

# Opt in election to maintain or reinstate your group and/or retail insurance cover

Please complete this form in CAPITAL letters to:

- ▶ change your details and/or
- ▶ elect to maintain or reinstate your default or voluntary Insurance cover:

## 1. Member details

Member number	Date of birth (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>

## 2. Updates to member details

Only complete the details that are new or have been changed.

Title	Given name(s)	Tax file number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	Email address	
<input type="text"/>	<input type="text"/>	
Postal Address	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address (if same as postal address, write 'as above')		
<input type="text"/>		
Phone (home)	Phone (work)	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ I authorise the Fund to update my address and contact details if the details provided above differ to the details currently held.

## 3. New name (if applicable)

Title	Given name(s)
<input type="text"/>	<input type="text"/>
Surname	
<input type="text"/>	

To complete a name change request, we require evidence that you have changed your name - either a certified copy of a marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office. If you need to know who can certify your ID or if you do not have these documents, contact us (details below) for a factsheet on identification requirements.

**Note:** Certified copies of your proof of identity documents (ID) must contain an original signature. Email or scanned copies cannot be accepted.

☐ I have attached my certified identification.

## Privacy Policy

The collection of your personal information (PI) in this form is governed by the Privacy Act 1988 (Cth). Diversa Trustees Limited uses your PI to administer your superannuation account (including insurance (if any)), improve our products and services and keep you informed. If we cannot collect this information, we may not be able to do these tasks. We may collect your PI from you, or from third parties such as your employer. We will only share your PI where necessary to perform our activities with our administrator, other service providers, as required by law or court/tribunal order or with your permission. Your PI may be accessed overseas by some of our service providers. For full details of how we use your PI, the countries where your PI may be accessed, how you can access and change your PI, and the privacy complaints process please read our Privacy Policy on the Secure Online Portal, or at [diversa.com.au](http://diversa.com.au).

#### 4. Opt in election to maintain your Insurance cover

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- ☐ By ticking this box, you consent to maintaining all of your existing insurance cover in the event that your account becomes inactive for a continuous period of 16 months.
- ☐ By ticking this box, you consent to maintaining or retaining your existing insurance cover in the event that you are under 25 years of age, or your account balance falls below \$6,000 as required by Putting Members' Interests First Act 2019.
- ☐ By ticking this box, you consent to have your insured cover reinstated, after your insurance cover was cancelled as required by Protecting Your Super Package Act 2019.

##### Notes

- You should also consider any other insurance cover you might have, including with other super accounts. For information on how to keep track of your super, you can visit the ATO website at <https://www.ato.gov.au/Individuals/Super/Growing-your-super/Keeping-track-of-your-super/>.
- By opting in to reinstate insurance cover, insurance premiums will be backdated to the date of cancellation of insurance.
- If you currently hold Insurance cover and do not opt in to elect to maintain Insurance cover, the Fund will be required to cancel all of your Insurance cover held in the event that your Member account is inactive for a continuous period of 16 months.
- If your Insurance cover has been cancelled and you do not elect to reinstate your Insurance cover within the Insurers agreed period, reinstatement will only be available at the Insurer's discretion.

#### 5. Member declaration and signature

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By completing and signing this form, I confirm that:

- I've read and understood the information on the terms of my insurance cover contained in the PDS and Insurance Guide and have considered my insurance needs,
- I understand that, in choosing to continue my insurance cover, insurance premiums will continue to be deducted from my super account to pay for my insurance cover and this will reduce my super balance,
- I understand that my super account will need to have sufficient funds to pay for my insurance premiums,
- I'm choosing to continue my insurance cover in my super Account even if:
  - o my super Account hasn't received a contribution or rollover for a continuous period of 16 months or longer;
  - o I am below the age of 25 years; and/or
  - o my super Account balance is less than \$6,000
- I understand that I can cancel or vary my insurance cover at any time
- I do declare that the information I have provided on this form is true and correct,
- I consent to my personal information being used in accordance with the Fund's Privacy Policy.

Signature

Date (DD/MM/YYYY)

##### Please return:

- ▶ completed Opt in election to maintain or reinstate insurance cover only by scanning and emailing to the Fund; and where applicable
- ▶ completed and signed change of details/name form and certified copies of your proof of identity documents to:  
**Smartsave, PO Box 1282, Albury NSW 2640.**

##### Contact us

**Phone:** 1300 654 720 | **Email:** [smartsave@onevue.com.au](mailto:smartsave@onevue.com.au) | **Website:** [smartsavesuper.com.au](http://smartsavesuper.com.au)

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