

ELECTION TO MAINTAIN INSURANCE COVER

Putting Members' Interest First

This form is for members of NESS Super.

Use this form if you would like to maintain your Insurance Cover even if your account balance has not reached \$6,000 on or after 1 April 2020.

Your Details	
Member number	
Give name	
Surname	

Election to Maintain Insurance Cover	
I elect to maintain my Insurance Cover	<input type="checkbox"/>

Your Declarations	
By signing this form, I am making the following statements:	
* I understand the effect this election may have on my account balance and do not require further information.	
* I declare that the information provided is true and correct.	
* I understand that the personal information provided on this form will be used to action my request.	
Signed	<input type="text"/>
Date	<input type="text" value="/ /"/>

Please return your completed form to	
Mail: NESS Super Locked bag 20, Parramatta NSW 2124	Email: nessadmin@nesssuper.com.au <u>You can email a copy of this signed and dated form to NESS Super</u>