



Retirement Benefits Fund Board

GPO Box 446, Hobart TAS 7001

Telephone: 1800 622 631 or 03 6233 3672

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APPLICATION TO VARY DEATH & INCAPACITY COVER TASMANIAN ACCUMULATION SCHEME

Member Details

Full Name:

Postal Address:

Suburb State Postcode.....

Phone Numbers:
(Home) (Business) (Mobile)

Email Address:

Member Number: Date of Birth :

'Basic cover' (100%) is the superannuation guarantee employer contribution (9% from 1 July 2002 onwards) projected to age 60.

I elect to vary my level of death and incapacity cover to the percentage of basic cover shown below:

- 50% Basic Cover
- Basic Cover (100%)**
- 150% Basic Cover
- 200% Basic Cover
- 250% Basic Cover
- 300% Basic Cover

I understand that I will need to satisfactorily complete a medical examination at my own cost before an election to increase death and incapacity cover can be approved (the prescribed medical examination form can be obtained from RBF).

Any variation to the level of death and incapacity cover will only take effect on the day the RBF Board provides written confirmation of the variation.

I apply to cease my death and incapacity cover

Please note: your application to cease death and incapacity cover will only be approved if you can demonstrate to the RBF Board that you have adequate alternative cover.

Member's Signature: **Date:**