

Insurance opt-in election

Use this form if you would like to opt in to keep your insurance cover with First State Super.

Please fill in all details, sign and date the form and return it to First State Super.

If you have any questions, please call us on **1300 650 873**.

Complete this form if you would like to opt in to keep ALL your insurance cover with First State Super. If you opt in, we won't cancel your cover even if no contributions or rollovers are received for a continuous period of 16 months or more. Your cover will only be cancelled if you request cancellation, you reach maximum insurable age, or you don't have enough money in your account to cover your premiums.

Personal details

Member number	Account number	Date of birth
<input type="text"/>	<input type="text" value="F S S U"/>	<input type="text"/>
Title	Given name(s)	
<input type="text"/>	<input type="text"/>	
Last name		
<input type="text"/>		
Address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Election and acknowledgement

By signing below, I elect to opt in to keep all my insurance with First State Super as I have instructed on this form, even if my account is or becomes inactive for a continuous period of 16 months.


 Please sign and date form here.

Signature	Date signed (DD-MM-YYYY)
<input type="text"/>	<input type="text"/>

Thank you for choosing to retain your insurance cover with First State Super. We will send you an acknowledgment letter shortly.

Privacy

The personal information provided on this form is collected by and held for First State Super by the fund administrator, Mercer Administration, in accordance with the Australian Privacy Principles of the *Privacy Act 1988 (Cth)*, for the purpose of administering accounts and providing services associated with fund membership. For further information about how personal information is handled, please call us on 1300 650 873 or visit firststatesuper.com.au/privacy to view the privacy policy (a hard copy of the policy may also be provided on request). The policy contains information about access to and correction of personal information, how a complaint can be made about a privacy breach and other important information about how personal information is collected, used and disclosed.

 Return your completed form to First State Super.

Where to send your completed form

Please post the completed form to **First State Super PO Box 1229 WOLLONGONG NSW 2500**.

