



Application form – Voluntary Cover (Income Protection)

The Victorian Independent Schools Superannuation Fund

(ABN 37 024 873 660, RSE Registration Number R1000436, MySuper Authorisation 37024873660599)

Trustee: VIS Nominees Pty Ltd (ABN 11 006 586 367, AFS Licence Number 235097, RSE Licence Number L0000321)

GPO Box 4974, Melbourne VIC 3001 | Telephone: 1300 660 027

Email: super@vissf.com.au | Website: www.vissf.com.au

The information in this Application for Voluntary Cover (Income Protection) forms part of the Product Disclosure Statement (PDS) and Insurance Guide issued 1 February 2017, which should accompany this document. You should read and consider the important information about The Victorian Independent Schools Superannuation Fund (VISSF) before making a decision. Go to the PDS and other guides that can be accessed at www.vissf.com.au/pds-documents. The material relating to VISSF may change between the time you read this statement and when you acquire the product.

Please complete this form if you wish to increase your insured Partial and/or Total Income Protection cover in VISSF. To check your existing level of cover, simply log in to Member Online at www.vissf.com.au or telephone 1300 660 027.

Member Name Date of Birth/...../.....

Address

Suburb Postcode

Email Telephone

Employer

Member Number

Please select the Benefit Period and the number of units or provide your gross salary:

Benefit Period:

2 years 5 years To age 65

Select the total number of units of cover to include any existing cover you may have.

..... Units of Income Protection Cover

OR

Insert your gross Annual Salary \$.....

Tick here if you currently have unitised Default Cover in VISSF and you would like to convert this to a fixed cover.

I acknowledge that I have read and understood the PDS and Insurance Guide issued 1 February 2017 that forms part of this Application form.

Signature Date/...../.....

This form must be returned with a fully completed Member's Personal Statement that is available from www.vissf.com.au/forms-you-need or by telephoning 1300 660 027.

Please return completed form with your Member's Personal Statement to:
VISSF, GPO Box 4974, Melbourne VIC 3001