

# Cancellation of Membership Request



## Policy Holder's Details

Member #	Name of Policy Holder:		
Current Australian Address:			
Suburb:	State:	Post Code:	
Home Phone:	Mobile:		
Email:			
My Membership 'paid to date' is:	/	/	Requested cancellation date for Membership is: / /

## Reason(s) for Cancellation

<input type="checkbox"/> Moving Overseas	<input type="checkbox"/> Premium is too expensive
<input type="checkbox"/> Transferring to another Fund:	<input type="checkbox"/> Not claiming
<input type="checkbox"/> Fund has a better fit product	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Fund has a special offer	

Are you transferring to another fund?  Yes (Name of New Cover) \_\_\_\_\_  
 No

If you are transferring to another fund would you like us to send your new fund an electronic copy of your transfer/clearance certificate?  Yes  No

Name of new fund: \_\_\_\_\_

Have you spoken to one of our Customer Service Team regarding your needs or considered one of our less expensive options?  Yes  No

As you are always welcome to rejoin, would you consider rejoining in the future?  Yes  No

## Comments

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I \_\_\_\_\_ request my membership to be cancelled as of the date above. This request will cancel any direct debit payments from my bank account/ credit card effective from the paid to date of the membership.

<b>Member Signature: X</b>	<b>Date:</b> / /
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