

# Application to cancel insurance cover

Please use this form if you wish to cancel your current insurance arrangements with MIESF. Insurance cover will only be cancelled from the date we receive this form fully completed.

## 1. Your current membership details

Please print clearly in capital letters.

Membership number

Title (Mr, Mrs, Ms, Miss)

Date of birth (DD/MM/YYYY)

Last name

Given name(s)

Postal address

Suburb

State

Postcode

Phone (W)

Mobile

Email

## 2. Cancellation of insurance cover

Please cancel my existing Death and TPD cover

Mark X to cancel your cover.

## 3. Privacy notice

Your privacy with MIESF

The information you provide in this form is collected by and held by MIESF, in accordance with the *National Privacy Principles of the Privacy Act*. Such information is usually disclosed to third parties, including the Insurer who may be involved with the processing of this application. For more information about privacy, contact the Fund's Privacy Officer.

## 4. Declaration

I declare that:

- by cancelling my insurance, the cover will cease and the cost will no longer be deducted from my account for that cover; and
- by cancelling my insurance cover I will become ineligible for insurance cover at any time.

Signature

Date (DD/MM/YYYY)

Please return completed form to MIESF at the address shown below:



**Meat Industry Employees'  
Superannuation Fund**

(ABN 17 317 520 544) Level 2, 62 Lygon Street, Carlton South Vic 3053 Phone: 1800 252 099 or (03) 9662 3861 Fax: (03) 9662 2430  
Trustee: Meat Industry Employees' Superannuation Fund Pty Ltd (ABN 58 005 793 199) (AFSL 239 953)

1 July 2013