

Request to reject indexation increases

The Inflation protection benefit protects the value of your insurance cover against the impact of inflation by increasing your insurance cover each year (indexation). Your premiums will increase each year by an additional amount to reflect this indexation of cover.

This form allows you to reject individual offers or advise us that you no longer wish to receive future offers of indexation.

This form is to be completed by the policy owner. To avoid delays, check that all questions have been answered fully. Please use BLOCK LETTERS.

Policy number/s



Policy type: Wealth Protection Active Sumo FutureWise Ezicover Other_____

Rules and restrictions

If you reject an individual indexation offer, your sum insured will not increase for 12 months. You will be offered indexation again after 12 months. If you reject all future indexation offers, then we will not offer you indexation again. The effect of rejecting indexation is that your sum insured will not automatically increase and your premiums will not be impacted by an increase in cover. However, your premiums will still be subject to increases in accordance with all other policy terms and conditions.

If your policy is related to another under the Tailored super structuring or Super optimiser features and you decline indexation on one, indexation will be declined on both related policies.

Please note that this form must be signed and returned to us within 30 days of receiving the indexation offer at the address provided on the next page.

1 Alteration required (please tick)

Reject indexation offer – **12 months only**

Reject indexation offer – **all future offers**

Please note: that if you elect to reject all future indexation offers, you will not receive any further communication from Zurich regarding the indexation of cover.

2 Policy owner 1 details

Title	Surname		
Given names		Date of birth	/ /
Address		State	Postcode
Contact numbers			

3 Policy owner 2 details (if applicable)

Title	Surname		
Given names		Date of birth	/ /
Address		State	Postcode
Contact numbers			

4 Declaration

I/We have read and understood the Zurich Product Disclosure Statement for your policy, including the sections relating to the Inflation protection benefit or the Indexation increases feature and understand the terms and conditions that apply to the benefit/feature.

I/We agree that by signing this application I/we are notifying Zurich that I/we are rejecting the indexation offer/s for the policy number/s provided above, and understand that the sums insured will remain unchanged.

I/We understand that where the option selected is to reject all future indexation offers, Zurich will require notification in writing from the policy owner/s to activate this benefit again.

Name of policy owner 1

Signature of policy owner 1

Date

X

/ /

Name of policy owner 2

Signature of policy owner 2

Date

X

/ /

Privacy

Zurich is bound by the Privacy Act 1988 (Cth). In completing the forms or questions herein you will be providing us with your personal and, perhaps, sensitive information. The collection and management of this information is governed by the Privacy Act 1988. For a more detailed explanation of Zurich's Privacy Policy please visit our website at www.zurich.com.au or contact the Zurich Privacy Officer on 132 687 or email us at privacy.officer@zurich.com.au

Any questions? Call 131 551

Please return the completed form to us:

By post, to **Zurich Australia Limited, Customer Care, Locked Bag 994, North Sydney NSW 2059**, or

By email, as a scanned attachment, to **client.service@zurich.com.au**