

The Trustee

will only accept this form if it is correctly and fully completed.

Any questions, call
Member Services 1300 131 227

1. Member details

Member number/s

Full name

Email address

Date of birth
[dd/mm/yy]
2. Update Insurance Cover

Current gross annual salary

\$

3. Cancel Insurance Cover

I no longer require the selected insurance cover I currently have with AESF:

Total and Permanent Disability

Income Protection

4. Declaration [cross out whichever is not applicable]

I hereby elect to **update / cancel** my insurance cover with AESF. I understand that:

- any cover I currently have, and the premium payable, will be **updated / cancelled** from the date AESF receives this fully completed form; and
- should I wish to **update my / apply for** insurance with AESF in the future I will be required to provide all necessary information, including evidence of smoking satisfactory to the insurer and my cover will not commence until the Insurer has accepted my application for cover in writing.

Member's signature

Date [dd/mm/yy]

When complete
email and post this form:

info@aesf.com.au

AESF
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