Putting Members' Interests First (PMIF) election form

The law prevents Super trustees from providing insurance in Super on an opt out basis to members who are under 25 years old and begin to hold a new product and to members who hold products with balances below $6,000.

Use this form if you want to have insurance cover if these apply to you:

- Your super account balance is under $6,000 and/or
- You're under 25 years old when you take up insurance from 1 April 2020 Who should complete this form?

Note: The law requires that:

- On 1 April 2020: insurance cover must be cancelled if:
- your account balance in this product/fund is less than $6,000; and
- you have never had an account balance of at least $6,000 on or after 1 November 2019;

  unless you elect in writing that you want to keep your insurance cover, even if your super account balance is less than $6,000. From 1 April 2020: if your account balance is under $6,000 and/ or you're under 25 years old you need to elect in writing to have insurance cover.

- my insurance premiums will continue to be deducted from my super account to pay for my insurance cover and this may reduce my super balance,
- my super account will need to have sufficient funds to pay for my premiums,
- I can cancel or change my insurance cover at any time by contacting us.

Completing this form will be considered your written election.

- I elect to be provided with the insurance specified in this application, and for the insured benefit to be provided, even if my account balance in this product/fund is less than $6,000 and/or I'm under 25 years old.

Policy number

Policy number

Policy number

Policy number

Life insured/Member's name

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

First name

Middle name

Last name

Date of birth (DD/MM/YYYY)

Signature of Life Insured

X

Date (DD/MM/YY)

The Trustee
Equity Trustees Superannuation Limited
ABN 50 055 641 757 AFSL 229757

The Fund
Smart Future Trust
ABN 68 964 712 340

The Insurer
Nippon Life Insurance Australia and New Zealand Limited
ABN 90 000 000 402 AFSL 230694

Insurance is issued by the Insurer. The Insurer is part of the Nippon Life Group.

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Life insured/Member's Name

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

First name

Middle name

Last name

Date of birth (DD/MM/YYYY)

Signature of Life Insured

✗

Date (DD/MM/YY)

Send us your form

Please return your completed, signed and dated form to:

Acenda - Operations
PO Box 23455
Docklands VIC 3008

Email: enquiries.retail@acenda.com.au

If you have any questions, please speak with your financial adviser, call us on **13 65 25** 8.30 am to 5.30 pm Melbourne/Sydney time Monday to Friday or visit **acenda.com.au**

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