

Insurance Cancellation Form



ALL SECTIONS MUST BE COMPLETED

PLEASE NOT

PLEASE USE BLOCK LETTERS

ARE YOU A CURRENT MEMBER OF SPEC Super

YES NO

SPEC Super MEMBER NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Note: if you have changed your name since first becoming a member please attach a Certified copy of your Marriage Certificate, Deed Poll or a Statutory Declaration as proof.

PERSONAL DETAILS

DATE OF BIRTH

		/			/														
--	--	---	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TITLE

<input type="checkbox"/>	MR	<input type="checkbox"/>	MS	<input type="checkbox"/>	MRS	<input type="checkbox"/>	MISS
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GENDER

<input type="checkbox"/>	MALE	<input type="checkbox"/>	FEMALE
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FIRST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MIDDLE NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FAMILY NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

RESIDENTIAL ADDRESS

STREET NUMBER

--	--	--	--	--	--

STREET NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SUBURB/TOWN

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

STATE

--	--	--	--

POSTCODE

--	--	--	--	--	--

POSTAL ADDRESS (If same as above, write "as above")

PO BOX

--	--	--	--	--	--

SUBURB/TOWN

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

STATE

--	--	--	--

POSTCODE

--	--	--	--	--	--

EMAIL AND PHONE DETAILS

EMAIL ADDRESS

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SECOND EMAIL ADDRESS

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YOUR TELEPHONE NUMBER

()																	
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MOBILE NUMBER

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INSURANCE CANCELLATION REQUEST

Please cross the applicable box(es) to cancel Death or Death / Total Permanent Disability Insurance:

Death Death / TPD

SIGNATURE

I understand I will have no Death or Death/TPD from the date that SPEC Super receives this Insurance Cancellation Form. If at a later date I decide I want insurance cover, I will need to complete a personal statement and my cover will be subject to approval by the Fund's insurer.

SIGNATURE OF MEMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DATE SIGNED

		/			/														
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Note: SPEC Select members are unable to cancel Income Protection Insurance

RETURN COMPLETED FORM TO: SPEC SUPER PO BOX 1109 MILTON QLD 4064

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