



Alteration request form

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DETAILS OF POLICY

Policy Number(s)

Portfolio Number

DETAILS OF INSURED PERSON(S) REQUIRING ALTERATION**Insured Person 1**

Title

☐

Mr

☐

Mrs

☐

Miss

☐

Ms

☐

Dr

☐

Mx

Other

Given name(s)

Surname

Date of birth

DD / MM / YYYY

Insured Person 2

Title

☐

Mr

☐

Mrs

☐

Miss

☐

Ms

☐

Dr

☐

Mx

Other

Given name(s)

Surname

Date of birth

DD / MM / YYYY

Insured Person 3

Title

☐

Mr

☐

Mrs

☐

Miss

☐

Ms

☐

Dr

☐

Mx

Other

Given name(s)

Surname

Date of birth

DD / MM / YYYY

Insured Person 4

Title

☐

Mr

☐

Mrs

☐

Miss

☐

Ms

☐

Dr

☐

Mx

Other

Given name(s)

Surname

Date of birth

DD / MM / YYYY

Insured Person 5

Title

☐

Mr

☐

Mrs

☐

Miss

☐

Ms

☐

Dr

☐

Mx

Other

Given name(s)

Surname

Date of birth

DD / MM / YYYY

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.

ALTERATION REQUEST

I/We hereby request the Insurer (and, where the benefits are issued by MSAL as trustee of the Mercer Super Trust, MSAL) to alter this Policy as follows:

From:

To:

PAYMENT INSTRUCTIONS – SUPERANNUATION

Only complete this section if the Policy being altered is structured through superannuation, and you are eligible for a refund of unused premiums.

The unused premiums will be refunded using the superannuation details we have on file. If we do not have your superannuation details on file, or if you would like to provide alternative superannuation details, please complete the relevant section below.

If you currently hold a Self Managed Super Fund (SMSF) please complete the 'SMSF Payment Instruction' section.

 **Please note:** Superannuation law generally prohibits the repayment in cash of premiums paid for policies held through superannuation. This is because the premiums may be subject to preservation and so cannot be released from the fund.

ROLLOVER INSTRUCTION

Please provide details of the fund into which you would like your benefit rolled over.

Note: We will not send the rollover cheque to a third party such as a financial adviser or an accountant.

Receiving fund name	<div></div>		
Member Number*	<div></div>		
Fund USI*	<div></div>	Fund ABN*	<div></div>
Service period start date	<div>DD / MM / YYYY</div>	(date you joined the fund)	

 **Please note:** Your Tax File Number will be provided to the receiving rollover fund for identification purposes.

* Make sure you provide your member number, fund USI and fund ABN.

SMSF PAYMENT INSTRUCTION

Note: We will not send a cheque or make an electronic funds transfer (EFT) to a third party such as a financial adviser or accountant unless they are the SMSF's registered administrators with the Australian Tax Office (ATO).

Name of SMSF	<div></div>		
Electronic Service Address (ESA)*	<div></div>		
Fund ABN	<div></div>	Fund contact number	<div>()</div>

BSB Number

Account Number

Service period
start date

(date you joined the fund)

* Make sure you provide the SMSF's ESA.

DECLARATION

I/We declare and agree that:

- I/we understand that we should consider the Product Disclosure Statement and Policy Document (PDS), and should also consider seeking financial advice, before making a decision to change my/our Policy;
- I/we understand that once a benefit or option is reduced or removed the same benefit or option may not be available again in the future or may be subject to a new application and underwriting assessment;
- 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 to the Insurer may be used to electronically communicate with me/us, including information in relation to my/ our application and my/our insurance.

SIGNATURES

Who needs to sign?

POLICY OWNER

MUST BE SIGNED BY...

Individual – sole owner/sole trustee

The Policy Owner/trustee

Individuals – joint owners/joint trustees

Each joint Policy Owner/each joint trustee

Company (including a corporate trustee)

- Two directors; or
- One director and the company secretary

Proprietary company (including a corporate trustee) with a sole director, where the sole director is also the company secretary or the company does not have a company secretary

That sole director/sole director and sole company secretary

MSAL as trustee of the Mercer Super Trust

Insured Person

INSURED PERSON

Full name

Date of birth

DD / MM / YYYY

Signature

Date

DD / MM / YYYY

POLICY OWNERS

Policy Owner

Full name

Signature

Date

DD / MM / YYYY

Title

If signing for a company, please specify: ☐ Director ☐ Company secretary

Policy Owner

Full name

Signature

Date

DD / MM / YYYY

Title

If signing for a company, please specify: ☐ Director ☐ Company secretary

Policy Owner

Full name

Signature

Date

DD / MM / YYYY

Title

If signing for a company, please specify: ☐ Director ☐ Company secretary

Policy Owner

Full name

Signature

Date

DD / MM / YYYY

Title

If signing for a company, please specify: ☐ Director ☐ Company secretary

Policy Owner

Full name

Signature

Date

DD / MM / YYYY

Title

If signing for a company, please specify: ☐ Director ☐ Company secretary

If the Policy Owner is a company (including a corporate trustee) other than MSAL, please provide the company details:

Name of company

ACN

☐

Please check this box if the Policy Owner is a sole trustee, or a sole director (who is also the company secretary, or the company doesn't have a company secretary).



Please note: In some instances we may be required to verify your signature to proceed with the cancellation. If required, our team will request a copy of your ID.

DETAILS OF ADVISER

Adviser name

Adviser number

Adviser contact number

()

SUBMITTING THIS FORM

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



TAL Life
GPO Box 5467
Sydney NSW 2001



PPInsurance@tal.com.au

CONTACTING TAL



PPInsurance@tal.com.au



1300 553 764



tal.com.au

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