

Stop savings contributions and/or insurance cover

Use this form: To stop your current savings/contributions and/or your voluntary insurance benefits. Send completed form to SuperLife at superlife@superlife.co.nz or post to us at P.O. Box 105262, Auckland City 1143.

SL00052 – 09.11.2016

Your details

SuperLife number:

or IRD number: - -

Name:

Date of birth: / / (dd/mm/ccyy)

Email:

Phone: ()

Home address:

Post code:

Cancellation of savings *(tick as appropriate)*

I want to stop my future savings/contributions *(If you also want to make a withdrawal from your existing savings, you should also complete a "Withdrawal request" form).*

When SuperLife receives this form, it will arrange to cancel your savings/contributions as soon as practicable. It will normally be from the next due date.

Cancellation of insurance *(tick as appropriate)*

I want to stop my existing insurance benefits as follows

- Life insurance cover benefit **(Disablement only)**
- Life insurance cover benefit **(Death & disablement)**
- Disability income protection insurance cover benefit
- Medical insurance cover benefit

When SuperLife receives this form, it will arrange to cancel your insurance cover benefits as requested, as soon as possible. It will normally be from the next premium due date. You will be advised when they are cancelled.

Signature

If you are a member of SL workplace savings through your employer, this form is subject to the rules of your employer *(if any)* as set out in the supplement. Please contact SuperLife or your HR department if you are unsure.

Your signature: _____

Date: / / (dd/mm/ccyy)