

# ANZ SUPER ADVANTAGE INSURANCE CANCELLATION FORM



1 February 2020

## Customer Services

Phone 13 38 63

Email [customer@onepath.com.au](mailto:customer@onepath.com.au)

Website [anz.com](http://anz.com)

You must complete this form in order to cancel any insurance benefits you may have. You should be aware that your employer may require Death and/or Total and Permanent Disablement or Group Salary Continuance benefits to be retained. In these cases, you will not be able to cancel your cover. Please refer to your Welcome Letter and Member Benefits Schedule or contact Customer Services on 13 38 63 to see if such conditions apply.

## INSTRUCTIONS

Complete and sign and the form and return to:

**ANZ Super Advantage**  
**OnePath Life Limited**  
GPO Box 4028  
Sydney NSW 2001

## 1. CURRENT PLAN AND MEMBER DETAILS

Member number	<input type="text"/>	
Employer plan name	<input type="text"/>	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="text"/>	
Surname	<input type="text"/>	
Given name(s)	<input type="text"/>	
Residential address (this cannot be a PO Box)	<input type="text"/>	
Suburb/Town	State <input type="text"/>	Postcode <input type="text"/>
Country	<input type="text"/>	
Postal address (if different from above)	<input type="text"/>	
Suburb/Town	State <input type="text"/>	Postcode <input type="text"/>
Country	<input type="text"/>	
Home phone	Business phone <input type="text"/>	
Mobile phone	<input type="text"/>	
Email	<input type="text"/>	

## 2. CANCELLATION OF DEATH AND TOTAL AND PERMANENT DISABLEMENT (TPD) COVER

- Death Only
- Death and TPD Cover
- TPD Cover

**Note:** where you have Death and TPD Cover you are unable to cancel the Death Cover without also cancelling your TPD Cover.

## 3. CANCELLATION OF GSC COVER

- GSC Cover

# ANZ SUPER ADVANTAGE INSURANCE CANCELLATION FORM

## 4. DECLARATION AND AUTHORISATION

By completing this form, I understand the implications of cancelling my insurance cover, including, but not limited to:

- I acknowledge that I no longer have claim to any insurance benefits and should I wish to re-instate or re-apply for insurance cover in the future, I will be required to provide appropriate medical evidence to enable the insurer to decide whether to accept cover and on what terms
- discharging the Trustee, OnePath Custodians Pty Limited, from any liability arising from my decision to cancel insurance cover
- I consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in ANZ's Privacy Policy which is available at [anz.com/privacy](http://anz.com/privacy), OnePath Custodians' Privacy Policy which is available at [onepath.com.au/superandinvestments/privacy-policy](http://onepath.com.au/superandinvestments/privacy-policy) and OnePath Life's Privacy Policy which is available at [onepath.com.au/insurance/privacy-policy](http://onepath.com.au/insurance/privacy-policy). If I have provided information about another person in this application (for example a beneficiary or life insured), I declare that I have the consent of that person to do so. I understand that ANZ, OnePath Custodians and OnePath Life require me to inform the person concerned that I have done so and direct them to the relevant Privacy Policies so they may understand the manner in which their personal information (including health and other sensitive information) may be used and disclosed by ANZ, OnePath Custodians and OnePath Life.
- I acknowledge that OnePath Life is no longer a related body corporate of OnePath Custodians.

Signature of applicant

Date