

Insurance *Reduction* Letter

Name: _____

Superannuation Account number: _____

I would like to *reduce* the benefit of my Death and Total and Permanent Disability insurance as it is applied in the above mentioned superannuation fund.

I would like to reduce the benefit to \$ _____ of Death and Total and Permanent Disability insurance.

Please send me confirmation that this has been done.

Signed: _____

Date: ____/____/____

Please mail the original of this signed letter to your fund manager. Faxed or emailed copies will not be accepted.

Insurance Cancellation Letter

Name:

Superannuation Account number:

I would like to *cancel* the benefit of my Death and Total and Permanent Disability insurance as it is applied in the above mentioned superannuation fund.

Signed:

Date:

___/___/___

Please mail the original of this signed letter to your fund manager. Faxed or emailed copies will not be accepted.