Continuing SuperLife



Use this form:

To take out a life insurance benefit if you already belong to SuperLife through your employer. Send completed form to us at superlife@superlife.co.nz or post to us at P.O. Box 105262, Auckland City 1143.

SL00341 02.08.2021

	SuperLife number
Your details	
First name:	Surname:
Date of birth: / / (dd/mm/ccyy,	Phone: ()
Email:	
Home address:	Post code:
Employer name:	Date leaving employment: / / (dd/mm/yyyy)
Employer name.	Date leaving employment. 7 7 (00/mm/yyyy)
I am interested in continuing my SuperLife memb	pership as follows (tick yes or no as appropriate)
Yes	No
Life insurance	
Disability income protection insurance	
Medical insurance	$\overline{\Box}$
Savings	To withdraw your savings, you should also complete the
-	withdrawal payment request form.
Note: if you don't tell us what you want to do	
your employer superannuation plan will become a	a personal plan and you will become a Member of SuperLife;
your death, life, disability and medical insurances	s will stop 30 days after you leave employment;
your savings will be retained in SuperLife until yo	ou tell us otherwise.
Your signature:	Date: / / (dd/mm/yyyy)
Why continue with SuperLife	
Insurance benefits (life, disability, medical)	
 If you have existing medical conditions, staying as you may find it difficult to obtain alternative in 	with the insurance you already have may be your best option
 Lower premiums than elsewhere. 	iodidinoc.
You can change or stop your insurances at any ti	ime.
Convenient payment arrangements by Direct Deb	oit from your bank account.
Savings	
Flexible investment options that you choose.	
You can take your savings out at any time on writ	tten request.
Low fees compared to alternative retail superann	
You can add new savings by Direct Debit from yo	our bank account.