



## 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 \$  (must be a multiple of \$1,000).
- 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 \$  (must be a multiple of \$1,000).
- 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 \$  (per month).
- 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 [www.gsjobw.superfacts.com](http://www.gsjobw.superfacts.com) 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.
- 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.

Signature

X

Date

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**Please return your completed form to the Fund Administrator, Goldman Sachs & JBWere Superannuation Fund, GPO Box 4303, Melbourne, VIC 3001.**

