

Election to Maintain Insurance Cover

This form is for members of legalsuper



Use this form if you want to maintain your Insurance Cover even if your account becomes inactive for a period of more than 16 months.

Your details	
Member number:	
Given Name:	
Surname:	

Election to Maintain Insurance Cover
<input type="checkbox"/> I elect to maintain my Insurance Cover (please tick box)

Your declaration	
<p>By signing this request form I am making the following statements:</p> <ul style="list-style-type: none">• I understand the effect this election may have on my superannuation benefits, and do not require further information.• I declare that the information provided is true and correct.• I understand that personal information provided on this form will be used to action my request.	
Signed <input type="text"/>	Date <input type="text" value="/ /"/>

Please return your completed and signed form to:	
<p>Email: mail@legalsuper.com.au (please email a scanned copy or photocopy of your signed and dated form).</p>	<p>Mail: legalsuper, GPO Box 5081 Parramatta NSW 2124</p>