

Insurance application – top-up default

Please use this form if you would like to top-up your current default insurance cover of \$3 per week Death and TPD cover and/or \$2,000 per month, 90 day waiting period, 2 year benefit period income protection cover.

The top-up default options must be exercised within 120 days of joining your employer.

Please complete these instructions in **BLACK INK** using **CAPITAL LETTERS** (except for your email address) and **✓** boxes where applicable.

1 Member details

Member number (if known)

Title Surname

Given name(s)

Current residential address

Unit No Street No

Street name

Suburb State Postcode

Postal address (if different to above)

Unit No Street No

Street name/PO Box

Suburb State Postcode

Phone (home) Phone (work)

Mobile Date of birth / /

Email address

Gender Male Female

Occupation

2 Top-up default insurance cover

Death and TPD

Do you require additional Death and TPD cover above the default level of \$3 per week? Yes* No

If Yes, please select the amount of Death and TPD cover required.

\$4 per week \$5 per week \$6 per week

Income protection

Do you require additional income protection cover above the default level of \$2,000 per month with a 90 day waiting period and a 2 year benefit period? Yes* No

If Yes, please select the amount of income protection cover required.

\$4,000 per month with a 90 day waiting period and a 2 year benefit period

\$5,000 per month with a 90 day waiting period and a 2 year benefit period

\$6,000 per month with a 90 day waiting period and a 2 year benefit period

* If you have selected Yes, for additional Death and TPD and/or income protection cover, you **must complete** section 3: Qualification questions.

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3 Qualification questions

1. Please complete either a, b or c, as applicable.

a For an employed person:

- i) Are you currently off work, or restricted or unable to fully perform without any limitation all the duties of your usual occupation on a full-time basis (for at least 30 hours per week), due to illness or injury, even if your actual employment may be full-time, part-time or casual? Yes No

b For an unemployed person whose sole occupation is NOT the performance of unpaid domestic duties:

- i) Are you currently restricted or unable to actively seek employment and/or fully perform, without any limitation due to illness or injury, all the duties and work hours of a gainful occupation reasonably suited to you having regard to your education, training and experience? Yes No

c For an unemployed person whose sole occupation is the performance of unpaid domestic duties:

Are you

- i) unable to fully perform your unpaid domestic duties due to illness or injury; Yes No
ii) in receipt of social security benefits in relation to an illness, injury, or disability which you may have; or
iii) in receipt of unemployment benefits including but not limited to any benefits payable in respect of return to work programs, work start training programs, or similar work experience/training initiatives?

2. Have you, in the last 12 months been absent from work or unable to fully perform:

- i) the duties of your usual occupation (whether employed or unemployed); or Yes No
ii) your unpaid domestic duties, if you are unemployed and your sole occupation is the performance of unpaid domestic duties; due to illness or injury (other than cold or flu) for more than six days?

3. Have you been diagnosed with, or do you suffer from, an illness or injury that may cause permanent inability to work or which reduces or is likely to reduce your life expectancy to less than 12 months from the date of this application?

Yes No

4. Have you ever had an insurance application for death only, death and total and permanent disablement, terminal illness or income protection (including accident or sickness) cover refused?

Yes No

5. Have you ever had an insurance application for death only, death and total and permanent disablement, terminal illness or income protection (including accident or sickness) cover modified or offered on non-standard terms in regards to medical or other conditions?

Yes No

6. Have you ever been paid or are you eligible to be paid, or are currently in the process of submitting a claim for any illness or injury through the Plan, another superannuation fund, insurance policy, workers' compensation, or Government benefits (such as sickness benefit, invalid pension) providing terminal illness, total and permanent disablement or income protection cover, including accident or sickness cover?

Yes No

7. Have you successfully applied for an increase in death or death and Total and Permanent Disablement cover due to a Life Event in the last 12 months from the date of this application?

Yes No

Note: If you answered Yes to any of the above questions, you are not eligible to increase your existing cover due to a Life Event using this form.

You may still apply to increase your existing cover by completing an Application for Insurance form which is available from our website or by contacting our client services team.

4 Your duty of disclosure

Your duty of disclosure to IOOF Investment Management Limited (IIML) and TAL Life Limited ABN 70 050 109 450, AFSL 237848 (TAL):

Before you enter in to a contract of life insurance with an insurer, you have a duty under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose those matters to TAL and IIML before you extend, vary or reinstate a contract of life insurance. Your duty however, does not require disclosure on the matter.

- that diminishes the risk to be undertaken by the insurer
- that is of common knowledge
- that the insurer knows or, in the ordinary course of his business, ought to know
- disclosure of which is waived by the insurer.

The duty of disclosure applies even after this application is completed until the insurer advises acceptance of insurance.

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4 Your duty of disclosure continued

Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

All questions on this application are relevant as to whether or not the insurer accepts the risk and, if so, on what terms.

5 Privacy statement

Privacy laws protect your privacy. The way in which IIML and TAL collect, use, disclose and handle your information is described in their respective Privacy Policies.

IIML and TAL may collect, use or disclose your personal information (including health and sensitive information) to assess, verify and process your application and any claim made. Any information, including health and sensitive information, collected by TAL is collected on behalf of IIML and is used by TAL to assess applications for insurance and claims that may be made under the Trustee's Group Life Policies with TAL. Such information is collected directly by TAL to enable expeditious underwriting and claims assessment by TAL and may be disclosed by TAL to IIML. IIML and TAL may collect or disclose information relating to you or your application or any claims you may make to or from each other and a range of services including: financial advisers, re-insurers, past or present medical practitioners, health professionals, hospitals, government department(s) which retain health records or as part of our regulatory requirements, personal accountants, current or former employers, lawyers, claim investigators and other third party service providers, and each other. If this information is not provided, your application for insurance or an insurance claim may not be processed. You have a right to access any personal information held about you unless IIML or TAL is legally entitled to deny access. If you want to know more about IIML's or TAL's approach to privacy, please contact our client services team or TAL on 1300 209 088.

6 Member declaration

- I acknowledge that I have read the notice explaining my duty of disclosure in Step 5 and understand that this duty also applies until formal notification of acceptance. I have read and checked any answers not completed in my handwriting and to the best of my knowledge and belief all the answers to the questions in this application which relate to me are true and correct and no information material to the assessment of this insurance has been withheld.
- I authorise TAL to contact my current fund or insurer to obtain confirmation of any information I have provided on this form, and to obtain copies from that fund or insurer of any health or medical information I have provided in relation to that cover. A photocopy of this authority is as valid as the original.
- I authorise and direct any medical or other practitioner to divulge at any time to IIML and TAL or to any lawfully constituted tribunal any and all information concerning my state of health and medical history, acquired in the course of professional attendance or consultation. A photocopy of this authority is as effective and valid as the original. To this extent, all professional confidence and privilege is waived.
- I consent to my personal information (including health and sensitive information) being collected, used and disclosed by IIML and TAL or their external service providers/contractors as contemplated in this form, including collecting it from, or disclosing it to, any medical practitioner or third party as required to assess, verify or process my application or any claim I may make. This consent applies to any health and sensitive information IIML and TAL collect on this form or future forms in relation to this insurance.
- If you have provided us with information about another person, we understand you will advise them that:
 - we collect, hold and use the personal information for the purpose set out in IIML's and TAL's privacy statement
 - their personal information may be disclosed to a third party
 - they may access or correct any personal information held about them.
- I understand that if this application is accepted, my cover will be subject to the terms and conditions of IOOF Employer Super's insurance policy.
- I acknowledge that I have received the current Product Disclosure Statement prior to completing this form.

Member signature

Date / /

Please forward all correspondence and queries to

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