


Change My Income Protection Insurance Details Form - Employed Division

Please complete and return this form to: NESS Super, Locked Bag 20, Parramatta NSW 2124
Complete in pen using CAPITAL letters or type directly into this form and print it out.
Use (X) to mark boxes. This request must be signed and dated.

-  Website: www.nesssuper.com.au
-  Email: nessadmin@nesssuper.com.au
-  Freecall: 1800 022 067

The purpose of this form is to enable you to increase, reduce or cancel your insurance cover with NESS Super following your application to join and the allocation of Default insurance cover (conditions apply).

Before completing this form, we encourage you to familiarise yourself with the rules and terms relating to NESS Super insurances, including the cost of premiums, by reading the “**NESS Super - Employed Division Insurance Guide**” available at www.nesssuper.com.au, in conjunction

with the current NESS Super PDS. Any term which is defined in the Insurance terms and glossary sections of the “**NESS Super - Employed Division Insurance Guide**” is indicated in this form in Italics.

If you require assistance with completing this form, just call us on 1800 022 067.

If you wish to transfer insurance cover from your other superannuation fund, please complete a **Transfer My Insurance Form** available from the website.

1. Your personal details (Please complete in full)

Member number (This can be found on your Member Statement)

Date of birth (ddmmyyy)

Male/Female

Mr/Mrs/Ms/Miss

Surname

Given names

Telephone (daytime)

Mobile

Email address

Residential address

Street number

Street name

Suburb/Town

State

Postcode

Postal address (if different to residential address)

PO Box

Suburb/Town

State

Postcode

2. Your duty of Disclosure

Before you enter into an insurance contract with the Insurer, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure and the terms of that insurance. This duty of disclosure continues after you have completed this statement until the cover has been issued by us.

The same duty applies before you extend, vary or reinstate the contract. You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you fail to comply with the duty of disclosure

In exercising the following rights, we must consider whether different types of cover can constitute separate contracts of insurance. If they do,

we may apply the following rights separately to each type of cover. If you do not tell us something that you are required to tell us, and we would not have insured on the same terms if we had been told, we may avoid the cover within 3 years of issuing it.

If we choose not to avoid the cover, we may, at any time, reduce the amount for which you have been insured. This would be worked out using a formula that takes into account the premium that would have been payable if you had told us everything you should have.

If we choose not to avoid the cover or reduce the amount for which you have been insured, we may, at any time vary the cover in a way that places us in the same position we would have been in if we had been told everything we should have been told. If the failure to tell us is fraudulent, we may refuse to pay a claim and treat the cover as if it never existed.

 Please turn over

