



Reduction of cover and changes to CPI Form

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To be completed by the Policy Owner, or the Insured Person (if the Policy is held in Superannuation or Mercer Superannuation (Australia) Limited is the Policy Owner).

We recommend that you seek financial advice before deciding to remove the annual CPI increase or reduce your cover.

This form can be used for two purposes:

1. To request changes to the annual increase based on the Consumer Price Index (CPI) feature.
2. To request or confirm changes to your life insurance sum insured/premiums.

PERSONAL DETAILS

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Mx	Other	<input type="text"/>
Given name(s)	<input type="text"/>							
Surname	<input type="text"/>							
Postal address	<input type="text"/>							
Suburb	<input type="text"/>				State	<input type="text"/>	Postcode	<input type="text"/>
Home phone	<input type="text"/>		Work	<input type="text"/>		Mobile	<input type="text"/>	
Email address	<input type="text"/>							

REMOVING CONSUMER PRICE INDEX (CPI)

CPI is the annual increase in the sum insured, being the greater of: 3% or the rise in the consumer price index applied to your Policy each year.

CPI is designed to help keep the value of your benefit in line with inflation. For example, if your sum insured is \$50,000 when your Policy starts, in 10 years' time with the addition of a 3% consumer price index, \$50,000 becomes \$67,196.

Please choose one of the following:

- ☐ Please stop the annual CPI increase for this current year being applied to my sum insured.
- ☐ Please stop the annual CPI increase for this year and all future years being applied to my sum insured.

Should you wish to cease CPI for this current year your Policy will be eligible for CPI on your next Policy anniversary.

Policy Number(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

The insurer and issuer is TAL Life Limited ABN 70 050 109 450 AFSL 237848 (TAL Life) except for Term Life as Superannuation, Income Protection as Superannuation and Income Protection Assured as Superannuation, which are issued by Mercer Superannuation (Australia) Limited ABN 79 004 717 533 AFSL 235906 (MSAL) as trustee of the Mercer Super Trust ABN 19 905 422 981. MSAL does not guarantee the insurance. TAL is part of the TAL Dai-ichi Life Australia Pty Limited ABN 97 150 070 483 group of companies (TAL). MSAL is not part of the TAL group of companies. Any financial product advice is general in nature only and does not take into account any person's objectives, financial situation or needs. Before acting on it, the appropriateness of the advice for any person should be considered, having regard to those factors. Persons deciding whether to acquire or continue to hold life insurance issued by TAL Life should consider the relevant Product Disclosure Statement (PDS) available at tal.com.au. The Target Market Determination (TMD) for the product (where applicable) is also available at this web address.

REDUCTION OF COVER REQUEST

I require the following option to be applied to my Policy (refer to your quote to complete):

POLICY NUMBER	COVER TYPE	CURRENT SUM INSURED	NEW SUM INSURED REQUESTED
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Please attach another form/further instruction should more space be required.

DECLARATION

I/We declare and agree that:

- I/we have received and read the Product Disclosure Statement and Policy Document (PDS), current at the date of this application;
- I/we understand that my/our answers are important to the Insurer and that the Insurer relies on the answers I/we have given;
- I/we have read the section titled 'Protection of your privacy' in the PDS and I/we agree to the various uses and disclosures of my/our personal information set out in that section. I/we also agree to make any beneficiary nominated by me/us aware of the matters set out in that section;
- the email address(es) provided in this application may be used to electronically communicate with me/us, including information in relation to my/our application and my/our insurance;
- the reduction to my cover and/or CPI changes will change the premium payable from the date the Insurer receives this completed request.

To be completed by the Policy Owner, or the Insured Person (if the policy is held in Superannuation or Mercer Superannuation (Australia) Limited is the Policy Owner)

Name of Policy Owner 1	<input type="text"/>	Date of birth	<input type="text" value="DD / MM / YYYY"/>
Signature	<input type="text" value="X"/>	Date	<input type="text" value="DD / MM / YYYY"/>
Name of Policy Owner 2	<input type="text"/>	Date of birth	<input type="text" value="DD / MM / YYYY"/>
Signature	<input type="text" value="X"/>	Date	<input type="text" value="DD / MM / YYYY"/>
Name of Policy Owner 3	<input type="text"/>	Date of birth	<input type="text" value="DD / MM / YYYY"/>
Signature	<input type="text" value="X"/>	Date	<input type="text" value="DD / MM / YYYY"/>
Name of Policy Owner 4	<input type="text"/>	Date of birth	<input type="text" value="DD / MM / YYYY"/>
Signature	<input type="text" value="X"/>	Date	<input type="text" value="DD / MM / YYYY"/>
Name of Policy Owner 5	<input type="text"/>	Date of birth	<input type="text" value="DD / MM / YYYY"/>
Signature	<input type="text" value="X"/>	Date	<input type="text" value="DD / MM / YYYY"/>

SUBMITTING THIS FORM

Please return your completed form and any supporting documents by either:

- ✉ TAL Life
GPO Box 5467
Sydney NSW 2001
- @ PPIinsurance@tal.com.au

CONTACTING TAL

- @ PPIinsurance@tal.com.au
- ☎ 1300 553 764

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