

# Request to remove automatic inflation or indexation features

Use this form to remove the automatic inflation or indexation features from your policy/plan.

**!** By completing this form, you'll be providing us with your personal and, perhaps, sensitive information. The collection and management of this information is governed by the *Privacy Act 1988*. For further information on the collection, use and disclosure of this information by us, please read the privacy statement in your **product disclosure statement**.

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

## 1. Personal details

Policy/Plan number

Title  Date of birth

Surname

Given name(s)

Residential address

Suburb  State  Postcode

Contact phone number  Mobile number

Email address

By providing your email address, you consent to receiving all future communications, including information about products and services offered by Resolution Life, to the above email address.\*

### Address for communications

Please cross  if same as residential address.

Address

Suburb  State  Postcode

## 2. Remove automatic inflation or indexation features

I'd like to remove this feature from my policy/plan (select **one** only):

Remove for one year.

**Important:** Your request to remove this feature for one year must be made within two months prior to your policy/plan anniversary date.

Remove permanently.

**Issue date:** 02 June 2022  
Resolution Life Australasia Limited ABN 84 079 300 379

\* We may use or disclose your personal information to contact you for purposes relating to the administration, operation and management of your policies with us. We may also send you information about products and services offered by Resolution Life. You may opt out of receiving direct electronic marketing communications from us at any time.

## 3. Declaration

- I've read and understood the **product disclosure statement** for my policy/plan, including the sections about the automatic inflation or indexation features and understand the terms and conditions that apply to those benefits/features.
- I agree that by signing this application I'm notifying Resolution Life that I'm rejecting the indexation offer/s for the policy/plan number provided above, and understand that the sums insured will remain unchanged for the period nominated in section 2 of this form.
- I understand that where the option selected is to reject all future indexation offers, Resolution Life will require notification in writing from the policy owner/s to activate this benefit again.

### Policy/Plan owner (if applicable)

Policy/Plan owner 1 name

Policy/Plan owner 1 signature

Date

Policy/Plan owner 2 name (if applicable)

Policy/Plan owner 2 signature (if applicable)

Date

### 3. Declaration (continued)

#### Self Managed Super Fund (SMSF) or Trust (if applicable)

Full SMSF or Trust name

SMSF policy/plan owner or Trustee name 1

SMSF policy/plan owner or Trustee signature 1

Date

SMSF policy/plan owner or Trustee name 2 (if applicable)

SMSF policy/plan owner or Trustee signature 2

Date

SMSF policy/plan owner or Trustee name 3 (if applicable)

SMSF policy/plan owner or Trustee signature 3

Date

SMSF policy/plan owner or Trustee name 4 (if applicable)

SMSF policy/plan owner or Trustee signature 4

Date

SMSF policy/plan owner or Trustee name 5 (if applicable)

SMSF policy/plan owner or Trustee signature 5

Date

### 3. Declaration (continued)

#### Company (if applicable)

This section must be signed by:

- **any company:** either two directors of the company or a director and company secretary, or
- **proprietary company:** one signature as sole director and secretary where the company has only one director who is also the sole company secretary.

**Note:** If the company constitution mandates the use of a company seal then it must be provided with the relevant signatures in this section.

Full company name

Company seal

Full name of person 1 signing on behalf of company

Director/Sole Director/Secretary signature 1

Director  Sole director  Secretary

Date

Full name of person 2 signing on behalf of company

Director/Sole Director/Secretary signature 2

Director  Sole director  Secretary

Date

#### Where to send this form

Mail or email this completed form to:

Resolution Life Customer Service  
GPO Box 5441  
Sydney NSW 2001  
askus@resolutionlife.com.au

**Any questions?**  
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