

→ Insurance reduction/cancellation form

Use this form to reduce or cancel your insurance with LGsuper.

- We recommend that you consider the effect cancelling your insurance could have on you or your family. Keep in mind that if you apply for insurance in the future this would be subject to acceptance by the insurer and any special conditions they apply. If you are a member of the Defined Benefits Fund you are unable to cancel or reduce your insurance as it is provided as part of the package of benefits you receive.

Member details LGsuper respects your privacy. All personal information collected is protected in line with the National Privacy Principles and LGsuper's Privacy policy.

Last name	Given names	Date of birth
Address	Member number	
Suburb	Postcode	Telephone number

Insurance instructions

I would like to:

- Reduce my insurance cover to units
- Cancel my insurance
- Change my insurance to death cover only (no disability insurance)

Declaration

I understand that once LGsuper receives this form it will take effect from the next Monday after it is received.

I understand that once I cancel or reduce my insurance I am unable to reverse this decision and have read the insurance information in the relevant product disclosure statement.

Signature	Date
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