

Perpetual Select Super Plan

Equity Trustees Superannuation Limited ABN 50 055 641 757 AFSL 229757 RSE L0001458

Insurance reinstatement form

Please complete this form in black ink using BLOCK letters.

Please complete this form if your insurance cover was cancelled as a result of 'inactivity' and you would like to reinstate your
insurance cover. You can only reinstate your insurance cover within 60 days of your insurance cover cancelling. Your insurance
cover is subject to the policy terms, governing rules of Perpetual Select Superannuation Fund and superannuation law.

Please post your completed form to us or email the form to selectfunds@perpetual.com.au.

You can only complete this form if you are requesting to reinstate your insurance cover within 60 days of your insurance cover cancelling.

Please contact us if your insurance cover has cancelled outside of 60 days.

1. Your personal details

name													
client number					accou	nt nui	mber						

2. Request to reinstate insurance cover and election to maintain insurance cover

By signing this form:

- I request to have insurance cover reinstated on my account; and
- I elect to maintain my insurance cover even if my account is inactive for a continuous period of 16 months.
- I understand that:
 - I will be charged backdated insurance premiums to ensure that my insurance cover remains continuous;
 - My insurance cover will be maintained where my account has sufficient funds to deduct the insurance premiums for the period of cover; and
 - I can reduce, cancel or apply to increase my insurance cover at any time.
- I confirm that I have considered the necessary information, including the 'Insurance in Your Super' document that forms part of the Product Disclosure Statement (available online at www.perpetual.com.au).

name											
signature					date		/	/			

Phone 1800 003 001

Mail Perpetual Select Super, GPO Box 4171, Sydney NSW 2001

Email superandpension@perpetual.com.au

Website www.perpetual.com.au