



# Election to maintain insurance cover

**COMPLETE SHADED SECTIONS**

Please complete in **BLOCK LETTERS** using a **BLACK** or **BLUE** pen and ensure it is signed and dated.  
Please complete this form to keep your insurance arrangements within your super. This election will not affect your rights to cancel or apply to change your insurance cover in future.

**!** **IMPORTANT:** Complete ALL details. This is needed to validate your identity and get in touch if we have any questions.

## 1. Your personal details

Member Number

Your name (First name and surname)

Date of birth  /  /

Mobile or daytime telephone

Address

Suburb  State  Postcode

Email

## 2. Your instructions to maintain your insurance cover

Yes - please keep my current insurance cover arrangements.

## 3. Acknowledgment - Read, sign and date

- I wish to keep all of my insurance arrangements currently provided within my HESTA for Mercy account, even if my account has not received a contribution or roll in for 16 months or more.
- I understand the cost of my insurance is deducted from my investment options based on the Fund's rules, and I confirm that this election will continue to apply even if I change my investment options.
- I understand that if there is not enough in my super account to pay the cost of my insurance, my insurance cover will be cancelled.
- I have received and had the opportunity to read and understand the Product Disclosure Statement available at [hestaformercy.com.au/disclosures](https://hestaformercy.com.au/disclosures) or by calling 1300 368 891.
- I have read and understood HESTA's Privacy Collection Statement which is available at [hestaformercy.com.au/privacy](https://hestaformercy.com.au/privacy) or by calling 1300 368 891 and accept that the information on this form is true and correct to the best of my knowledge and belief. I consent to my personal information being collected and used by the Trustee for the ongoing administration of my membership by the fund administrator and other service providers.

Your signature

Date  /  /

## Return your completed form

Scan and email all requirements to [information@hestaformercy.com.au](mailto:information@hestaformercy.com.au)  
or mail it to HESTA for Mercy, PO Box 8334, Woolloongabba QLD 4102  
or drop it off in person to Potter Building, Ground Floor, Mater South Brisbane campus

## contact us

1300 368 891 | Email form to [information@hestaformercy.com.au](mailto:information@hestaformercy.com.au) or mail to: PO Box 8334, Woolloongabba QLD 4102

Issued by H.E.S.T. Australia Ltd ABN 66 006 818 695 AFSL No. 235249, Trustee of HESTA ABN 64 971 749 321. This information is of a general nature. It does not take into account your objectives, financial situation or specific needs. You should look at your own financial position and requirements before making a decision. You may wish to consult an adviser when doing this. The target market determination for HESTA for Mercy products can be found at [hestaformercy.com.au/tmd](https://hestaformercy.com.au/tmd) Before making a decision about HESTA products you should read the relevant product disclosure statement (call 1300 368 891 or visit [hestaformercy.com.au](https://hestaformercy.com.au) for a copy), and consider any relevant risks ([hestaformercy.com.au/understandingrisk](https://hestaformercy.com.au/understandingrisk)).