



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](http://btlifeinsurance.tal.com.au) or calling 1300 553 764.

#### GENERAL NOTICE

The completed form can be returned using either of the following methods:

**SCAN & EMAIL** [btlifeinsurance@tal.com.au](mailto:btlifeinsurance@tal.com.au)  
**POST** BT Protection Plans  
GPO Box 5467  
Sydney NSW 2001

To be completed by the Policy Owner, or the life insured (if the policy is held in Superannuation or Mercer Superannuation (Australia) Limited is the Policy Owner).

We recommend that you seek financial advice before deciding to remove the annual CPI increase or reduce your cover.

#### PERSONAL DETAILS

Title

Mr  Mrs  Miss  Ms  Dr  Mx  Other (please specify)

Given name(s)

Surname

Postal address

Suburb  State  Postcode

Home phone number

( )

Work phone number

( )

Mobile phone number

Email address

**This form can be used for two purposes:**

1. To request changes to the annual increase based on the Consumer Price Index (CPI) feature.
2. To request or confirm changes to your life insurance sum insured/premiums.

## SECTION 1 – REMOVING CONSUMER PRICE INDEX (CPI)

CPI is the annual increase in the sum insured, being the greater of: 3% or the rise in the consumer price index applied to your policy each year. CPI is designed to help keep the value of your benefit in line with inflation. For example, if your sum insured is \$50,000 when your policy starts, in 10 years' time with the addition of a 3% consumer price index, \$50,000 becomes \$67,196.

Please choose one of the following:

**A** Please stop the annual CPI increase for this current year being applied to my sum insured.

**B** Please stop the annual CPI increase for this year and all future years being applied to my sum insured.

Should you wish to cease CPI for this current year your policy will be eligible for CPI on your next policy anniversary.

Policy number(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## SECTION 2 – REDUCTION OF COVER REQUEST

I require the following option to be applied to my policy (refer to your quote to complete):

Policy number	Cover type	Current sum insured	New sum insured requested
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Please attach another form/further instruction should more space be required.

## 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;
- the reduction to my cover and/or CPI changes will change the premium payable from the date the Insurer receives this completed request.

**To be completed by the Policy Owner, or the life insured (if the policy is held in Superannuation or Mercer Superannuation (Australia) Limited is the Policy Owner)**

Name of Policy **Owner 1**

Date of birth (dd/mm/yyyy)

Gender

M  F

Signature

Date (dd/mm/yyyy)

Name of Policy **Owner 2**

Date of birth (dd/mm/yyyy)

Gender

M  F

Signature

Date (dd/mm/yyyy)

**DECLARATION (CONTINUED)**

Name of **Policy Owner 3**

Date of birth (dd/mm/yyyy)

Gender

M  F

Signature

Date (dd/mm/yyyy)

Name of **Policy Owner 4**

Date of birth (dd/mm/yyyy)

Gender

M  F

Signature

Date (dd/mm/yyyy)

Name of **Policy Owner 5**

Date of birth (dd/mm/yyyy)

Gender

M  F

Signature

Date (dd/mm/yyyy)