

# Keep your cover

Did you know that you can complete this request online? Log in to Member Online at [login.aware.com.au](http://login.aware.com.au) and select Insurance.

## Use this form to opt in to keep insurance on your account.

Completing this form ensures that we do not cancel your cover if we do not receive a contribution or rollover for a continuous period of 16 months. Your insurance may be cancelled in other circumstances. For more information on this please refer to the Insurance Handbook available at [aware.com.au/pds](http://aware.com.au/pds).

### Your privacy with Aware Super

administering your superannuation, including insurance held through super. The personal information you provide in this form is collected and held by us to administer your insurance within your Aware Super account and assess the claim. If you do not provide the requested information, we may be unable to process your insurance application, assess the claim or properly administer your insurance. Your personal and sensitive information will only be disclosed to our staff as required, TAL Life Limited and/or our legal or other professional advisors if reasonably necessary.

You should read the Our privacy information section in the Insurance Handbook which outlines how your sensitive information is collected, used and disclosed by us. You can access our Privacy Policy at [aware.com.au/privacy](http://aware.com.au/privacy), or we can send you a copy upon request or you can contact us on 1300 650 873 for further information. Our privacy policy contains detailed information about how we manage your personal and sensitive information. It also contains information about how to make a complaint in relation to how we have managed your personal and sensitive information.

Please use a dark pen and CAPITAL letters. If you have any questions, please contact our Member Support Team on 1300 650 873.

**i** \* Indicates that providing this information is mandatory. Not doing so may delay the processing of your request.

## Step 1: Personal details

Account number*	Member number
<input type="text"/>	<input type="text"/>
Title	Date of birth*
<input type="text"/>	<input type="text"/>
First name*	
<input type="text"/>	
Middle name	
<input type="text"/>	
Last name*	
<input type="text"/>	
Home address* (must not be a PO Box)	
<input type="text"/>	
Suburb*	State* Postcode*
<input type="text"/>	<input type="text"/>

## Step 2: Election and acknowledgement

**✍** Please sign and date form here.

**✉** Post the form to this address.

