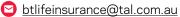
() 1300 366 416





St.George Protection Plans Alteration request for policy reductions and/or removal of benefits or options

Section 1 - Details of Policy	
Policy number(s)	Portfolio number
Section 2 - Details of Insured Person(s) requiring alteration	
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	
Data of hirth (dd/mm/ssss)	
Date of birth (dd/mm/yyyy)	
T T	
Insured Person (3)	
Title: Mr Mrs Miss Ms Dr Mx Other (please specify)	
Given name(s)	
Surname	
Data of hirth (dd/mm/ssss)	
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.

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Section 2 - Details of Insured Person(s) requiring alteration (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 (and, where the benefits are issued by MSAL as trustee of the Mercer Super Trust, MSAL) to alter this policy as follows:			
From			
То			

Payment instructions - Superannuation

Only complete this section if the policy(ies) being cancelled 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.

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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 meml	per number, fund USI and fund ABN.			

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

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 administra	ators with the Austral	ian Iax Office (ATO).	
Name of SMSF			
Electronic Service Address (ESA)*			
Fund ABN		BSB number	Account number
Fund contact number		Service period start dat	e (date you joined the fund)
		/ /	

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 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 to the Insurer may be used to electronically communicate with me/us, including information in relation to my/our application and my/our insurance.

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)	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

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^{*} Make sure you provide the SMSF's ESA.

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

Life insured			
Full name		Date of birth	1 1
Signature	×		
Date			
Policy owner			
Full name			
Signature	X		
Date	/ If signing for a company, please speci	fy Director	Company secretary
Policy owner			
Full name			
Signature	X		
Date	/ If signing for a company, please speci	fy Director	Company secretary
Policy owner			
Full name			
Signature	X		
Date	/ If signing for a company, please speci	fy Director	Company secretary
Policy owner			
Full name			
Signature	×		
Date	/ If signing for a company, please specif	fy Director	Company secretary
If the policy owne	er is a company (including a corporate trustee) other than MSAL, ple	ease provide the	company details:
Name of company	у		
ACN			
Please check	ck this box if the policy owner is a sole trustee, or a sole director (who any doesn't have a company secretary)	o is also the com	npany secretary,
Please note: In son team will request o	ome instances we may be required to verify your signature to proceed ware a copy of your ID.	rith the cancellat	ion. If required, our
Details of Advi	viser		
Adviser name			
Adviser number	Adviser contact number ()		

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