

St.George Protection Plans Alteration Request

Section 1 - Details of Policy

Policy number(s)

Portfolio number

Section 2 - Details of Insured Person(s)

Insured Person (1)

Title: Mr Mrs Miss Ms Dr Mx Other (please specify)

Given name(s)

Surname

Date of birth (dd/mm/yyyy)

Insured Person (2)

Title: Mr Mrs Miss Ms Dr Mx Other (please specify)

Given name(s)

Surname

Date of birth (dd/mm/yyyy)

Insured Person (3)

Title: Mr Mrs Miss Ms Dr Mx Other (please specify)

Given name(s)

Surname

Date of birth (dd/mm/yyyy)

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. St.George is a trade mark of Westpac Banking Corporation ABN 33 007 457 141 AFSL 233714 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 tal.com.au/stgeorgelife or calling 1300 366 416.

Section 2 - Details of Insured Person(s) (continued)

Insured Person (4)

Title: Mr Mrs Miss Ms Dr Mx Other (please specify)

Given name(s)

Surname

Date of birth (dd/mm/yyyy)

Insured Person (5)

Title: Mr Mrs Miss Ms Dr Mx 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

Declaration

I/We declare and agree that:

- I/we have received and read the Product Disclosure Statement* and Policy Document (PDS), current at the date of the 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 TLISL 'Privacy Notice' available on the website and I/we agree to the various uses and disclosures of my/our personal information set out in that document. 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.

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

Signature of Policy Owner (1)

Date

Signature of Policy Owner (2)

Date

Signature of Policy Owner (3)

Date

Signature of Policy Owner (4)

Date

Signature of Policy Owner (5)

Date

Signature of Insured Person (1)

Date

Signature of Insured Person (2)

Date

Signature of Insured Person (3)

Date

Signature of Insured Person (4)

Date

Signature of Insured Person (5)

Date

Details of Adviser

Adviser name

Adviser number

Adviser contact number