Brighter SUPER right by your side

Application to convert or fix insurance cover

ACFI - Local Government & Associated Industries

Use this form to convert or fix your Death only or Death and Total and Permanent Disablement (TPD) cover through Brighter Super.

For details on the difference in premium that will apply, please refer to *Brighter Super's Insurance guide - Local Government and Associated Industries*.

If you are a Defined Benefit member, you are unable to fix your standard insurance cover as it is provided as part of the package of benefits you receive.

Member number	Title	Given name/s			
Surname				Date of birth	Gender
Email ¹			Phone number		
Residential address			L		
Suburb/town				State	Postcode
Postal address (if different to above)				State	Postcode
^{1.} The email address you provide	may be us	ed to send inform	ation of a sensiti	_ Lve and personal	nature.
1					
Instructions					
I would like to change my insura					
Convert my fixed dollar amo					
Convert my units of cover to					
Fix the number of units of c	over i curre	entry have (comple	ete section 4)		
2 Convert my fix	ed dol	lar amount	of cover t	o units	
For the value of each unit of co Industries.	ver, please	refer to <i>Brighter S</i>	uper's Insurance	guide - Local Go	vernment and Associated
Please tick (✓) the boxes below	if correct:				
Yes, I would like to convert	my fixed do	ollar amount of co	ver to units.		
Yes, I understand my cover provide a similar amount of		verted to the num	ber of units relev	ant to my age (r	ounded up) needed to
If you have answered 'Yes' to bo rounded up to the next whole u					
For example, if you had \$50,000 \$65,000, the additional \$15,000					

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which first becomes apparent or an injury which first occurs on or after the date this application is accepted.

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Convert my units of cover to a fixed dollar amount

Please tick (✓) the box below if correct:

Yes, I would like to convert my units of cover to a fixed dollar amount.

By ticking (\checkmark) 'Yes' above, the dollar value of your units of cover will be converted to an equivalent amount of fixed dollar cover, rounded up to the next \$1,000.

Please note:

You can only apply to fix all your cover to a dollar amount. This means you cannot have a combination of both units of cover and a fixed dollar amount. To fix your cover to a dollar amount you must be under 61 years of age.



Fix the number of units of cover I currently have

Please tick (✓) the box below if correct:

Yes, I would like to fix the number of units of cover I currently have.

By ticking (\checkmark) 'Yes' above, the number of units you currently have will remain the same and will not be recalculated each year when your salary is provided by your employer.

If you would like to apply for a higher amount of cover, you will need to apply for cover by completing the *Insurance* application form - Local Government & Associated Industries available at **brightersuper.com.au/forms** or by calling us on **1800 444 396**.

Important information

Before deciding to replace any existing cover, you should compare and consider the policy terms and conditions to work out if the insurance cover is right for you.

Privacy and personal information

Brighter Super respects your privacy. All personal information collected on this form is protected in line with *Brighter Super's Privacy Policy*. To find out more about how we collect and manage your personal information, please refer to our *Privacy Policy* available from our website **brightersuper.com.au**.

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Member Declaration

By submitting this request to convert or fix my existing cover, I declare that:

- I understand that insurance cover through Brighter Super will be provided to me on the terms contained in Brighter Super's Insurance policy for Local Government and Associated Industries as changed from time to time.
- I have read and understood Brighter Super's Insurance guide Local Government and Associated Industries.
- I understand if I complete this form and I work in the Energy Industry or I am a Brighter Super Optimiser member my request will be invalid and I will need to complete the relevant form for my account.
- I understand that my application will be invalid and will not be processed if I do not complete this form correctly or I do not sign and date this form.
- I consent to the collection, use and disclosure of my personal information in accordance with the Brighter Super Privacy Policy and the Zurich Privacy Policy.
- I understand that if my application is accepted I will be notified in writing and my insurance cover will change in accordance with the direction I have made in this form. The change will be effective from the date my application is accepted, provided my member account has adequate funds to meet the premium payable.
- Should I wish to apply for or increase my insurance cover through Brighter Super in the future, I will be required
 to provide health information to the Insurer and my insurance cover will not start until the Insurer accepts my
 application for cover.

Signature Date signed / /

Please sign in blue or black pen - Brighter Super does not accept digital signatures on this form.

Now you have completed this form and signed the declaration, please send it to us by:

