



Cancellation of Membership Request

Member # _____ Name of Policy Holder: _____

Address: _____

Home Phone: _____

Mobile: _____

Work Phone: _____

Email: _____

My Membership 'paid to date' is _____ / _____ / _____
Requested cancellation date for Membership _____ / _____ / _____

Reason(s) for Cancellation

- Moving Overseas
- Transferring to another Fund
 - Fund has a better fit product
 - Fund has a special offer
- Premium is too expensive
- Not claiming
- Other _____

If you are transferring to another fund would you like us to send your new fund an electronic copy of your transfer/clearance certificate? Y / N

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

Are you transferring to another fund?
 Yes - Name of new cover _____
 No

As you are always welcome to rejoin, would you consider rejoining in the future?

Yes No

Comments: _____

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.
Signature of Member _____ Date _____