ASGARD

Group Insurance

Request to Cancel Insurance Benefits

Please complete sections 1 and 2 of this form in BLOCK LETTERS and:

✉ **Post it to** ASGARD, PO Box 7490, Cloisters Square, Perth WA 6850

Questions? Call ASGARD Investor Services on 1800 998 185 toll free or email asgard.investor.services@sealcorp.com.au

Note: Privacy laws protect your privacy. Please read our Privacy Brochure for more information. A copy can be obtained from ASGARD Investor Services.

OFFICE USE ONLY Group Insurance Team

1. Your Account Details

Account Number ☐☐☐☐☐☐☐ – ☐☐ – ☐☐

Account Name

Title ☐☐☐ Surname

Given names

2. Insurance Cancellation

Please cancel the following insurance benefits held under my AESA Superannuation Account listed above.

☐ Life Protection

☐ Life and Total & Permanent Disablement Protection

☐ Salary Continuance

3. Signature

Please make the changes as marked in sections 1 to 2 to my Account.

I confirm that I am aware that:

- ASGARD will cease insurance premium deductions after receipt of this notification.
- Insurance cover will cease from the end of the monthly premium paying period following ASGARD's receipt of this instruction.
- That by cancelling my group cover, I am no longer eligible for the group scheme and that if at a later stage I select cover, I will be required to be fully medically underwritten.
- I should seek financial advice prior to making a decision on insurance cover.

Signature ✗ Date ☐☐/☐☐/☐☐☐☐

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