



Election to reinstate insurance cover

Use this form to tell us to restart or reinstate your insurance cover with Rest if it was cancelled due to your account being inactive for 13 continuous months or more.

You'll need to return this form to us within 60 days of the date your insurance was cancelled for your cover to be turned on again. Insurance premiums will then be deducted from your Rest account each month from the cancellation date, so you'll also need to have enough money in your account to pay these and any unpaid premiums or other fees. This will ensure that your cover is reinstated from the date of cancellation and there are no gaps in the period of your cover.

By restarting your insurance, your cover with Rest will be treated as if it was never cancelled and will continue until you cancel it, or it otherwise ends under the terms of the insurance policy.

Please write in **BLOCK LETTERS** and use a **BLACK** or **BLUE** pen. You can mail your completed form to **PO Box 350 Parramatta NSW 2124**, or email a scanned copy or photo to **contact@rest.com.au**
This request will be invalid if unsigned and undated.

1. Your personal details

Member number Date of birth (dd/mm/yyyy) Title

Surname Given name(s)

Residential address

Unit number Street number Street name

Suburb/Town State Postcode

Telephone (business hours) Mobile Email address

Postal address (if different from above)

Unit number Street number / PO BOX Street name

Suburb/Town State Postcode

2. Reinstatement my insurance cover (please tick the box)

Please reinstate my insurance cover with Rest

3. Declaration

I declare that (subject to the terms of the insurance policy):

- I understand that by electing to reinstate my insurance cover, I am choosing to maintain my cover and cover will be treated as if it was never cancelled and will continue until I cancel it, or it otherwise ends under the terms of the insurance policy.
- I understand that by electing to reinstate my insurance cover, insurance premiums will be deducted from my account each month from the date my insurance was cancelled.
- I understand that by completing this form I am reinstating the same amount of cover and types of cover that I held before my insurance was cancelled (unless I've had a birthday since my cover ended which impacted my cover).
- I understand the impact this election may have on my account balance, and do not require further information.
- I understand that for my cover to restart, my account must have enough funds or be topped up with enough funds to pay any unpaid premiums when this form is received.
- I declare that the information provided is true and correct.
- I understand that personal information provided on this form will be used to action my request.
- I acknowledge that Rest has advised me that I should seek advice from a licensed financial adviser.

Signature of applicant

Date (dd/mm/yyyy)

Rest's current insurer is TAL Life Limited ABN 70 050 109 450, AFSL 237848. A copy of the TAL Privacy Policy can be obtained by visiting tal.com.au. If you would like a copy of Rest's Privacy Policy, visit rest.com.au