



# 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

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The information in this Application for Voluntary Cover (Income Protection) forms part of the Product Disclosure Statement (PDS) and Insurance Guide issued 31 January 2019, 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](http://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 Income Protection cover in VISSF. To check your existing level of cover, simply log in to Member Online at [www.vissf.com.au](http://www.vissf.com.au) or telephone 1300 660 027.

Member Name: \_\_\_\_\_ Date of Birth:     /     /

Address: \_\_\_\_\_

Suburb : \_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_

Member Number: \_\_\_\_\_

I wish to increase the current value of my insurance cover to the levels indicated below:

### Income Protection Cover

Number of units\*

Fixed Cover     \$

\* Income Protection cover is provided subject to a maximum insured amount of 85% of income. Any applications for increases will be subject to disclosure of your current income.

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

### Benefit Period

2 years     5 years     To age 65

If you select a benefit period of 2 years or to age 65, you will need to convert your cover to Fixed Cover.

Your gross Annual Salary is: \$.....

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

I acknowledge that I have read and understood the PDS and Insurance Guide issued 31 January 2019 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](http://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