

Complete this form if you want to reduce or cancel your insurance.

Step 1 Your details

Please read our Personal Information Collection Statement at lucrf.com.au/privacy.

LUCRF Super member number (please contact us if you don't know your member number)

Date of birth (dd/mm/yyyy)

Please tick the appropriate box: Mr Mrs Miss Ms

Other (please specify)

First name(s)

Last name

Residential/Street address

Unit/Street number

Street name

Suburb/City/Town

State/Territory

Postcode

Postal address - if different to residential

Unit/Street/PO Box number

Street name

Suburb/City/Town

State/Territory

Postcode

Contact details

Email address

Mobile phone

Work phone

Home phone

Step 2 Reduce or cancel my insurance cover

I want to reduce or cancel my insurance for the following account(s): (please tick the appropriate box)

Super account

Pension account

(Note: Insurance with your pension account can only be cancelled. It cannot be changed.)



Issued March 2018 by L.U.C.R.F Pty Ltd ABN 18 005 502 090 AFSL 258481 as Trustee for Labour Union
Co-operative Retirement Fund ABN 26 382 680 883 (LUCRF Super).

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Step 3 Reduce or cancel my Death Only or Death and Total & Permanent Disablement (TPD) insurance cover

I wish to: (please tick [✓] the appropriate box)

Cancel my Death & TPD insurance cover.

Cancel my Death Only insurance cover.

Reduce my Death & TPD insurance cover to:

Number of units you wish to retain (if you have Fixed Premium cover)

OR dollar amount you wish to retain (if you have Fixed Amount cover)

Reduce my Death Only insurance cover to:

Number of units you wish to retain (if you have Fixed Premium cover)

OR dollar amount you wish to retain (if you have Fixed Amount cover)

Fixed Premium – the premium (cost) of your insurance is set at a fixed cost per unit. As you grow older, the premium remains the same but the total insured amount will reduce.
Fixed Amount – you are insured for a specific dollar amount. While the amount of cover is fixed and will not change, the premium you pay increases as you grow older.

Step 4 Reduce or cancel my Income Protection insurance cover

I want to: (please tick [✓] the appropriate box)

Cancel my Income Protection insurance cover.

Reduce my Income Protection insurance cover to:

Number of units you wish to retain (please enter units as multiples of \$100 – eg \$500)

AND/OR

Change my Income Protection insurance waiting period from:

30 days to 60 days 30 days to 90 days 60 days to 90 days

Step 5 Sign and date this form

- I acknowledge that I have read and understood the information in the Insurance Guide and relevant Super Member Guide (Product Disclosure Statement) and elect to reduce or cancel my insurance cover with LUCRF Super.
- I confirm that if I apply for insurance cover in the future, I will need to provide medical information and any acceptance or rejection of cover will be at the discretion of the insurer.
- I confirm that if I elect to reduce my insurance cover, I will not be entitled to that part of cover from the date that LUCRF Super receives this completed form.
- I confirm that all of the details provided in this form are accurate and complete.
- I acknowledge that updates to my cover will take effect upon receipt of this form by LUCRF Super.

Signature



Date (dd/mm/yyyy)

/ /

Send this form to:

LUCRF Super
PO Box 211
North Melbourne VIC 3051

Or scan and email it to: mypartner@lucrf.com.au

If you need any help completing this form, please call us on **1300 130 780** or email mypartner@lucrf.com.au.