

Diversa Group Life Pool - Quote Request

Insured Person's Details

Title: Mr Mrs Miss Ms Other: _____ Gender: Male Female
Surname: _____ Given Name(s): _____
Date of Birth (dd/mm/yy): ____ / ____ / ____ Australian Resident: Yes/No (non residents are not eligible for cover)
 Smoker Non Smoker Occupation Title: _____
Main Occupation Duties: _____

Details of Insurance Cover Requested

Default (automatic) Cover; OR Premiums Paid Annually Semi-annually Quarterly Monthly

Underwritten Cover

Death Amount: \$ _____
 Total & Permanent Disability ; OR Amount: \$ _____
 Death & Total & Permanent Disability Amount: \$ _____

TPD Definition: Own Occupation Any Occupation

- Notes: 1. TPD cover cannot be provided without death cover
2. Own occupation TPD definition is only available for white collar and professional occupation categories
3. A loading of 25% is applicable for TPD Own occupation cover
4. Quotes are for illustration purposes only. The actual premium payable will be advised at the time that the insurance cover is accepted.

Contact Details

Super Fund / Employer Name (if applicable): _____
Contact Name: _____ Position Held (if applicable): _____
Phone: _____ Email: _____
OR
Adviser (where applicable): _____
Adviser Service Fee Standard Rebated Other _____ %
Phone: _____ Email: _____

Please email the completed Quote Request to:

Diversa Superannuation Services Limited E: insurance@diversa.com.au

If you have any questions regarding this form or the Group Life Pool, please either contact us on 1300 734 359.
Group Life Pool PDS, forms & FAQs can be found on the website www.diversa.com.au

OFFICE USE ONLY

Quote:
Date in: _____ Time: _____
Date out: _____ Time: _____
 Prepared - Signature: _____ Checked - Signature: _____