FORM INSURANCE



1. PERSONAL DETAILS



Use this form to request new insurance, make a change or cancel your existing insurance cover. In order to complete this form, we recommend you refer to your Insurance, Fees and Costs Guide available via your online account. Print clearly in BLOCK LETTERS.

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¹ We may SMS you from time to time.

If you provide us with your email address, you will be opted-in for e-communications. This means our communications to you will be uploaded to your online account and you will receive an email notification when the communication is available online. Of course, you can change your preferred method of communications at any time through your online account or by calling us.

	JUR INSURANCE CUV												
I want to cancel m	ny:												
Default Death	Default Death Only, or Death and Total and Permanent Disablement (TPD) cover (Note: Your employer may be paying for this default cover.												
Additional D	Additional Death Only, or Death and TPD cover												
TPD cover, w	vhich will change my cove	er to Dea	ath Only										
Income Prote	ection cover												
Note: If you decide	e to reinstate it later, you wil	I have to	go through the underwriting process.										
3. REDUCE YO	OUR INSURANCE COV	ER											
			complete the sections below. Your TPD ur default insurance cover.	cover cannot be higher than your Death cov									
My existing level of cover is:													
Unit based cove	er	OR	Fixed cover (multiples of \$1,000)										
Death Only	units		Death Only \$.00										
Death and TPD	units		Death and TPD \$.00										
I want to reduce	my level of cover so that	the nev	w level of cover is:										
Unit based cove	er	OR	Fixed cover (multiples of \$1,000)										
Death Only	units		Death Only \$.00										
Death and TPD	units		Death and TPD \$.00										

4. INCREASE YOUR INSURANCE COVER

In order to complete this form, we recommend you refer to your Insurance, Fees and Costs Guide available via your online account.

Complete this section, if you want to increase your insurance cover. You may be able to choose between unit based or fixed cover:

- · Unit based cover is where the value of each unit varies with your age, as shown in the Insurance, Fees and Costs Guide.
- · Fixed cover allows you to choose and maintain the same amount of cover until the maximum age within the policy.

Death Only, and Death and TPD Cover

Select **one** of the following – unit based or fixed cover.

Select one of the following - Death Only, or Death and TPD cover. This is in addition to your existing cover.

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Unit based cover	OR	Fixed cover (multiples of \$1,000)								
		Death Only								
Death Only units		\$.00								
		Death and TPD								
Death and TPD units		\$.00								
Request Income Protection cover (if avail	able, re	fer to your Insurance, Fees and Costs G	Guide)							
I want to purchase Income Protection ¹ co	over.									
My annual salary is \$										
¹ Income Protection cover is 75% of your annua your current salary.	l salary,	where salary is defined as Ordinary Times Ear	rning (OTE). You may be required to provide proof							
Important										
Further details of the insurance cover are pr										
of this form.	must als	o provide a completed Personal Statement a	and Consent for the insurer provided at the end							
Additional cover is subject to underwriting baccepted.	by the ins	surer. You will have to supply health evidence	to the insurer before your application can be							
And remember, insurance cover is subject to	the insu	urer receiving and accepting required medical	evidence.							
5. OPT IN TO MAINTAIN INSURANG	CE COV	ER								
I wish to maintain the following types of ins	surance									
Death cover only										
Death cover only										

Important information to note

Death and TPD cover

Income Protection cover

- If you opt in, we will maintain your insurance even if your account is inactive for 16 months or more, or your account is transferred to another division of the fund (this could happen, for example, if you leave your employer).
- By opting in, you acknowledge that you understand the effect this may have on your account balance and you do not require any further information.

Note: If your insurance fees are paid by your employer, you will receive automatic insurance and do not need to opt in. However, if you are transferred to another division of the Russell Investments Master Trust (the Fund) you will need to opt in. This could happen, for example, if you leave your employer.

- Limited cover may apply for a period, if you opt in after joining. Please see your Insurance, Fees and Costs Guide for more information.
- When you are at least 25 years old and you have a balance of \$6,000 or more, cover will automatically commence (eligibility requirements and limitations may apply).
- Insurance fees will be deducted from your account while you have cover, unless your cover is paid for by your employer.
- If you choose to opt in to some but not all of the insurance cover available to you and your other type(s) of cover lapse, you will have to reapply if you would like that cover in future.
- You can change or opt out of (i.e. cancel) your insurance cover at any time by completing the relevant section of this form or by calling us on 1800 555 667.

6. COST OF YOUR INSURANCE COVER

Your PDS and the Insurance, Fees and Costs Guide explain the cost of your insurance. Any insurance fees you need to pay will be deducted from your iQ Super account.

7. DECLARATION AND SIGNATURE

I understand that:

- · Any reduction in cover will be processed as soon as practicable after this form is received by the Fund.
- · The provision of additional cover or an increase in existing cover is subject to acceptance by the insurer.
- If I cancel or reduce my insurance cover, I will need to go through the underwriting process and have the insurer's approval to have it reinstated.
- Any insurance fees payable by me will be deducted from my iQ Super account.
- I have read and considered the current PDS and the Insurance, Fees and Costs Guide for my membership of the Fund.

Member signature									Date (DD MM YYYY)																				
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We're here to help

Please send your completed form to: iQ Super by Russell Investments, Locked Bag A4094, Sydney South NSW 1235. If you have any questions, please call us on 1800 555 667 (Monday to Friday 8.30am to 5.30pm AEST), email iq@russellinvestments.com.au or visit russellinvestments.com.au/super

In preparing this form, the Trustee has not taken into account the investment objectives, financial situation or needs of any person. Accordingly, before making a decision to invest in a product, you should read the current Product Disclosure Statement (PDS) and seek advice tailored to your own financial circumstances. Call us on 1800 555 667 or visit russellinvestments.com.au for a copy of the PDS. Total Risk Management Pty Limited ABN 62 008 644 353, AFSL 238790, Trustee of the Russell Investments Master Trust ABN 89 384 753 567.

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Consent
Sensitive Information Regarding the Underwriting of your Insured Benefits
By signing this Form, you consent to the use and disclosure of your personal information to the Trustee, its service providers and other experts and advisers for the following purpose:
Assessment by the Fund's insurer of your entitlement to be insured for death and/or disablement benefits provided by the Fund, relying on input from others, includingmedical experts.
If there is a dispute with respect to your entitlement, the Trustee may be required to disclose this information to a Tribunal or Court.
If you do not provide this consent the Insurer may not be in a position to consider whether to provide you with Death and/or Disability Insurance through the Russell Investments Master Trust.
If you would like to view a copy of Russell Investments' Privacy Policy or if you have any questions about privacy and Russell Investm ents, please call us on 1800 555 667.
Signature Date (DD MM YYYY)
Name (please print)

Please return to: iQ Super by Russell Investments, Locked Bag A4094, Sydney South NSW 1235.