Cancellation Form (Homeowner Protection)

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Important

Please note that TAL will not reinstate a cancelled plan or policy. If you wish to have insurance cover in the future, you will need to submit a new application for a new policy under the terms of the current on-sale life insurance product.

Before you make a decision to cancel your plan or policy, you should take into account your personal circumstances. You should also read the relevant Product Disclosure Statement (PDS) and the Target market Determination for the product (where applicable) is available on our website. Alternatively you may call us on 1300 683 816 to obtain a copy.

IMPORTANT NOTES

Please read this information before you complete this form. If you require more information, please contact us.

What do you need to consider when cancelling your insurance benefits?

When you cancel your insurance benefits your insurance cover will cease and you will not be able to reinstate this/these insured benefits and if you would like insurance again you will be required to apply for a new policy with TAL or another insurer of your choice.

Have you changed your name or are you signing on behalf of another person?

If you have changed your name or are signing on behalf of the member, you will need to provide a certified linking document. A linking document is a document that proves a relationship exists between two or more names.

The following table contains information about suitable linking documents.

Purpose	Suitable linking documents
Change of name	Marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office.
Signed on behalf of the member	Guardianship papers or Power of Attorney.

This Cancellation Authority form can be used to cancel your Major Illness Cover, remove a Life Insured/Policy Owner or cancel your entire Policy, for either a single life or joint life Policy.

1. POLICY DETAILS

Policy Owner 1

Policy number

Policy Owner/ Life Insured

Life Insured date of birth DD / MM / YYYY

Are you an Australian or New Zealand citizen or permanent resident? ☐ No ☐ Yes

Mobile number

Email address

Current address

Suburb State Postcode

Previous address

Suburb State Postcode

Policy Owner 2

Policy number

Policy Owner/
Life Insured

Life Insured
date of birth DD / MM / YYYY

Are you an Australian or New Zealand citizen or permanent resident? ☐ No ☐ Yes

Mobile number

Email address

Current address

Suburb State Postcode

Previous address

Suburb State Postcode

2. PLANS TO BE CANCELLED

Please indicate the Policy Owner/Life Insured name/s and Plan types you are cancelling.

Policy Owner 1

Policy Owner/
Life Insured

☐ Major Illness Cover

☐ Decreasing Life Cover

Note: Major Illness Cover (if applicable) will be cancelled for this Policy Owner/Life Insured, if Decreasing Life Cover is cancelled. This means **all** cover for this Policy Owner/Life Insured will be cancelled.

Policy Owner 2

Policy Owner/
Life Insured

☐ Major Illness Cover

☐ Decreasing Life Cover

Note: Major Illness Cover (if applicable) will be cancelled for this Policy Owner/Life Insured, if Decreasing Life Cover is cancelled. This means **all** cover for this Policy Owner/Life Insured will be cancelled.

Important Information

Your policy will be cancelled and all cover will end if you select both plan types or if you select Decreasing Life Cover. This is because you cannot continue to have Major Illness Cover on its own.

For a **Joint Life Policy**, if you cancel Decreasing Life Cover for only one Policy Owner/Life Insured:

- that Policy Owner/Life Insured's cover will end;
- the remaining Policy Owner/Life Insured will become the only Policy Owner/Life Insured on the Policy;
- the policy will continue as a single life policy and the multi life discount will be removed.

Cancellation effective Date

Your policy or plan will be cancelled and will end at your next premium due date, after you have informed us and we have received your completed cancellation form.

3. INFORMATION ABOUT YOUR CANCELLATION

Note: You do not have to complete this question. However, your response will help us in understanding how we can best meet our customers' needs and expectations.

1. Have you received advice from a financial adviser in relation to this cancellation? ☐ Yes ☐ No

2. Please indicate why you have decided to cancel your policy with TAL:

☐ I cannot afford to pay the premiums anymore.

☐ Overall TAL service has not met my needs.

☐ I no longer require this insurance cover.

3. Have you decided to seek insurance cover elsewhere? ☐ Yes ☐ No

4. CANCELLATION AUTHORITY

Important

All Policy Owners must sign this Cancellation Authority in order for the cancellation request to be actioned.

I/we request and instruct TAL to cancel the policy or plan(s) noted in Section 2.

Signature of Policy Owner 1 ✗ Date DD / MM / YYYY

Signature of Policy Owner 2 ✗ Date DD / MM / YYYY

Please complete Section 4 as applicable

5. PRIVACY

In this section, the words 'we' and 'our' refer to TAL.

The way in which we collect, secure, hold, use and disclose personal and sensitive information (your information) is explained in the 'Your Privacy' section of the PDS and in our Privacy Policy. Our Privacy Policy can be obtained online at www.tal.com.au/privacy-policy (all policies) or by contacting us.

If you have any questions about the way in which your information is managed or would like a digital copy of our privacy policies, please contact us by phone on 1300 209 088 or by email at customerservice@tal.com.au.

SUBMITTING THIS FORM

Please return your completed form and any supporting documentation to:

TAL Life Limited
GPO Box 5380
Sydney NSW 2001

CONTACTING TAL

customerservice@tal.com.au
1300 683 816
www.tal.com.au/contact-us

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