



Election to reinstate insurance cover

Use this form to elect to reinstate your insurance cover with Rest from the date your insurance was cancelled.

You need to return this form to Rest within 60 days of your insurance being cancelled under Protecting your Super rules. This will ensure that your cover is reinstated from the date of cancellation and there will be no gaps in the period of cover.

By reinstating your insurance, your insurance cover with Rest will be treated as if it was never cancelled and will continue until you cancel it, and insurance costs will be deducted from your Rest account each month from the date your insurance was cancelled.

Please write in **BLOCK LETTERS** and use a **BLACK** or **BLUE** pen. You can mail your completed form to **PO Box 350 Parramatta NSW 2124**, or email a scanned copy or photo to **contact@rest.com.au**. This request will be invalid if unsigned and undated.

1. Your personal details

Member number	Date of birth (dd/mm/yyyy)	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	Given name(s)	
<input type="text"/>	<input type="text"/>	
Residential address		
Unit number	Street number	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (business hours)	Mobile	Email address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address (if different from above)		
Unit number	Street number / PO BOX	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Reinstatement my insurance cover (please tick the box)

Please reinstate my insurance cover with Rest

3. Declaration

I declare that (subject to the terms of the insurance policy):

- I understand that by electing to reinstate my insurance cover, I am electing to maintain my cover and cover will be treated as if it was never cancelled and will continue until I cancel it.
- I understand that by electing to reinstate my insurance cover, insurance costs will be deducted from my account each month from the date my insurance was cancelled.
- I understand that by completing this form I am reinstating the same amount of cover and types of cover that I held before my insurance was cancelled.
- I understand the impact this election may have on my account balance, and do not require further information.
- I understand that to reinstate my cover, my account must have enough funds to pay the premium for the period my cover was cancelled.
- I declare that the information provided is true and correct.
- I understand that personal information provided on this form will be used to action my request.

Signature of applicant

Date (dd/mm/yyyy)

Rest's current insurer is AIA Australia Limited ABN 79 004 837 861 AFSL 230043. A copy of the AIA Australia Privacy Policy can be obtained by visiting aia.com.au. If you would like a copy of Rest's Privacy Policy, visit rest.com.au

The Trustee company of Retail Employees Superannuation Trust ABN 62 653 671 394 is Retail Employees Superannuation Pty Limited ABN 39 001 987 739, AFSL 240003.