



IOOF ESSENTIAL

1 July 2019

Occupational Duties Questionnaire

Please complete these instructions in **BLACK INK** using **CAPITAL LETTERS** and boxes where applicable.

Step 1: Member details

Account number (if known)

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

Given name(s)

Residential address

Suburb State Postcode

Date of birth / / Gender Male Female

Employer's name

What is your occupation?

What is your annual salary/remuneration** package (gross)? \$

** Salary/remuneration package (gross): comprises your current wages or salary, plus commissions, plus all other regular cash and non-cash payments and benefits provided to you or for your benefit by your employer, and excludes superannuation guarantee contributions. For full definition of salary/remuneration package, see the relevant insurance guide for your product available on our website (www.ioof.com.au).

What are the principal duties of your occupation and the percentage of time performing each (to a total of 100%):

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

Details of any tertiary qualifications or registrations with professional bodies

Step 2: Your 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; or
- is common knowledge; or
- they know or should know as an insurer; or
- 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 avoid the contract within 3 years of entering into it.

If the insurer chooses not to avoid 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 3 years of entering into the contract.

If the insurer chooses not to avoid 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.

Step 3: Privacy statement

The way in which the Trustee (IOOF Investment Management Limited ABN 53 006 695 021 (IIML)) and the Insurer (TAL Life Limited, ABN 70 050 109 450, AFSL 237848 (TAL)) collect, use, disclose and handle your personal information (including any sensitive health or financial information) is set out in IIML's and TAL's privacy policies available respectively at www.ioof.com.au/privacy and www.tal.com.au/Privacy-Policy 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.

IIML and TAL may collect and use your personal information to assess, verify and process any application or claim for insurance.

To provide you with the products and services you have requested, IIML and TAL may collect or disclose your personal information from/to your 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 you do not provide the information requested, IIML and TAL may not be able to process your application or claim.

If you would like to obtain more information regarding your privacy please contact ClientFirst on 1800 517 124 or TAL:

Telephone: 1300 209 088

Fax: 02 9448 9100

Post: TAL Services GPO Box 5380 Sydney NSW 2001

Further information about privacy is available from the Office of the Australian Information Commissioner at www.oaic.gov.au.

Step 4: Member declaration

- I acknowledge that I have read the notice explaining my duty of disclosure in Step 2 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 sensitive health 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 personal information (including sensitive health 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:
 - their personal information will be collected, held and used as set out in this application form and 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 Essential Super's insurance policy.
- I acknowledge that I have received the current Product Disclosure Statement prior to completing this form.

Member signature

Date

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Please forward all correspondence and enquiries to:

Post: IOOF Essential
Reply Paid 264, Melbourne VIC 8060

Email: clientfirst@ioof.com.au

Telephone: 1800 913 118