

Insurance opt-in nomination

i Use this form to:

Retain your existing insurance cover on your Panorama Super account.

You can type directly into the form or print then complete in block letters. Each applicable section of the form must be completed for this request to be processed.

Important information

Superannuation laws require us to cancel insurance cover within your super if there have been no contributions or rollovers received in your account for 16 continuous months.

Retaining your cover

The changes to insurance in super are aimed at ensuring members are not paying for insurance cover they don't know about, or need. You can opt-in to retain your insurance by completing this form.

Privacy Statement

All personal information and credit-related information we collect about you is collected, used and disclosed by us in accordance with our Privacy Statement which is available at www.bt.com.au/personal/help/privacy/privacy-statement or by calling us. Our Privacy Statement also provides information about how you can access and correct your personal information, and make a complaint. You do not have to provide us with any personal information or credit information but, if you don't, we may not be able to process your request.

1 Your account details

Account number¹

¹This will be your Panorama Super account.

2 Your personal details

Full name

Date of birth (dd/mm/yyyy)

3 Insurance opt-in election

Do you wish to opt-in?

Yes, I would like to opt-in to all policies associated within my Panorama Super account number listed in section 1 'Your account details' of this form.

Yes, I would like to limit my opt-in nomination to the following cover(s) under my policy:

Life Plan²

Standalone Total Permanent & Disability Plan

Income Protection

²If you hold a TPD benefit under the Life Plan policy this will also be retained.

4 Authorisation & acknowledgments

By signing this form, you agree that all information provided in the form is true and correct, and agree to the following terms and conditions.

In completing section 3 of this form, I acknowledge that my level of cover and type of insurance associated with those policies will be retained and unchanged. I am aware that listing individual policies may result in cover for other policies being cancelled.

I acknowledge that I have read and understood the information regarding the government's changes to insurance through super, and/or the contents of the communication I received in regarding inactivity and consent to the Trustee and/or Administrator to request the maintaining of the insurance cover/s that I have selected above, including any additional benefit that I may add to any of my policies in the future (as defined in the product disclosure statement and policy document issued by the insurance provider), held in respect of my super account, subject to the cover terms and conditions, even if my super account becomes inactive in the future. BT will request the cancellation of any policy that I have not selected should my account remain inactive for a continuous period of 16 months. Inactive means no contributions or rollovers have been received in respect of that super account.



Insurance opt-in nomination

I acknowledge that my insurance may still be cancelled for other reasons. For example, if I choose to voluntarily cancel my cover, or if there are insufficient funds in the super account to pay insurance premiums, or my super account is closed.

Full name

Signature ([Digital signature](#) accepted)

Date (mm/dd/yyyy)

You can submit this form online



Sign in to your account to upload and submit this form

Advisers: Tracking > Service requests > Submit new request > Account maintenance

Investors: Forms & requests > Submit new request > Account maintenance

If you are unable to upload this form, you can submit it by:

email: panoramaoptin@BTFinancialgroup.com



DEC-X-BTF34052