

Complete this form if you want to increase your income protection (IP) insurance with Vision Super. If you want to apply for, reduce or cancel your income protection with Vision Super, please refer to form 2, Insurance application/variation form.

1. Personal details

Member number:

Title: Mr Ms Miss Mrs Other

Surname:

Given name/s:

Date of birth:

Address:

Suburb: State Postcode

Contact email address:

Contact phone number: Mobile number

Employer name:

How many hours a week do you work on average in your main job?

What is your annual gross salary? (before tax and excluding superannuation guarantee contributions) \$

Are you currently employed (at the date of signing this document), working normal hours, and not absent from your normal duties due to illness or injury? Yes No

2. Increase your Income protection cover

Complete this section if your salary has increased within the last two months.

Increased salary

My salary has increased in the last two months and I want to apply for an automatic increase of my income protection insurance (congratulations, by the way)

If you work for a council, water authority, or cemetery trust, and your salary increase was due to an EBA, evidence of the salary increase is not required as Vision Super will obtain this information from your employer.

3. Keep your insurance

All superannuation funds are required to cancel your insurance if your account is inactive for 16 continuous months (meaning no contributions or rollovers have been received) unless you elect to keep your insurance cover. Tick the box below if you would like to make an election.

I elect to maintain all my current and future insurance even if my account is deemed inactive at any time in the future.

I understand that insurance premiums will be deducted until such time as I cancel insurance.

4. Declaration and signature

I declare the following:

- I have read and understood the insurance information within the relevant Vision Super PDS and Insurance in your super - additional guide.
- I consent to the collection, use and disclosure of my personal information in accordance with Vision Super's Personal Collection Statement and Privacy Policy at www.visionsuper.com.au.
- I understand that the insurer and the Trustee will not be able to process my application or administer my insurance under the Fund's insurance policies without this declaration.
- If I do not complete this application correctly, or I do not sign and date this form, my application will be invalid and will not be considered by the insurer.

Member's signature: Date: