



ZURICH®

Zurich Superannuation Plan

Adding/Increasing Optional Protection Benefit to existing ZSP Plan

Use this form if you are adding or increasing Optional Protection Benefits to/on your existing Zurich Superannuation Plan (ZSP).

Before you sign this application form, please read the current Zurich Superannuation Plan/Zurich Account-Based Pension Product Disclosure Statement (PDS). The PDS and the incorporated documents will help you to understand the Optional Protection Benefits and decide if they are appropriate to your needs. Please ensure you read all parts carefully before you sign this application.

OFFICE USE ONLY – SPIN ZUR0473AU

Account Number

Client Number

Adviser's stamp

Adviser

Adviser No.

Phone No.



Important information

The "Zurich Superannuation Plan Optional Protection Benefits Information document" contains important information and the full terms and conditions of cover. You must read it before applying for optional protection benefits as part of your Zurich Superannuation Plan and keep a copy for your records.

A copy of this document can be located at www.zurich.com.au/ZSPandZABP.

Please **tick to confirm** you have obtained and kept a copy of the booklet.

I have obtained and kept a copy of the booklet current as at the date of my application.

The Life Insured's Statement forms part of the application for Optional Protection Benefits. Please ensure this has been completed before proceeding.

A completed Zurich Life Quotes premium quote must be attached to this application. If you have not received a copy of this quote, please contact your financial adviser before proceeding.

1 Investor details

Investment number _____

Title _____ Surname _____ Given name(s) _____

Male Female Date of birth / /

Residential address _____ State _____ Postcode _____

Postal address _____ State _____ Postcode _____

Contact details

Work () Home ()

Mobile _____ Email _____

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Equity Trustees Superannuation Limited
ABN 50 055 641 757, AFSL 229757, RSE L0001458. Level 1, 575 Bourke Street Melbourne VIC 3000.

Zurich Australia Limited
ABN 92 000 010 195, AFSL 2325105. Blue Street North Sydney NSW 2060.

2 Optional protection benefits

Please **tick** your required option

What insurance are you applying for:

- Zurich Superannuation Term Life Plus
 Zurich Superannuation Income Protector
 Zurich Superannuation Income Protector Plus

Zurich Superannuation Term Life Plus

	Sum insured	Monthly premium
Death benefit	\$	\$
TPD	\$	\$
Total monthly insurance premium		\$

Please note: The total monthly insurance premium will be deducted from your Fund Account on a set date each month.

Zurich Superannuation Income Protector/Plus

	Monthly Benefit	Monthly premium
Income Protector/Plus	\$ p.m.	\$

Please note: The monthly insurance premium will be deducted from your Fund Account on a set date each month.

3 Declaration and checklist

- I declare that I have read the Zurich Superannuation Plan and Zurich Account-Based Pension PDS and the Zurich Superannuation Plan Optional Protection Benefits Information document (current as at the date of my signature below), and apply to Equity Trustees Superannuation Limited for the insurance set out in this Application (including the attached Zurich Life Quotes premium quote and Life Insured's Statement).
- I confirm that the answers to the questions set out in this Application are true and complete.

Member's signature

Date

X

/ /

Checklist: Please ensure you have included the following with this form:

- ZSP Optional Protection Benefits – Life Insured's Statement
 Zurich Life Quotes premium quote