

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 \$ (must be a multiple of \$1,000)

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 \$ (must be a multiple of \$1,000)

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)

I elect to have SCI Cover for up to five (5) years, 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.

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.

