



IOOF

ESSENTIAL SUPER

1 November 2019

Insurance application – life events and salary increase

You should complete this form if you wish to increase your insurance cover in your above mentioned IOOF Essential Super account in the following circumstances:

You will need to attach a certified photocopy of the relevant document(s) outlined in 'Step 5 Attachments', to confirm the life event or your salary increase

Life events

You can increase your existing Death, Death and Total & Permanent Disablement (TPD) or Income Protection cover upon the occurrence of any of the following Life Events:

- Birth of your child or adoption of a child by you.
- Your dependent child starting secondary school.
- Your marriage or divorce.
- Entering into a mortgage to purchase a primary residence, or increasing your existing mortgage to renovate your primary residence in Australia.

In relation to Life Events:

- your application form is not received by us within 90 days of the Life Event or within 30 days from issuing your first Annual Statement following the occurrence of the Life Event
- you are engaged in a hazardous occupation as defined in the relevant product disclosure statement (PDS), or
- you are not eligible according to Step 4 of this application form.

Salary increase

You can increase your existing Income Protection cover if you have had a recent salary increase.

Please note that you are NOT eligible to increase your existing cover if:

In relation to a salary increase:

- your application is not received by us within 60 days of the salary increase
- you are engaged in a hazardous occupation (as defined in the PDS), or
- you are not eligible according to Step 4 of this application form.

Any increase in cover does not commence until you receive confirmation in writing that your application to increase cover has been accepted by the insurer, TAL Life Limited ABN 70 050 109 450, AFSL 237848 (TAL).

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

Account number

Step 1: Your personal details

Title (Dr/Mr/Mrs/Ms/Miss) Surname

Given name(s)

Residential address

Suburb State Postcode

Date of birth / / Gender Male Female

Email¹

¹ To speed up the processing of your application our insurer may contact you via email to clarify any outstanding information.

Preferred contact number (during business hours)

Telephone (business) Mobile

Occupation

Occupation details

Self-employed Employee (full time) Employee (part time) (Hours per week)

Not working Domestic duties Casual (Hours per week)

Industry of your usual occupation?

What is the name of your employer?

What is your usual occupation?

What are the principal duties of your usual occupation and the percentage of time performing each (to a total of 100 per cent)

Principal duties	Percentage of time spent (%)
Clerical/administration/managerial	
Light manual (such as qualified tradespeople, coffee shop owner)	
Manual (such as carpenter, plumber, plasterer, mechanic or an occupation for which travel is an essential part of the job (eg field surveyor)	
Heavy manual (such as interstate bus driver, warehouse worker, labourer, bricklayer, house removalist)	
Other – please specify:	

Step 2: Life event or salary increase

For which event are you applying for increased cover?

Life Event Salary increase

If you are applying to increase your insurance cover as a result of a Life Event, please complete part A below.

If you are applying to increase your insurance cover as a result of a salary increase, please complete part B below.

Part A

Life Event	Date of life event (dd/mm/yyyy)							
Birth of your child	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Adoption of a child by you	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your child starts secondary school	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your marriage or divorce	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
New mortgage	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Increase of existing mortgage	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of drawn down of the new mortgage

Date of drawn down of the additional mortgage

Part B

Salary increase / / Date of salary increase

Step 3: Increase cover amount

Life Events and salary increase

The maximum increase of **Death** or **Death and TPD** cover due to a Life Event is the lesser of:

- \$200,000
- the total amount of your mortgage, or the amount of increase in your mortgage (if applicable), or
- 25 per cent of your existing cover.

The maximum increase of **Income Protection** cover due to Life Events or salary increase is the lesser of:

- 25 per cent of your existing cover, or
- \$2,500 per month

Type of cover	Existing cover in your account	Amount of increase	Total cover after increase*
Death	\$	\$	\$
TPD	\$	\$	\$
Income protection (inc super benefit)	\$ pa	\$ pa	\$ pa

New/current salary \$ pa Insured percentage of salary after increase %

* Maximum amount of total cover after increase.

After the increase of cover due to Life Events or salary increase, the amount of total cover cannot exceed:

- \$3,000,000 for Death or Death and TPD cover
- For Income Protection cover, the lesser of:
 - \$25,000 per month, or
 - 75% of salary (plus up to 10% of salary for a Superannuation Contribution Benefit, if elected).

Where 'salary' means:

- if you are employed: the annual wages or salary last agreed between you and your employer (as defined in the PDS) plus any commissions paid to you by your employer in the last 12 months immediately before commencement of Total Disability and all other regular (cash and non-cash) payments or benefits provided to you by your employer in the last 12 months immediately before commencement of Total Disability which, when combined, TAL reasonably considers to be your remuneration package.
- if you are self-employed: the annual income generated by you from your personal exertion, calculated by averaging your net income for the two years immediately preceding your application. Net income means gross income from personal exertion less all expenses incurred by you in connection with earning that income but does not include investment income, profit distributions or similar payments.

Note: For the avoidance of doubt, salary does not include employer superannuation contributions that are required to be made to meet your employer's superannuation guarantee obligations, award or industrial agreement obligations or additional voluntary contributions. Salary does include employer superannuation contributions made under an effective salary sacrifice arrangement.

Step 4: Eligibility questions

At the date of this application:

- 1 Have you successfully applied for an increase in cover in the previous 12 months?

Yes No

- 2 Please complete either a, b or c, as applicable.

- a For an employed person

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, sickness, accident 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 the performance of unpaid domestic duties

Are you

- i) unable to fully perform your unpaid domestic duties due to illness or injury;
- 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 initiative

Yes No

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

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

- 3 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
- 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?

Yes No

- 4 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

- 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 refused?

Yes No

- 6 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

- 7 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 us, 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

Note: If you answered 'Yes' to any of the questions in Step 4, you are not eligible to receive increased cover using this form. You may still apply to increase cover by completing an insurance application from your financial planner or by calling our client services team.

Step 5: Attachments (all copies MUST be certified)

The table below outlines the documents you need to attach to this application.

Type of Life Event	Evidence required
Birth of your child	Birth certificate
Adoption of a child by you	Order effecting an adoption or an entry in a public official record of the adoption of a child
Your child starts secondary school	Original statutory declaration completed by the applicant (please complete Step 6)
Your marriage	Australian marriage certificate or an equivalent overseas marriage certificate recognised in Australia
Your divorce	Divorce order
New mortgage for the purchase of your home (primary residence)	Mortgage statement/official statement from the lender stating: <ul style="list-style-type: none"> • name of borrower • date and amount of drawdown • address of security Proof of settlement letter from your lawyer Original statutory declaration completed by the applicant declaring primary residence (please complete Step 6)
Increase of existing mortgage on your home (primary residence)	Mortgage statement/official statement from the lender stating: <ul style="list-style-type: none"> • name of borrower • date and amount of drawdown • address of security Original statutory declaration completed by the applicant declaring primary residence (please complete Step 6) Quotation for renovation/ improvement
Salary increase	Copy of a letter from your employer confirming the increase of your salary

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' that can certify copies of the originals as **true and correct copies** are as follows:

- Chiropractor
- Dentist
- A legal practitioner, who is on the roll of the Supreme Court of a State or Territory, or the High Court of Australia
- Medical practitioner
- Nurse
- Optometrist
- Patent attorney
- Pharmacist
- Physiotherapist
- Psychologist
- Trade marks attorney

Other persons:

- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- Australian Consular Officer or Australia Diplomatic Officer (within the meaning of the Consular Fee Act 1955)
- Bailiff
- Bank officer with 2 or more continuous years of service
- Building society officer with 2 or more years of continuous service
- Chief executive officer of a Commonwealth court
- Commissioner for Affidavits
- Commissioner for Declarations
- Credit union officer with 2 or more years of continuous service
- Employee of the Australian Trade Commission who is:
 - in a country or place outside Australia; and
 - authorised under paragraph 3(c) of the Consular Fees Act 1955; and
 - exercising his or her function in that place
- Employee of the Commonwealth who is:
 - in a country or place outside Australia; and
 - authorised under paragraph 3(c) of the Consular Fees Act 1955; and
 - exercising his or her function in that place
- Fellow of the National Tax Accountants' Association
- Finance company officer with 2 or more years of continuous service
- Holder of a statutory office not specified in another item in this list
- Judge of a court
- Justice of the Peace

- Magistrate
- Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961
- Master of a court
- Member of Chartered Secretaries Australia
- Member of Engineers Australia, other than at the grade of student
- Member of the Association of Taxation and Management Accountants
- Member of the Australian Defence Force who is:
 - an officer; or
 - a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with 2 or more years of continuous service; or
 - a warrant officer within the meaning of that Act
- Member of the Chartered Accountants Australia & New Zealand (CA ANZ), the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Member of:
 - the Parliament of the Commonwealth; or
 - the Parliament of a State; or
 - a Territory legislature; or
 - a local government authority of a State or Territory
- Minister of religion registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961
- Notary public
- An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more years of continuous service with one or more licences
- Permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public
- Permanent employee of:
 - the Commonwealth or a Commonwealth authority; or
 - a State or Territory or a State or Territory authority; or
 - a local government authority; with 2 or more years of continuous service who is not specified in another item in this list
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Police officer
- Registrar, or Deputy Registrar, of a court
- Senior Executive Service employee of:
 - the Commonwealth or a Commonwealth authority; or
 - a State or Territory or a State or Territory authority
- Sheriff
- Sheriff's officer
- Teacher employed on a full-time basis at a school or tertiary education institution
- Member of the Australasian Institute of Mining and Metallurgy

Step 6: Statutory declaration

Please complete this declaration if you are applying for increased cover due to the following life events:

- your child starting secondary school
- a new mortgage for the purchase of your home (primary residence)
- increasing your existing mortgage for renovating your home (primary residence).

I, (name)
of
 (address)

do solemnly and sincerely declare that (tick appropriate box):

my child has started secondary school on / /

the address above and the property described is/will be my primary residence.

I make this solemn declaration by virtue of the *Statutory Declarations Act 1959* (Act) or equivalent legislation and subject to the penalties provided by the Act for making false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

Declared at (address)

this day of 20

Member signature Date / /

Solicitor or Justice of the Peace (JP) in the presence of:

Signature Date / /

Print name

Contact address

Step 7: Duty of disclosure

Before you enter into a life insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, may affect their decision to insure you and on what terms.

You have this duty until the insurer agrees to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell the insurer anything that:

- reduces the risk they insure you for
- is common knowledge
- they know or should know as an insurer
- they have waived your duty to tell them about.

If you do not tell the insurer something

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, they may apply the following rights separately to each type of cover.

If you do not tell the insurer anything you are required to, and they would not have insured you if you had told them, they may void the contract within three years of entering into it.

If the insurer chooses not to void the contract, they may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told them everything you should have. However, if the contract has a surrender value, or provides cover on death, the insurer may only exercise this right within three years of entering into the contract.

If the insurer chooses not to void the contract or reduce the amount you have been insured for, they may, at any time vary the contract in a way that places them in the same position they would have been in if you had told them everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If your failure to tell the insurer is fraudulent, they may refuse to pay a claim and treat the contract as if it never existed.

8. Privacy

The way in which the Trustee and the Insurer, TAL Life Limited, ABN 70 050 109 450, AFSL 237848 (TAL) collect, use, disclose and handle your personal information is set out in the IOOF Investment Management Limited ABN 53 006 695 021 (IIML) and TAL privacy policies available respectively at www.ioof.com.au/privacy and www.tal.com.au/en/privacy.aspx or on request.

These privacy policies include information about how you may access and seek correction of your personal information as well as how you can make a complaint about a breach of your privacy. Further information about privacy is available from the Office of the Australian Information Commissioner at www.oaic.gov.au.

IIML and TAL may collect and use your personal information (including sensitive health and financial information) to assess, verify and process any application or claim for insurance.

To provide products and services IIML and TAL may collect, use and disclose information about you from financial advisers, employers, superannuation trustees and their administrators, medical practitioners, health professionals, hospitals, Government departments, claims assessors, accountants, lawyers, regulators, reinsurers or other third party service providers. If information to assess your application or claim is not provided, IIML and TAL may not be able to process your form.

If you would like to obtain more information regarding your privacy please contact IIML on 1800 913 118 or TAL:

Telephone 1300 209 088
Fax 02 9465 2065
Postal address TAL Services, GPO Box 5380, Sydney NSW 2001

9. Applicant declaration and signature

- I acknowledge that I have read the notice explaining my duty of disclosure in Step 7 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 and any supplementary application or personal statement 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 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 effective and valid as the original.
- I authorise and direct any authorities, or medical or other practitioner, to divulge at any time to the Trustee and TAL or to any lawfully constituted tribunal any and all information concerning the increase in cover due to the life event or salary increase. A photocopy of this authority is as effective and valid as the original. To this extent, all professional confidence and privilege is waived.
- I acknowledge that I have received, read and understood the PDS in relation to the increase in cover due to the life events or salary increase. I acknowledge that the increase in cover will not commence until this application has been accepted by TAL.
- I have read the privacy information in the PDS and I consent to my personal information (including health and sensitive information) being collected, used and disclosed by the Trustee 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 the Trustee and TAL collect on this form or future forms in relation to this insurance.
- I have read and understood the most current PDS and understand that if this application is accepted, my increased cover will be subject to the terms and conditions of the relevant insurance policy.
- I acknowledge I'm electing to apply for insurance even if I'm under age 25 and/or my balance is less than \$6,000.
- If I have provided information about another person, it is my responsibility to inform them that I have done so and to refer them to the Trustee's and TAL's privacy policies.

Insurance inactivity opt in

I elect to have any existing or future insurances retained, even if my account does not receive a contribution for a continuous period of 16 months. I acknowledge I can request to cancel my insurance at any time.

Member/Applicant signature

Date

 / /

Please sign and return this form by post

Please forward all correspondence and enquiries to

Post IOOF Essential, GPO Box 264 Melbourne VIC 3001
Telephone 1800 913 118

Email clientfirst@ioof.com.au
Web www.ioof.com.au