 3001.		