Goldman Sachs & JBWere Superannuation Fund Update insurance cover

Complete this form if you wish to increase or decrease the level of insurance cover provided under the Goldman Sachs & JBWere Superannuation Fund. You should refer to Product Disclosure Statement (PDS) and Insurance Guide for further details (including costs) about cover available under the Goldman Sachs & JBWere Superannuation Fund.

Please note

You can complete and sign this form online and return it via email to GSJBWAdmin@mercer.com.

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 complete electronically with one character per box.
Title Mrs Ms Other Date of birth	
Home address	
	State Postcode
Daytime Telephone	
Name of your employer	

Step 2 – Opt in to default insurance

You may be eligible to receive automatic default insurance cover for Death, Total and Permanent Disablement (TPD) and Salary Continuance (SCI) when your superannuation account balance reaches \$6,000 or over and you are aged 25 years or more.

You can elect to receive default insurance cover prior to having an account balance of \$6,000 or more and being aged 25 years or more by selecting the option below.

I wish to elect to receive default Death and TPD cover.

I wish to elect to receive default Death cover.

I wish to elect to receive SCI cover for up to five (5) years.

If you do not make a choice, once your account has reached a balance of \$6,000 and you reach age 25 you will automatically receive default Death, TPD and SCI cover.

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 3 – Complete your insurance cover change request

Death and terminal illness (Death) and Total and Permanent Disablement (TPD) (Choose one option)		
I elect to increase my Death insurance cover.		
Insert additional insurance cover required		
I elect to increase my Death and TPD insurance cover.		
Insert additional insurance cover required \$,,,, (must be a multiple of \$1,000)		
I elect to decrease my TPD cover to \$		
I elect to cease being provided with previously requested additional Death and TPD (if applicable) cover.		
I elect to change my Death and TPD (if applicable) insurance cover calculation percentage from 10% X Salary X Future Service to Age 65 to 18% X Salary X Future Service to Age 65.		
I elect to have no Death and TPD insurance Cover.		
I elect to have no TPD insurance Cover.		
AND		
Salary Continuance (Choose one option)		
l elect to have SCI Cover for up to <u>five (5) years</u> , OR		
I elect to APPLY for SCI cover payable up to age 65 (I understand that Default SCI Cover will apply until or unless insurer approval is granted for this cover), OR		
I elect to have SCI cover payable for up to two (2) years, OR		
I elect NOT to have any SCI cover.		
Please read important notes and sign the form below.		

Step 4 – Sign the form

By submitting this request 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 from my existing additional 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 the above additional insured cover will be deducted from my account. Premium rates are available on the funds website, or on request.
- This request replaces any previous additional voluntary insurance cover 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.
- I understand that my personal information may be disclosed to service providers in another country, including to the administrator's processing centre in India. I understand that the Trustee's Privacy Policy available on the fund's website explains how I can access my personal information, seek correction of my personal information and complain about the handling of my personal information.

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Signature	Date
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Please return your completed form to the Fund Administrator, Goldman Sachs & JBWere Superannuation Fund via email to GSJBWAdmin@mercer.com.

