



BT Protection Plans

Alteration request for policy reductions and/or removal of benefits or options

GPO Box 5467, Sydney NSW 2001
☎ 1300 553 764
✉ btlifeinsurance@tal.com.au

The Insurer and Issuer is TAL Life Insurance Services Limited ABN 31 003 149 157 AFSL 233728 (TLISL), except for Term Life as Superannuation, Income Protection as Superannuation, and Income Protection Assured as Superannuation, which are issued by Mercer Superannuation (Australia) Limited ABN 79 004 717 533 AFSL 235906 (MSAL) as trustee of the Mercer Super Trust ABN 19 905 422 981. MSAL does not guarantee the insurance. TLISL is part of the TAL Dai-ichi Life Australia Pty Limited ABN 97 150 070 483 group of companies (TAL). MSAL is not part of the TAL group of companies. BT is a trade mark of BT Financial Group Pty Limited ABN 38 087 480 331 and is used by each of TLISL and MSAL under licence. This information does not take into account your individual needs, objectives or financial situation. You should read the Product Disclosure Statement (PDS) before making a decision to purchase or continue to hold a product. A PDS can be obtained by visiting btlifeinsurance.tal.com.au or calling 1300 553 764.

SECTION 1 – DETAILS OF POLICY

Policy Number(s)

Portfolio Number

SECTION 2 – DETAILS OF INSURED PERSON(S) REQUIRING ALTERATION

INSURED PERSON (1)

Title

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Mx <input type="checkbox"/>	Other (please specify) <input type="text"/>
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Given name(s)

Surname

Date of birth (dd/mm/yyyy)

INSURED PERSON (2)

Title

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Mx <input type="checkbox"/>	Other (please specify) <input type="text"/>
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Given name(s)

Surname

Date of birth (dd/mm/yyyy)

INSURED PERSON (3)

Title

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Mx <input type="checkbox"/>	Other (please specify) <input type="text"/>
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Given name(s)

Surname

Date of birth (dd/mm/yyyy)

INSURED PERSON (4)

Title

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Mx <input type="checkbox"/>	Other (please specify)	
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Given name(s)

Surname

Date of birth (dd/mm/yyyy)

 / /
INSURED PERSON (5)

Title

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Mx <input type="checkbox"/>	Other (please specify)	
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Given name(s)

Surname

Date of birth (dd/mm/yyyy)

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SECTION 3 – ALTERATION REQUEST

I/We hereby request the Insurer (and, where the benefits are issued by MSAL as trustee of the Mercer Super Trust, MSAL) to alter this policy as follows:

From

To

SECTION 4 – PAYMENT INSTRUCTIONS – SUPERANNUATION

Only complete this section if the policy being altered is structured through superannuation, and you are eligible for a refund of unused premiums.

The unused premiums will be refunded using the superannuation details we have on file. If we do not have your superannuation details on file, or if you would like to provide alternative superannuation details, please complete the relevant section below.

If you currently hold a self managed super fund (SMSF) please complete the 'SMSF Payment Instruction' section.

Note: Superannuation law generally prohibits the repayment in cash of premiums paid for policies held through superannuation. This is because the premiums may be subject to preservation and so cannot be released from the fund.

4A. ROLLOVER INSTRUCTION

Please provide details of the fund into which you would like your benefit rolled over.

Note:

- We will not send the rollover cheque to a third party such as a financial adviser or an accountant.

Name of receiving fund

Member number*

Fund USI*

Fund ABN*

Service period start date (date you joined the fund)

* Make sure you provide your member number, fund USI and fund ABN.

Please note that your Tax File Number will be provided to the receiving rollover fund for identification purposes.

4B. SMSF PAYMENT INSTRUCTION

Note: We will not send a cheque or make an electronic funds transfer (EFT) to a third party such as a financial adviser or accountant unless they are the SMSF's registered administrators with the Australian Tax Office (ATO).

Name of SMSF

Electronic Service Address (ESA)*

Fund ABN

BSB number

Account number

Fund contact number

Service period start date (date you joined the fund)

* Make sure you provide the SMSF's ESA.

DECLARATION

I/We declare and agree that:

- I/we understand that we should consider the Product Disclosure Statement and Policy Document (PDS)*, and should also consider seeking financial advice, before making a decision to change my/our policy;
- I/we understand that once a benefit or option is reduced or removed the same benefit or option may not be available again in the future or may be subject to a new application and underwriting assessment;
- I/we have read the section titled 'Protection of your privacy' in the PDS and I/we agree to the various uses and disclosures of my/our personal information set out in that section. I/we also agree to make any beneficiary nominated by me/us aware of the matters set out in that section;
- the email address(es) provided to the Insurer may be used to electronically communicate with me/us, including information in relation to my/our application and my/our insurance.

* Please call us if you need a copy of the PDS for your policy.

WHO NEEDS TO SIGN?

Policy owner	Must be signed by...
Individual – sole owner/sole trustee	The policy owner/trustee
Individuals – joint owners/joint trustees	Each joint policy owner/each joint trustee
Company (including a corporate trustee)	<ul style="list-style-type: none">• Two directors; or• One director and the company secretary
Proprietary company (including a corporate trustee) with a sole director, where the sole director is also the company secretary or the company does not have a company secretary	That sole director/sole director and sole company secretary
MSAL as trustee of the Mercer Super Trust	The life insured

Life insured

Full name

Date of birth

Signature

Date

Policy owner

Full name

Signature

Date

If signing for a company, please specify

 Director Company secretary

Policy owner

Full name

Signature

Date

If signing for a company, please specify

 Director Company secretary

Policy owner

Full name

Signature

Date

If signing for a company, please specify

 Director Company secretary

Policy owner

Full name

Signature

Date

If signing for a company, please specify

 Director Company secretary

If the policy owner is a company (including a corporate trustee) other than MSAL, please provide the company details:

Name of company

ACN

Please check this box if the policy owner is a sole trustee, or a sole director (who is also the company secretary, or the company doesn't have a company secretary)

Please note: In some instances we may be required to verify your signature to proceed with the cancellation. If required, our team will request a copy of your ID.

DETAILS OF ADVISER

Adviser name

Adviser number

Adviser contact number