



# BT Protection Plans Alteration Request

GPO Box 5467, Sydney NSW 2001  
☎ 1300 553 764  
✉ [btlifeinsurance@tal.com.au](mailto: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](http://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)

### 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"/>
-----------------------------	------------------------------	-------------------------------	-----------------------------	-----------------------------	-----------------------------	---

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"/>
-----------------------------	------------------------------	-------------------------------	-----------------------------	-----------------------------	-----------------------------	---

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"/>
-----------------------------	------------------------------	-------------------------------	-----------------------------	-----------------------------	-----------------------------	---

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)	
-----------------------------	------------------------------	-------------------------------	-----------------------------	-----------------------------	-----------------------------	------------------------	--

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)	
-----------------------------	------------------------------	-------------------------------	-----------------------------	-----------------------------	-----------------------------	------------------------	--

Given name(s)

Surname

Date of birth (dd/mm/yyyy)

**SECTION 3 – ALTERATION REQUEST**

I/We hereby request the Insurer 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.

**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\*

\* 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

\* Make sure you provide the SMSF's ESA.

## DECLARATION

I/We declare and agree that:

- I/we have received and read the BT Protection Plans Product Disclosure Statement and Policy Document (PDS), current at the date of this application;
- I/we understand that my/our answers are important to the Insurer and that the Insurer relies on the answers I/we have given;
- 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 in this application may be used to electronically communicate with me/us, including information in relation to my/our application and my/our insurance.

Signature of **Policy Owner 1**

X

Date

/ /

Signature of **Policy Owner 2**

X

Date

/ /

Signature of **Policy Owner 3**

X

Date

/ /

Signature of **Policy Owner 4**

X

Date

/ /

Signature of **Policy Owner 5**

X

Date

/ /

Signature of **Insured Person 1**

X

Date

/ /

Signature of **Insured Person 2**

X

Date

/ /

Signature of **Insured Person 3**

X

Date

/ /

Signature of **Insured Person 4**

X

Date

/ /

Signature of **Insured Person 5**

X

Date

/ /

## DETAILS OF ADVISER

Adviser name

Adviser number

Adviser contact number