

Insurance inside super election

Use this form to elect to have insurance cover inside your super account.

Please print in CAPITAL LETTERS and place a cross **X** in any applicable boxes.

1. Your details	3. Authorisation and signature
Super account number	 By completing and signing this form, I consent to AMP collecting my personal information, for the purposes of keeping the insurance in my super account. I've read and understood the important details found at amp.com.au/insuranceinsidesuper.
Surname	Please contact us at askamp@amp.com.au or 1300 363 267 with any concerns about privacy and how we keep your personal information safe. View our privacy policy at amp.com.au/privacy.
en name(s)	
Residential address Suburb State Postcode Contact phone number Mobile number Email address Email address	If signed under a Power of Attorney
	If not already supplied to AMP, please attach a certified copy of the Power of Attorney and notice of non-revocation with this form. Member/Power of Attorney name Member/Power of Attorney signature
	×
 2. Insurance confirmation Please cross this box for insurance cover to be provided and kept within your super account, even if: you're under age 25, or your super account balance is below \$6,000, or your super account doesn't receive a contribution or rollover for 16 months. Important details about insurance in super and how the super laws could affect your insurance are available at 	Date D D M M Y Y Y Y Where to send this form Mail (no stamp required) or email this completed form to:
	AMP LimitedAny questions?Reply Paid 3001300 363 267PARRAMATTA NSW 21241300 363 267

askamp@amp.com.au

amp.com.au/insuranceinsidesuper.

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