



BT Protection Plans Alteration Request

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The Insurer and Issuer is TAL Life Insurance Services Limited ABN 31 003 149 157 AFSL 233728 (TLISL), except for Term Life as Superannuation, Income Protection as Superannuation, and Income Protection Assured as Superannuation, which are issued by Mercer Superannuation (Australia) Limited ABN 79 004 717 533 AFSL 235906 (MSAL) as trustee of the Mercer Super Trust ABN 19 905 422 981. MSAL does not guarantee the insurance. TLISL is part of the TAL Dai-ichi Life Australia Pty Limited ABN 97 150 070 483 group of companies (TAL). MSAL is not part of the TAL group of companies. BT is a trade mark of BT Financial Group Pty Limited ABN 38 087 480 331 and is used by each of TLISL and MSAL under licence. This information does not take into account your individual needs, objectives or financial situation. You should read the Product Disclosure Statement (PDS) before making a decision to purchase or continue to hold a product. A PDS can be obtained by visiting btlifeinsurance.tal.com.au or calling 1300 553 764.

SECTION 1 – DETAILS OF POLICY

Policy Number(s)

Portfolio Number

SECTION 2 – DETAILS OF INSURED PERSON(S)

INSURED PERSON (1)

Title

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Mx <input type="checkbox"/>	Other (please specify) <input type="text"/>
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Given name(s)

Surname

Date of birth (dd/mm/yyyy)

INSURED PERSON (2)

Title

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Mx <input type="checkbox"/>	Other (please specify) <input type="text"/>
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Given name(s)

Surname

Date of birth (dd/mm/yyyy)

INSURED PERSON (3)

Title

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Mx <input type="checkbox"/>	Other (please specify) <input type="text"/>
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Given name(s)

Surname

Date of birth (dd/mm/yyyy)

INSURED PERSON (4)

Title

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Mx <input type="checkbox"/>	Other (please specify)	
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Given name(s)

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Surname

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Date of birth (dd/mm/yyyy)

/ /

INSURED PERSON (5)

Title

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Mx <input type="checkbox"/>	Other (please specify)	
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Given name(s)

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Surname

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Date of birth (dd/mm/yyyy)

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SECTION 3 – ALTERATION REQUEST

I/We hereby request the Insurer to alter this policy as follows:

From

To

DECLARATION

I/We declare and agree that:

- I/we have received and read the BT Protection Plans Product Disclosure Statement and Policy Document (PDS), current at the date of this application;
- I/we understand that my/our answers are important to the Insurer and that the Insurer relies on the answers I/we have given;
- I/we have read the section titled 'Protection of your privacy' in the PDS and I/we agree to the various uses and disclosures of my/our personal information set out in that section. I/we also agree to make any beneficiary nominated by me/us aware of the matters set out in that section;
- the email address(es) provided in this application may be used to electronically communicate with me/us, including information in relation to my/our application and my/our insurance.

Signature of **Policy Owner 1**

X

Date

/ /

Signature of **Policy Owner 2**

X

Date

/ /

Signature of **Policy Owner 3**

X

Date

/ /

Signature of **Policy Owner 4**

X

Date

/ /

Signature of **Policy Owner 5**

X

Date

/ /

Signature of **Insured Person 1**

X

Date

/ /

Signature of **Insured Person 2**

X

Date

/ /

Signature of **Insured Person 3**

X

Date

/ /

Signature of **Insured Person 4**

X

Date

/ /

Signature of **Insured Person 5**

X

Date

/ /

DETAILS OF ADVISER

Adviser name

Adviser number

Adviser contact number