

Life Event Insurance Increase Application

INSTRUCTIONS

You should use this form if you have existing death or death and Total and Permanent Disablement (TPD) insurance and want to apply to increase your cover (in accordance with the amounts in Section 3) upon the occurrence of any of the following Life Events:

- Birth or adoption of child/ren;
- Marriage or divorce;
- Commencement or cessation of a recognised relationship[‡];
- A new mortgage for the purchase, construction of your primary residence (home) in Australia;
- Financing renovation/improvement to your primary residence (home) in Australia[‡]

You must attach certified photocopies of the document(s) outlined in Section 5, confirming the occurrence of the Life Event.

Your application will not be accepted if the relevant attachments are received by Telstra Super after 60 days have passed since the date of the Life Event (the day on which the Life Event occurs is excluded);

After the acceptance of a Life Event application, you cannot submit another Life Event application (whether for the same type of Life Event or not) until 12 months have elapsed from the date of commencement of the additional cover.

Any increase in cover does not commence until you receive written confirmation that your Life Event Application has been accepted.⁵

If your application is successful, you will only be eligible to claim the increased insured amount pursuant to your Life Event application if your death or TPD is as a result of an Accident for a period of six months from the date of commencement of the increased cover. Also you will not be eligible to claim the increased amount of cover if your death or TPD is as a result of intentional self inflicted injury for a period of thirteen months from the commencement of your increased cover.

1. APPLICANT DETAILS

(please print answers clearly)

Fund Division or Product Name	<input type="text"/>	Fund Membership number	<input type="text"/>
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other		<input type="text"/>
Surname	<input type="text"/>	Given name(s)	<input type="text"/>
Date of birth	<input type="text"/>	(DD/MM/YYYY)	
Postal address	<input type="text"/>		
Gender	Female <input type="checkbox"/>	Male <input type="checkbox"/>	
Preferred contact number (business hours) ^A	<input type="text"/>		

Note A: To save unnecessary delays, Telstra Super or TAL may contact you by telephone to clarify any answers you have provided.

2. LIFE EVENT

Please circle the Life Event for which you are applying to increase your cover and state the date upon which the Life Event occurred.

Birth or adoption of child/ren	Date of Life Event	<input type="text"/>
Marriage or divorce	Date of Life Event	<input type="text"/>
Commencement or cessation of a recognised relationship	Date of Life Event	<input type="text"/>
New mortgage	Date of Life Event	<input type="text"/>
Financing for renovation or improvement to your home. [‡]	Date of Life Event	<input type="text"/>

Note B: You can only apply to increase your cover for one Life Event at a time.

Note C: Multiple births or adoptions are treated as one Life Event.

Insurance is provided by TAL Life Limited, ABN 70 050 109 450 AFSL 237848 to Telstra Super Pty Ltd ABN 86 007 422 522 AFSL 236709 as trustee of Telstra Superannuation Scheme (Telstra Super) ABN 85 502 108 833.v

2. ADDITIONAL COVER DETAILS

Amount of existing cover

(Please contact Telstra Super if you are not sure of the amount of your current insurance cover)

\$	
----	--

What is the additional amount of Death or Death and TPD cover you require?

Death only	Amount required (see limits below)	\$
------------	---------------------------------------	----

Death and TPD	Amount required (see limits below)	\$
---------------	---------------------------------------	----

Note D: The amount of additional cover you can apply for depends on the amount of your existing cover, as outlined in the following table

Existing cover amount (including base & top-up)	Maximum Life Event additional insurance*
\$0 - \$100,000	\$25,000
\$100,001 - \$200,000	\$50,000
\$200,001 - \$300,000	\$75,000
\$300,001 - \$400,000	\$100,000
\$400,001 - \$500,000	\$125,000
\$500,001 and above	\$250,000

* Any increase in cover is provided as top-up cover (see applicable product disclosure statement for premium rates).

4. ELIGIBILITY QUESTIONS

Part A.

1. Are you working (including being on leave except leave which is caused by illness or injury)? Yes No

If you answered "No", please proceed to answer question 2 of Part A.

If you answered "Yes", please proceed to answer questions 1 and 3 – 7 of Part B.

2. Are performing full-time unpaid domestic duties? Yes No

If you answered "No", you are not eligible to receive any type of increased cover for a Life Event using this Application. Please see Note E at the end of this section.

If you answered "Yes" and you are applying to increase your death or death and TPD cover, please proceed to answer Questions 2 – 7 of Part B.

Part B.

At the date of this application:

1. If you are currently working, are you, due to sickness, accident or injury:
• off work; or
• unable to perform your full and normal duties on a full-time basis (for at least 30 hours per week) even though your actual employment may be full-time, part-time or casual? Yes No

2. If you are currently performing full-time unpaid domestic duties, are you:
• unable to perform your unpaid domestic duties due to sickness, accident or injury;
• in receipt of social security benefits in relation to a sickness, accident, injury or disability which you may have; or
• 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? Yes No

3. Have you been unable to work or perform unpaid domestic duties (as applicable) for a total of four or more weeks in the last 12 months because of sickness or injury? Please exclude leave taken to care for someone else. Yes No

4. Have you been diagnosed with a sickness that reduces your life expectancy to less than 12 months? Yes No

5. Have you ever been declined Death, TPD or Income Protection cover, or been excluded from insurance cover for a specific medical condition or injury? Yes No

6. Have you ever made, or are you entitled to make, a claim for any injury or sickness (lasting more than four weeks) through Workers' Compensation, sickness benefit, invalid pension or any insurance policy providing TPD cover, accident or sickness cover? Yes No

7. Do you hold any existing life insurance cover that is subject to a premium loading or exclusion? Yes No

Note E: If you answered "Yes" to any of the questions in Part B, you are not eligible to receive increased cover for a Life Event using this Application. If you are not eligible to make a Life Event Application, you may still apply to increase your cover by completing a Change of Insurance form and Personal Statement form available from www.telstrasuper.com.au or by calling 1300 033 166.

5. ATTACHMENTS

Type of Life Event	Evidence required
Birth of a child	Birth Certificate
Adoption of a child	Order effecting an adoption and the date of entry in a public official record of the adoption of a child
Marriage	Marriage certificate or equivalent overseas marriage recognised in Australia.
Divorce	Decree absolute.
Commencement or cessation of "recognised relationship" [†]	Evidence of commencement or cessation.
New mortgage for purchase or construction of primary residence in Australia	<ol style="list-style-type: none"> Mortgage statement/official statement from the lender stating: <ul style="list-style-type: none"> Name of borrower; Date & amount of drawdown; Address of security. Statutory declaration from applicant declaring primary residence. Stamped front page of the contract of sale stating: <ul style="list-style-type: none"> Name of purchaser; Date of settlement; Purchase price.
Financing renovation/ improvement to primary residence in Australia [‡]	<ol style="list-style-type: none"> Mortgage statement/official statement from the lender relating to the renovation finance stating: <ul style="list-style-type: none"> Name of borrower; Date & amount of drawdown; Address of security (if applicable). Statutory declaration from applicant declaring primary residence. Quotation for renovation/ improvement.

The copy must be a "certified copy". A "certified copy" is a true copy of an original document that has been sighted and certified by an "acceptable person" and noted as follows: **"I certify that I have sighted the original document and this is a true copy of it."** This certification must have the certifier's full name, title, registration number (where applicable) and be signed and dated. An "acceptable person" is any of the following: legal practitioner; Justice of the peace; Magistrate; Notary public; Police officer; Dentist; Veterinary practitioner; pharmacist; accountant; Member of Parliament; minister of religion; and medical practitioner.

6. DUTY OF DISCLOSURE

Your Duty of Disclosure

Before you enter into 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 the insurer before you extend, vary or reinstate a contract of life insurance. Your duty however, does not require disclosure of a 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 its 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 is issued in writing.

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.

7. PRIVACY STATEMENT

Privacy laws protect your privacy. The way in which we collect, use, disclose and handle your information is described in the TAL Privacy Statement.

We may collect and use or disclose your personal information (including health and sensitive information) to assess, verify and process your Application.

We may collect or disclose information relating to you or your Application to or from a range of providers including: reinsurers, superannuation trustees, past or present medical practitioners, health professionals, hospitals, government department(s) which retain health records or as part of our regulatory requirements, personal accountants or current or former employers or lawyers. You have a right of access to any personal information held about you unless we are legally entitled to deny access. To find out more about TAL's approach to privacy, please contact TAL on 1800 226 364 or visit www.tal.com.au/privacy.asp

8. DECLARATION AND SIGNATURE

1. By signing below, I acknowledge that I have read and complied with the notice explaining my Duty of Disclosure in Section 6 and understand that this duty also applies until formal written notification of acceptance of my application. I have read and checked my answers including any not completed in my handwriting and to the best of my knowledge and belief all the answers to the questions in this application and any supplementary information attached which relates to me is true and correct and no information material to the assessment of this application has been withheld.
2. I authorise TAL to contact any relevant authority to obtain confirmation of any information I have provided on this form, and to obtain copies from that authority of relevant documents. A photocopy of this authority is as valid as the original.
3. I authorise and direct any authorities to divulge at any time to TAL or to any lawfully constituted tribunal any and all information concerning the Life Event which is the subject of this application. A photocopy of this authority is as effective and valid as the original. To this extent, all professional confidence and privilege is waived.
4. I consent to my personal information (including financial and sensitive information) being collected, used and disclosed by TAL or their external service providers/contractors as contemplated in this form, including collecting it from, or disclosing it to, any third party as required to assess, verify or process my application or any claim I may make. This consent applies to any financial and sensitive information TAL collects on this form or future forms in relation to this insurance.
5. 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 TAL's Privacy Statement;
 - their personal information may be disclosed to a third party; and
 - they may access or correct any personal information held about them.

Signature of Applicant

X

Date

/ /

† A "registered relationship" means a relationship that is:

- A significant relationship for which deeds of relationship have been registered under the Relationships Act 2003 (Tas);
- A registered domestic relationship within the meaning of the Relationships Act 2008 (Vic);
- A civil partnership under the Civil Partnerships Act 2008 (ACT);
- A registered relationship within the meaning of the Relationships Register Act 2010 (NSW); or
- Any other similar state based registration scheme.

‡ Minimum cost of the renovation/improvement is \$30,000.

§ See TAL Insurance Policy for full conditions.

Return the completed Application to: **Insured Benefits Group, Telstra Super Pty Ltd, PO Box 14309, Melbourne VIC 8001**
Please call **1300 033 166** if you have any questions.