

Telephone: 1800 640 055

Email: yourchoicesuper@onevue.com.au Post: PO Box 1282, Albury NSW 2640

Opt in election form to maintain or reinstate your group and/or retail insurance cover

Please complete this form in CAPITAL letters.

Use this form to:

- change your details, and/or
- elect to maintain or reinstate your default or voluntary insurance cover.

1. Member details			
Member number		Date of birth (DD/MM/YYYY)	
2. Updates to member details			
Only complete the details that are	e new or have been changed.		
Title Given name(s)		Tax file number	
Surname		Email address	
Residential address			State Postcode
Email address			
Phone (home)	Phone (work)	Mobile	
☐ I authorise the fund to update	my address and contact details if	the details provided above differ	r to the details currently held.
3. New name (if applicable)			
Title Given name(s	.)		
	<u>, </u>		
Surname			
certificate, deed poll or change of	est, we require evidence that you he name certificate from the Births, I lo not have these documents, refer	Deaths and Marriages Registration	on Office. If you need to know
Note: Certified copies of your pro- accepted.	of of identity documents (ID) must	contain an original signature. Er	nail or scanned copies cannot be
☐ I have attached my certified in	lentification.		



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Privacy Policy

The collection of your personal information (PI) in this form is governed by the Privacy Act 1988 (Cth). OneVue Wealth Services 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 on the Secure Online Portal, or at onesuper.com.

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 maintaining or retaining your existing insurance cover in the event that you are under 25 years of age, or your account balance falls below \$6,000 as required by Putting Members' Interests First Act 2019.			
	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.			
No	tes			
•	You should also consider any other insurance cover you might have, including with other super accounts. For information on how to keep track of your super, you can visit the ATO website at https://www.ato.gov.au/Individuals/Super/Growing-your-super/Keeping-track-of-your-super/.			
•	By opting in to reinstate 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 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			
Ву	completing and signing this form, I confirm that:			
•	I've read and understood the information on the terms of my insurance cover contained in the PDS and Insurance Guide and have considered my insurance needs,			
•	I understand that, in choosing to continue my insurance cover, insurance premiums will continue to be deducted from my super account to pay for my insurance cover and this will reduce my super balance,			
•	I understand that my superannuation account will need to have sufficient funds to pay for my insurance premiums,			
•	I'm choosing to continue my insurance cover in my account even if:			
	o my account hasn't received a contribution or rollover for a continuous period of 16 months or longer,			
	o I am below the age of 25 years, and/or			
	o my account balance is less than \$6,000,			
•	I understand that I can cancel or vary my insurance cover at any time,			
•	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 the fund's Privacy Policy.			
Si	ignature Date (DD/MM/YYYY)			



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Please return:

- completed *Opt in election to maintain or reinstate insurance cover form* only by scanning and emailing to the fund at super@onevue.com.au, and where applicable
- completed and signed *Change of details form* and certified copies of your proof of identity documents to the fund postal address.

The fund is a superannuation product within OneSuper ABN 43 905 581 638 RSE R1001341 (OneSuper). 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 OneSuper and the product issuer. The information in this document has been prepared by OneVue Wealth Services Pty Ltd ABN 70 120 380 627, AFSL 308868 as the Promoter. 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 the fund, it is important that you read the current product disclosure statement (PDS) and Target Market Determinations (TMDs), consider your particular circumstances and whether the particular financial product is right for you. The current PDS and TMDs for the fund are available at onesuper.com. Each TMD sets out who an investment in the fund might be appropriate for and the circumstances that trigger a review of the TMD. You should consult a financial adviser if you require personal advice.