

GENERAL NOTICE

BT Protection Plans Alteration request: Reduction of cover & changes to CPI Form

The Insurer and Issuer is TAL Life Insurance Services Limited ABN 31 003 149 157 AFSL 233728 (TLISL), except for Term Life as Superannuation, income Protection as Superannuation, which are issued by BT Funds Management Limited ABN 63 002 916 458 AFSL 233724 (BTFM) as Trustee of the Retirement Wrap ABN 39 827 542 991. BTFM is a subsidiary of Westpac Banking Corporation ABN 33 007 457 141 AFSL 233714 (Westpac). Westpac does not guarantee the insurance. TLISL is part of the TAL Dal-Ichi Life Australia Pty Limited ABN 97 150 070483 group of companies (TAL). TAL companies are not part of the Westpac Group. BT is a trade mark of BT Financial Group Pty Limited ABN 38 087 480 331 and is used by TLISL under licence. This information does not take into account your individual needs, objectives or financial situation. You should read the Product Disclosure Statement (PDS) before making a decision to purchase or continue to hold a product. A PDS can be obtained by visiting bt com. au or calling 1300 553 764.

The completed for	rm can be returned using ei	ther of the following methods:					
SCAN & EMAIL POST	life.insurance@btfinancial BT Protection Plans GPO Box 5467 Sydney NSW 2001	group.com					
To be completed t	by the Policy Owner, or the life	insured (if the policy is held in	n Superannuation or I	BT Funds Managem	nent Limited is th	ne Policy Owner	
		before deciding to remove the					
PERSONAL DET						1-0-1	
Title							
Mr Mrs X	Miss Ms Dr	Mx Other (please s	pecify)		1 0 6		
Given name(s)						1 1 1 1 1 1 1 1	
Muh-Ling							
Sumame						Marian Maria	
Chang							
Postal address		一种可以可以	TO PERSONAL PROPERTY.	to all the second	JIV TO BE SEEN		
38 Clyde Essex Dr							
Suburb Gulmarra	bd			State NSW	Postcode	2463	
Home phone num	ber	Work phone number	The same of the same	Mobile phone	number	Heddalle	
()		())		0477705173		
Email address		i il		6 11		VEHSE DA	
maureen@townvi	ew.com.au						

This form can be used for two purposes:

- 1. To request changes to the annual increase based on the Consumer Price Index (CPI) feature.
- 2. To request or confirm changes to your life insurance sum insured/premiums.

SECTION 1 - REMOVING CONSUMER PRICE INDEX (CPI)

CPI is the annual increase in the sum insured, being the greater of: 3% or the rise in the consumer price index applied to your policy each year. CPI is designed to help keep the value of your benefit in line with inflation. For example, if your sum insured is \$50,000 when your policy starts, in 10 years' time with the addition of a 3% consumer price index, \$50,000 becomes \$67,196.

۱	Please	choose	one	of the	following	•
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Please stop the annual CPI increase for this year and all future years being applied to my sum insured.

Should you wish to cease CPI for this current year your policy will be eligible for CPI on your next policy anniversary.

Policy number(s)

YF889241

SECTION 2 - REDUCTION OF COVER REQUEST

I require the following option to be applied to my policy (refer to your quote to complete):

Policy number Cover type		Current sum insured	New sum insured requested	
Y0889241	Death	\$ 1,082,530.00	\$ 200,000.00	
Y0889241 & YF889241 TPD		\$ 1,082,530.00	\$ 200,000.00	
YF889241 Trauma		\$ 216,506.00	\$ 50,000.00	

Please attach another form/further instruction should more space be required.

DECLARATION

I/We declare and agree that:

- I/we have received and read the BT Protection Plans Product Disclosure Statement and Policy Document (PDS), current at the date of this application;
- I/we understand that my/our answers are important to the Insurer and that the Insurer relies on the answers I/we have given;
- I/we have read the section titled 'Protection of your privacy' in the PDS and I/we agree to the various uses and disclosures of my/our personal
 information set out in that section. I/we also agree to make any beneficiary nominated by me/us aware of the matters set out in that section;
- the email address(es) provided in this application may be used to electronically communicate with me/us, including information in relation to my/our application and my/our insurance;
- the reduction to my cover and/or CPI changes will change the premium payable from the date the Insurer receives this completed request.

Name of Policy Owner 1		Tim-relian/otonegro
Muh-Ling Chang		
Date of birth (dd/mm/yyyy) 18 / 1 / 1968	Gender	
Signature	/ -	Date (dd/mm/yyyy)
X Maure	elen	20 103 1 2023
Name of Policy Owner 2		
Michael King		
Date of birth (dd/mm/yyyy) 27 / 07 / 1966	Gender ⊠ M ☐ F	
Signature		Pote /dd/mm/assa

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DECLARATION (CONTINUED)			CONTRACTOR OF THE PARTY OF THE
Name of Policy Owner 3			
Date of birth (dd/mm/yyyy) / / Signature	Gender M F		
X		Date (dd/mm/yyyy)	7
Name of Policy Owner 4			
Date of birth (dd/mm/yyyy) / / Signature	Gender		
X		Date (dd/mm/yyyy)	
Name of Policy Owner 5	•		
Date of birth (dd/mm/yyyy) / / Signature	Gender		
X		Date (dd/mm/yyyy) / /	