

## Elect to keep my insurance cover

Please complete this form using **black ink** and print clearly within the boxes in **CAPITAL LETTERS**. Start at the left of each answer space and leave a gap between words. Please CROSS **X** in appropriate answer boxes.

From 1 July 2019, if your account hasn't received a contribution or a rollover for over 16 months, we're required by law to cancel your insurance. Use this form if you want to keep your insurance.

### My account details

- My ClearView LifeSolutions Super policy number
- My ClearView Superannuation and Roll-overs account number

### My personal details

Given name(s)

Family name

Email address

Phone (  )

Date of birth

### Do you want to keep your insurance cover?

- Yes**, I elect to keep my insurance cover

### Your declaration and signature

By signing this form, I:

- declare the information provided is true and correct,
- understand I am choosing to continue my insurance cover in my super account listed above, even if my account hasn't received a contribution or rollover for a continuous period of 16 months,
- understand that the insurance premiums will continue to be deducted from my super account to pay for my insurance cover and this will reduce my super balance, and
- I can cancel or change my insurance cover at any time.

Signature of person making this declaration

Date

## Please return your completed form to:

**Mail:** ClearView, GPO Box 4232, Sydney NSW 2001

**Email:** [clearviewlife.maintenance@clearview.com.au](mailto:clearviewlife.maintenance@clearview.com.au). **Email a scanned copy or photo of your signed and dated form**

Enquiries: Phone – **132 979** (8am to 7pm Sydney time, Monday to Friday)

**[www.clearview.com.au](http://www.clearview.com.au)**