

Insurance Opt-in Form

Complete this form to confirm that you'd like to keep your insurance in the event your account hasn't received an amount (a contribution or rollover) for 16 continuous months.

Please print clearly using an in boxes where required.

Step 1 | Your details

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

Date of birth / /

Title Mr Mrs Miss Ms Other (please specify)

First name(s)

Last name

Unit/Street number Street name

Suburb/City/Town State Postcode

Email address

Home phone () Work phone () Mobile

Step 2 | Opt-in to keep your insurance

By law, if your account becomes inactive (does not receive any amounts, such as contributions or rollovers, for 16 continuous months), any insurance cover you have with us will be cancelled. You can choose to keep your insurance if this happens by crossing the box below and specifying which account you'd like to keep insurance in.

I want my insurance cover to continue in the following accounts:

Account 1
LUCRF Super member number

Account 2 (if applicable)
LUCRF Super member number

Account 3 (if applicable)
LUCRF Super member number

Your request will apply for as long as your account is open, or until you choose to cancel your insurance. You will be notified at regular intervals how your insurance can be subsequently cancelled if desired.

Step 3 | Sign and date this form

- I confirm that all of the details provided in this form are accurate and complete.
- I have read and understood the information contained in the Insurance Guide available at lucrf.com.au.
- I understand that insurance premiums will continue to be deducted from my LUCRF Super account in the event that my account is inactive for a continuous period of 16 months.
- I consent to the collection, use and disclosure of my personal information in accordance with the LUCRF Super Personal Information Collection Statement and the Privacy Policy available at lucrf.com.au/privacy or by calling **1300 130 780**.

Signature



Date

/ /

Checklist


Before you send this form to us, make sure you have:

- completed all steps
- signed and dated this form at Step 3.

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.