Insurance Opt-In Form

REI Super

USE THIS FORM TO TELL REI SUPER THAT YOU'D LIKE TO:

- Opt-in to insurance cover with REI Super even though I am under age 25 and/or my account balance is below $6,000 (Option 1)

OR

- Keep any insurance cover held on my behalf with REI Super, even if my account balance does not receive a contribution or rollover over a period of 16 continuous months (Option 2).

If you want to keep your cover, we must receive your completed Insurance Opt-In form before the date your cover is cancelled.

Please print in black or blue pen, in UPPERCASE. Write ✗ to mark boxes.

PART 1: YOUR DETAILS

Member number

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr Other

Given names

Surname

Date of Birth (DD-MM-YYYY)

Residential address

Suburb

State

Postcode

Postal address. If the same as your residential address, mark ✗ in this box. ☐

Suburb

State

Postcode

Mobile phone

Home phone

( )

Email

PART 2: MEMBER DECLARATION – INSURANCE OPT-IN

Please mark which option applies with a cross (x)

Option 1

I would like to opt in for default cover within 180 days of joining REI Super

Default death and TPD cover ☐

The level of default cover you may be eligible for is outlined in the Insurance guide.

By ticking this box you are making the following statements:

- I choose to opt in to have default cover in REI Super, even if I am under age 25, and/or my account balance in the Fund is less than $6000.
- I declare I have read and understood the commencement of cover rules, eligibility criteria and restrictions detailed in the Insurance

Option 2

I would like to opt in to keep cover with REI Super

All insurance cover ☐

- I understand that this election (opt-in) will apply to all insurance cover through my account, including any cover for Death (including Terminal Illness), Death and Total and Permanent Disablement, and Income Protection.
- I understand the effect insurance premium deductions may have on my account balance, and that cover will cease if there are insufficient funds in my account
- I understand my election (Option 2) will continue to apply to my insurance cover unless and until it is withdrawn by me by contacting REI Super. I understand that I can withdraw my election (opt-in) at any time.
- I also understand that I can, at any future time, decrease or cancel my insurance cover by contacting REI Super.
- I acknowledge that I have read the Product Disclosure Statement and have read the additional information that also forms part of the PDS available on REI Super's website.

REI Super takes the utmost care with members' personal information and only collects information that is necessary for your membership. You can find a copy of REI Super's Privacy Policy here www.reisuper.com.au/privacy-policy

Signature

✗

Date

/ /

READY TO SEND US YOUR FORM?

Please complete the section applicable to your change in details and forward to the Fund Administrator:

Post: REI Super, PO Box 832, Newcastle NSW 2300
Email: admin@reisuper.com.au.

WE'RE HERE TO HELP

If you need any help filling out this form, or have any questions about super, please feel free to call us on **1300 13 44 33**.