

# Insurance Change of Status or Cancellation Form

If you wish to cancel or vary your Insurance Cover, please complete this form and return it to:

**Member Service Team**  
**Superestate**  
**GPO BOX 318**  
**SYDNEY NSW 2001**

Or

[hello@superestate.com.au](mailto:hello@superestate.com.au)

## ◆ MEMBERSHIP DETAILS

Full Name:	
Address:	
Date of Birth:	Member number (if known):

## ◆ UPDATED INSURANCE DETAILS

Changes in your employment status, such as leaving your job or moving from full time to part time or casual employment, may affect your continued eligibility for insurance cover, so it is very important that you let us know should your employment situation change.

Your professional description determines your premium and, in some cases, your eligibility for insurance cover. If your occupation changes it is essential that you contact Superestate immediately.

**If you're changing your employment details, please include updated details below:**

New Salary (if changed):
Occupation (if changed):

## ◆ CANCEL EXISTING INSURANCE POLICY

If the Trustee receives an application to cancel Death and Terminal Illness cover within 60 days of cover first commencing then any premium payments deducted in respect of this cover will be refunded to your Superestate account and all cover will be deemed not to have ever commenced, and no claims will be considered against the Death and Terminal Illness cover that you cancel.

If the Trustee receives an application to cancel Death and Terminal Illness cover after 60 days of cover first commencing then the cancellation will only be effective from the last day that the current premium payment has been made and there will be no refund of premiums. No claims will be considered against the cover that was cancelled after the date that the premiums for the cover had been paid up to.

TPD and Income Protection cover ceases immediately from the time the Trustee receives your opt-out request.

Cover Type	Mark with an "X" to indicate policy cancellation	Signature
Death & Terminal Illness	<input type="checkbox"/> I WISH TO CANCEL THIS POLICY	Signed:
Income Protection	<input type="checkbox"/> I WISH TO CANCEL THIS POLICY	Signed:

## ◆ AUTHORISATION

- I declare that the information that I have provided is true and correct at the time of completing this form.
- I authorise Superestate to update my account details as per the information submitted on this form.
- I have read the information in this form and I understand the terms on which this information is made. I have also read the Privacy Policy and I understand how Superestate will use my personal information.

**Signature:**

**Date:**