

INSURANCE AMENDMENT FORM

Tidswell Master Superannuation Plan

Please print clearly in the spaces provided using CAPITAL letters and a black or blue pen. Place a tick in any applicable boxes.

1. Account Details

/

Participant number/member number

Title

Surname

Given name(s)

Date of birth (DD/MM/YYYY)

2. Cancel Cover

I wish to cancel the following types of insurance cover:

- Death Cover
 Total and Permanent Disablement Cover (TPD)
 Income Protection
 Cancel all types of cover

Select one of the following dates:

- As at the next renewal date
 Other date of cancellation:

3. Reduce Cover

I would like to reduce the following cover:

DEATH COVER

From \$

To \$

INCOME PROTECTION COVER

From \$ per month

To \$ per month

TOTAL AND PERMANENT DISABLEMENT (TPD) COVER

From \$

To \$

Waiting Period

- No change to the Waiting Period

Benefit Period

- No change to the Benefit Period

4. Declaration

Full name

Date

If you require any assistance, please contact your Financial Adviser or Tidswell Financial on (08) 8223 1676.

Please return your completed Insurance Amendment Form to:

Post: Tidswell Financial
 50 Hindmarsh Square
 ADELAIDE SA 5000

Email: mail@tidswell.com.au

Your privacy

All information we collect about you is held by us in the strictest confidence and pursuant to our Privacy Policy. You may obtain a copy of our Privacy Policy on our website www.tidswell.com.au or by contacting our office.