

# Australian Expatriate Superannuation Fund

## Cancel Existing Insurance Cover

Form **10**

### The Trustee

will only accept this form if it is correctly and fully completed.

Any questions, call  
Member Services 1300 323 489

### 1. Member details

Member number/s

Full name

Date of birth [dd/mm/yy]

Email address

### 2. Cancel Insurance Cover

I no longer require the selected insurance cover I currently have with AESF:

Total and Permanent Disability

Income Protection

### 3. Declaration

I hereby elect to **cancel** my insurance cover with AESF. I understand that:

- Any cover I currently have, and the premium payable, will be **cancelled** from the date AESF receives this fully completed form; and
- I will not be able to apply for insurance with AESF in the future

**Member's signature**

**Date**  
[dd/mm/yyyy]

### When complete

email or post this form:

[australia@ivcm.com](mailto:australia@ivcm.com)

**IVCM (Aust) Pty Ltd**

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