

# ANNUAL CHANGE IN INSURED DEATH BENEFITS OPTION FORM FOR PRE-AUGUST 2017 MEMBERS

The purpose of this form is for you, the member, to inform the Fund and its Administrator of your wish to change your insured death benefit option provided by the Fund.

## MEMBER'S PERSONAL DETAILS

Title Dr  Mr  Mrs  Ms  Prof

Fund membership number

Surname  First names

Date of birth  Identity number

Residential address

Postal code

Postal address

Postal code

Home telephone number  Work telephone number

Cellphone number  Facsimile number

Email address

## CHANGE OF OPTION

A request to decrease your death cover must be received by 31 May and will take effect from 1 July. A request to increase your death cover must be received by 31 March. The increased cover will only take effect once the insurer has confirmed acceptance and will be effective from the 1st of the month following the insurer's confirmation (earliest 1 July).

**IMPORTANT:** A member requesting an increase in death cover may be subject to the submission of medical evidence to the insurer and the insurer will confirm if the request is accepted.

## DEATH BENEFIT FOR OLD RISK OPTION A OR B

Current age	Current age "X"	Confirm your selection by circling the multiple of cover for your current age.						
		Multiples of annual pensionable salary available per age band.						
Younger than 30		0	1	2	3	4	5	
Age 30 to 39		0	1	2	3	4	5	
Age 40 to 49		0	1	2	3	4	5	6
Age 50 to 54		0	1	2	3	4	5	
Age 55 to 75		0	1	2	3	4		

## DEATH BENEFIT FOR OLD RISK OPTION C

Current age	Current age "X"	Confirm your selection by circling the multiple of cover for your current age.						
		Multiples of annual pensionable salary available per age band.						
Younger than 30		0	1	2	3	4	5	
Age 30 to 39		0	1	2	3	4	5	
Age 40 to 49		0	1	2	3	4	5	6
Age 50 to 54		0	1	2	3	4	5	
Age 55 to 75		0	1	2	3			

## DEATH BENEFIT FOR OLD RISK OPTION D OR E

Current age	Current age "X"	Confirm your selection by circling the multiple of cover for your current age. Multiples of annual pensionable salary available per age band.						
Younger than 30		0	1	2	3	4	5	
Age 30 to 39		0	1	2	3	4	5	
Age 40 to 49		0	1	2	3	4	5	6
Age 50 to 54		0	1	2	3	4	5	
Age 55 to 75		0	1	2				

### Declaration and confirmation of death benefit option change:

Signed at  on this  day of  (month)  (year)

Surname  First names

Signature

#### Important Notes:

- You, the member, must inform the Fund's Administrator in writing of any increase in your death benefit option by 31 March. The insurer reserves the right to decline an increase in death benefit option, based on medical grounds.
- You, the member, must inform the Fund's Administrator in writing of any decrease in your death benefit option by 31 May.
- The premium for the above insurance cover is funded from the employer's contribution towards the Fund.