

**CEASE LIPP PAYROLL DEDUCTION AUTHORISATION**

I, Mr/Miss/Ms/Mrs/Dr .....

Hereby authorise and request my employer to cease deductions from my salary that previously paid for my income protection insurance through the Lutheran Income Protection Plan (LIPP).

***This is to take effect from 1 January 2012.***

I have received, read and comprehended the documentation that accompanied this authorisation and further understand that my income protection insurance will now only be provided by Lutheran Super.

Signature .....

Date .../.../....

**Please complete and return this form to your Business Manager, Bursar or Treasurer.**