

Opt In Election to Maintain or Reinstate your Group Insurance Cover

Please complete this form in CAPITAL letters to:

- change your details and/or
- elect to maintain or reinstate your Group Insurance cover

1. Existing member details

Member number	Date of birth (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>
Title	Given name(s)
<input type="text"/>	<input type="text"/>
Surname	Email
<input type="text"/>	<input type="text"/>

2. Updated member details

Only complete the details that are new or have been changed.

Title	Given name(s)	Date of birth (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	Tax file number	
<input type="text"/>	<input type="text"/>	
Postal address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address (if same as postal address, write 'as above')		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone (home)	Phone (work)	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email		
<input type="text"/>		

I authorise the Fund to update my address and contact details if the details provided above differ to the details currently held.

3. New name (if applicable)

Title	Given name(s)
<input type="text"/>	<input type="text"/>
Surname	
<input type="text"/>	

To complete a name change request, we require evidence that you have changed your name - either a certified copy of a marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office. If you need to know who can certify your ID or if you do not have these documents, contact us (details below) for a factsheet on identification requirements.

Note: Certified copies of your proof of identity documents (ID) must contain an original signature. Email or scanned copies cannot be accepted.

I have attached my certified identification.

4. Opt in election to maintain your Insurance cover

By ticking this box, you consent to maintaining all of your existing insurance cover in the event that your account becomes inactive for a continuous period of 16 months.

By ticking this box, you consent to have your insured cover reinstated, after your insurance cover was cancelled as required by Protecting Your Super Package Act 2019 ("PYSP")

Notes:

- By opting in to maintain your insurance cover, insurance premiums will continue to be deducted from your Member account.
- By opting in to reinstate your insurance cover, insurance premiums will be backdated to the date of cancellation of insurance.
- If you currently hold Insurance cover and do not opt in to elect to maintain Insurance cover, the Fund will be required to cancel all of your Insurance cover held in the event that your Member account is inactive for a continuous period of 16 months.
- If your Insurance cover has been cancelled and you do not elect to reinstate your Insurance cover within the Insurers agreed period, reinstatement will only be available at the Insurer's discretion.

5. Member declaration and signature

Please read this declaration before you sign and date your form.

- ▶ I do declare that the information I have provided on this form is true and correct
- ▶ I consent to my personal information being used in accordance with Allan Gray Superannuation Privacy Policy.

Signature

Date (DD/MM/YYYY)

Please return:

- Completed Opt in election to maintain insurance cover only by scanning and emailing to the Fund; and where applicable
- Completed and signed change of details/name form and certified copies of your proof of identity documents to:
Allan Gray Superannuation, PO Box 1282, Albury NSW 2640.

Privacy Policy

The collection of your personal information (PI) in this form is governed by the Privacy Act 1988 (Cth). Diversa Trustees Limited uses your PI to administer your superannuation account (including insurance (if any)), improve our products and services and keep you informed. If we cannot collect this information, we may not be able to do these tasks. We may collect your PI from you, or from third parties such as your employer. We will only share your PI where necessary to perform our activities with our administrator, other service providers, as required by law or court/tribunal order or with your permission. Your PI may be accessed overseas by some of our service providers. For full details of how we use your PI, the countries where your PI may be accessed, how you can access and change your PI, and the privacy complaints process please read our Privacy Policy at www.allangray.com.au or call us on 1300 604 604.

CONTACT US

P: 1300 604 604 | **E:** clientservices@allangray.com.au | **W:** allangray.com.au

Allan Gray Superannuation and Allan Gray Retirement are superannuation products within MAP Superannuation Plan ABN 71 603 157 863 RSE R1001587 (the Fund), which is Division II of The MAP Master Superannuation Plan. Diversa Trustees Limited ABN 49 006 421 638, AFSL 235153 RSE Licence L0000635 (referred to as the Trustee, we, our, us) is the Trustee of the Fund and the product issuer. The information in this document has been prepared by OneVue Super Services Pty Ltd ABN 74 006 877 872, AFSL 246883 as the Fund Administrator. It is intended to provide you with general information only and does not take into account your personal objectives, financial situation or needs. Before making any financial decisions about Allan Gray Superannuation and Allan Gray Retirement, it is important that you read the current product disclosure statement (PDS) and consider your particular circumstances and whether the particular financial product is right for you. The current PDS for each product is available on allangray.com.au. You should consult a financial adviser if you require personal advice.