

ANZ SMART CHOICE SUPER AND PENSION LIFESTAGE COVER INSURANCE APPLICATION FORM



INSTRUCTIONS

- Complete this form if you are a member of ANZ Smart Choice Super and Pension and want to add Lifestage insurance cover to your account.
- If you need any assistance, contact Customer Services on 13 12 87 weekdays between 8.30am and 6.30pm AEST.
- Complete and sign the form, scan and email it to: smartchoice@insigniafinancial.com.au

Or post it to:
ANZ Smart Choice Super
GPO Box 5107
Sydney NSW 2001

YOUR DETAILS

Title Mr Mrs Ms Miss Dr Other

Surname

Given name(s)

Member number

Date of Birth

PLEASE SELECT ONE OF THE FOLLOWING LIFESTAGE COVER TYPES

- Lifestage Death only cover
- Lifestage Death and Total and Permanent Disability (TPD) cover (not available to ANZ Smart Choice **Pension** members)

PLEASE ANSWER THE FOLLOWING QUESTIONS

Have you smoked tobacco or any other substance in the past 12 months, or used nicotine replacement treatment within the past 3 months?

- Yes No

Do you spend 80% or more of your working time in an office or similar environment?

- Yes No

INFORMATION ABOUT LIFESTAGE COVER

Your Lifestage cover will automatically adjust with your age, is subject to eligibility and New Events Cover.

More details about Lifestage cover including the cover amount and annual insurance fees available to you is included in the ANZ Smart Choice Super and Pension Product Disclosure Statement and Additional Information Guide, both available at anz.com/smartchoicesuper.

Lifestage cover will not commence until we receive the first contribution into your account and will only remain in place if you retain a sufficient balance to fund the cost of the insurance cover. Where we have already received the first contribution into your account, insurance will commence from the date this form is completed and received by our office.

DECLARATION

I have read the Product Disclosure Statement (PDF 324kb) including the Additional Information Guide (PDF 848kb).

Your name

Your signature

Date