



## Cancellation Notification

The completed form can be returned using either of the following methods:

SCAN & EMAIL lifecancellation@btfinancialgroup.com  
POST BT Protection Plans  
GPO Box 5467  
Sydney, NSW 2001

### CANCELLATION REQUEST

Policy Number(s)	1. YL790545	2. YL790546	3.
	4.	5.	6.
	7.	8.	9.

I/We would hereby like to cancel the above policy(ies) effective immediately.

I/We understand that:

- If I want to reinstate my cover I must complete, sign and return the Declaration of Continued Good Health form, and Direct Debit Request form to BT within 28 days of the date of cancellation.
- The decision to reinstate my cover will be at the discretion of the Insurer and the cover may be subject to additional exclusions or loadings.
- All outstanding premiums must be paid before my cover is reinstated.

**Note:** Please be aware, when cancelling your policy there may be further linked benefits which will automatically be cancelled in this process. Please view your most recent renewal letter or call 1300 553 764 to find out if you have any linked benefits.

To be completed by the Policy Owner, or the Insured Person (for policies paid through a Super Fund).  
We recommend that you seek financial advice before deciding to cancel your policy.

- The signatures of all Policy Owners must be received to enable us to proceed with your request. **This means that if there is more than one Policy Owner, all Policy Owners must sign.**
- Where the policy is jointly owned by an individual Policy Owner/s and a company, institution or trust, the cancellation form must be signed on behalf of that company, institution or trust in addition to the individual Policy Owner/s.

### IF THE POLICY(IES) IS/ARE OWNED BY AN INDIVIDUAL OR INDIVIDUALS, PLEASE SIGN BELOW:

#### Policy Owner 1/Insured Person

Full Name

Mohamed Ali Mohamed Iqbal

Date of birth

04 / 03 / 1973

Signature

X

Date

02 / 02 / 2021

#### Policy Owner 2

Full Name

Afshan Nisar Ahmed Sharief

Date of birth

18 / 08 / 1975

Signature

X

Date

02 / 02 / 2021

➤➤If the policy(ies) is/are owned by a company, institution or trust, please complete and sign the section overleaf.

**Policy Owner 3**

Full Name

Date of birth

Signature

Date

**Policy Owner 4**

Full Name

Date of birth

Signature

Date

**Policy Owner 5**

Full Name

Date of birth

Signature

Date

**IF THE POLICY(IES) IS/ARE OWNED BY A COMPANY, INSTITUTION OR TRUST, PLEASE SIGN BELOW:**

Must be signed by:

- two directors of the company, or
- a director and company secretary, or
- for a company with a sole director who is also the company secretary, that director.

**Name of Company/Institution/Trust**

Ishaq Super Annuation Fund

**Name of Director/Sole Director**

Mohamed Ali Mohamed Iqbal

**Position**

Director

Signature

Date

02/02/2021

**Name of Company/Institution/Trust**

Ishaq Super Annuation Fund

**Name of Director/Secretary**

Afshan Nisar Ahmed Sharief

**Position**

Director

Signature

Date

02/02/2021

BT Protection Plans are issued by Westpac Life Insurance Services Limited ABN 31 003 149 157 (the Insurer) except for Term Life as Superannuation and Income Protection as Superannuation which are issued by Westpac Securities Administration Limited ABN 77 000 049 472 (WSAL) as trustee of the Westpac MasterTrust ABN 81 236 903 448. The Insurer and WSAL are wholly owned subsidiaries of Westpac Banking Corporation ABN 33 007 457 141 ('the Bank'). Neither the Bank nor any member of the Westpac Group (other than the Insurer) guarantees the benefit payable in relation to BT Protection Plans.