

Insurance Cover Form

When you join Club Super, you are automatically given units of Death and Total & Permanent Disablement (TPD) cover, depending on your age, as shown in the table below. This is provided you join Club Super within 6 months of commencing employment with your current employer.

Default Units

Age Next Birthday	Number of Units	
	Death	TPD
Up to 25	1	2
26 - 70	2	2

New members joining Club Super may elect to receive up to 3 units in addition to the above table without needing to provide any health evidence. This is provided application for additional units is made within 6 months of commencing employment with your current employer.

Guide to completing this application:

1. Read the current Club Super Product Disclosure Statement.
2. Complete this form if you:
 - a) are joining Club Super and wish to apply for more than 3 additional units of cover on top of the "default" units - see the table above;
 - b) are currently a member of Club Super and wish to increase your cover;
 - c) wish to convert from unit based to fixed insurance cover (see the Insurance section on page 2 of this form); or
 - d) wish to apply for an additional unit of cover based on Key Life Events (see the Key Life Events section on Page 2 of this form);

If you require cover of more than \$1 million in Death and TPD cover, please contact Club Super and we will send you a Full Personal Statement.

Conditions for increasing your level of cover:

You may increase your level of cover with Club Super to a maximum of \$10 million for Death cover and \$3 million for TPD cover, at a cost of \$1.90 per unit per week provided:

- a) you provide satisfactory health evidence;
- b) you are not restricted by injury or illness from carrying out all of the duties of your usual occupation on a full time basis;
- c) your completed application for increased insurance cover is accepted by the insurer;
- d) you are employed by a participating employer and/or a member of the Fund; and
- e) you are under 69 years of age.

When you have read the duty of disclosure and declarations on page 4 of this form, please sign and date it. The application should then be mailed to:

Club Super
PO Box 2239
MILTON QLD 4064



Please turn over to complete the form

Insurance Cover Form



ALL SECTIONS MUST BE COMPLETED

PLEASE NOT

PLEASE USE BLOCK LETTERS

ARE YOU A CURRENT MEMBER OF CLUB SUPER?

YES NO

CLUB SUPER MEMBER NUMBER

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Note: if you have changed your name since first becoming a member please attach a Certified copy of your Marriage Certificate, Deed Poll or a Statutory Declaration as proof.

PERSONAL DETAILS

DATE OF BIRTH

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TITLE

MR MS MRS MISS

GENDER

MALE FEMALE

FIRST NAME

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MIDDLE NAME

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FAMILY NAME

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RESIDENTIAL ADDRESS

STREET NUMBER

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STREET NAME

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SUBURB/TOWN

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STATE

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POSTCODE

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POSTAL ADDRESS (If same as above, write "as above")

PO NUMBER

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SUBURB/TOWN

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STATE

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POSTCODE

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EMAIL AND PHONE DETAILS

EMAIL ADDRESS

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SECOND EMAIL ADDRESS

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YOUR TELEPHONE NUMBER

(

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MOBILE NUMBER

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PLEASE COMPLETE ALL RELEVANT PARTS OF THIS FORM

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Insurance Cover Form



ALL SECTIONS MUST BE COMPLETED

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INSURANCE

UNIT BASED COVER

Please write the total number of units of cover you would like (including any existing cover):

Death and TPD cover

Total number of Death and TPD units required

OR

FIXED AMOUNT COVER

Death and TPD cover

I would like to fix the amount of my Death and TPD cover at an amount of

\$.00

(must be at least the value of 1 unit based on your current age)

Please refer to the Fixed Cover premium table on page 10.

Please note that the maximum amount of Death insurance cover available is \$10,000,000. The maximum amount of TPD insurance cover available is \$3,000,000. If you require more than \$3,000,000 in Death insurance cover, your TPD insurance cover will be limited to \$3,000,000, subject to approval by the insurer. The amount of TPD cover cannot exceed the amount of Death cover.

KEY LIFE EVENTS

I would like to apply for 1 unit of additional Death & TPD insurance, as a result of one of the following events:

Event	Supporting documents to be attached
<input type="checkbox"/> Marriage	Marriage Certificate
<input type="checkbox"/> Divorce	Divorce Papers
<input type="checkbox"/> Birth or adoption of a child	Birth Certificate or Adoption Papers
<input type="checkbox"/> First Mortgage on principal place of residence	Loan documentation from the mortgage lender including the amount of the drawdown loan (not just approved)
<input type="checkbox"/> Home renovation at principal place of residence	Letter from lender confirming the amount of the drawdown loan to cover the cost of renovation
<input type="checkbox"/> Death of a spouse	Death Certificate
<input type="checkbox"/> Completion of first undergraduate degree at an Australian university	Degree Qualification
<input type="checkbox"/> Becoming a carer for the first time	Documentation from Centrelink
<input type="checkbox"/> Dependent child starting secondary school	Enrolment confirmation from secondary school

I have attached evidence of the event by providing a certified photocopy or other supporting documentation from an authorised person.

USE OF INFORMATION AND DECLARATION

In signing this application, I:

- acknowledge I have read and understood the terms of the current Club Super Product Disclosure Statement; including the section on Insurance, and acknowledge it does not constitute personal advice;
- agree to be bound by the terms and conditions contained in the trust deed and current Product Disclosure Statement;
- declare that the information in this form is true and correct to the best of my knowledge and belief;
- acknowledge I have read the section on Privacy and consent to the collection and use of my personal information for the purposes outlined.

SIGNATURE

DATE

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PLEASE COMPLETE ALL RELEVANT PARTS OF THIS FORM

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Insurance Cover Form



ALL SECTIONS MUST BE COMPLETED

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SHORT FORM PERSONAL STATEMENT FOR UP TO A MAXIMUM COVER OF \$1 million

A - YOUR DETAILS

Scheme Numbers: G0088

NAME OF SUPERANNUATION FUND

C	L	U	B		S	U	P	E	R										
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CLUB SUPER MEMBER NUMBER

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EMPLOYER

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OCCUPATION

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INDUSTRY

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MARITAL STATUS

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MANUAL WORK

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B - SHORT PERSONAL STATEMENT

If you answer 'Yes' to any of the questions below, please do not continue completing this section. Instead a Full Personal Statement will need to be completed, please contact Club Super for a copy.

What is your height? (cm)

What is your weight? (kg)

1) Have you ever received treatment or been diagnosed with any of the following:

- cancer
- hepatitis
- a tumour of any type
- diabetes
- high blood pressure
- high cholesterol
- heart complaint
- chest pain
- a stroke
- a mental health condition including stress, anxiety or depression
- a back or joint disorder or paralysis.

No Yes

2) In the last five years, have you received any advice, treatment or been hospitalised or investigated for any symptoms, illness or injury (including any of the above conditions listed in Question 1), or taken any prescribed medication (excluding medications for cold/flu, minor upper respiratory tract infections, minor headaches or contraceptives)?

No Yes

3) Are you currently absent from work or unable to perform your usual duties due to illness or injury?

No Yes

4) Do you intend seeking any medical advice, test, investigation or treatment (excluding general check-ups)?

No Yes

5) Are you carrying, or are you at risk of contracting, or within the last 3 years have you been at risk¹ of contracting, the Human Immunodeficiency Virus which causes AIDS, antibodies to that virus or are you suffering from AIDS or an AIDS related condition?

No Yes

6) Have two or more of your parents, brothers or sisters, had or been diagnosed with cancer, heart disease, stroke, Huntington's disease or diabetes, under the age of 60?

No Yes

7) In the last five years have you had any advice/counselling or treatment for alcohol or drug use/dependence?

No Yes

8) Do your occupational duties involve underground mining, blasting or explosives handling or working at heights above 10 metres?

No Yes

9) Do you now engage or do you intend to engage in air travel or activities other than as a fare paying passenger, motor racing, underwater diving, parachuting, hang gliding, mountaineering or any other pursuits considered dangerous or hazardous by an average person?

No Yes

Notes

¹ HIV risk situations are those in which you have been potentially exposed to HIV infection. These situations include but are not limited to, intercourse with someone you know or suspect to be HIV positive and intravenous drug use.

PLEASE COMPLETE ALL RELEVANT PARTS OF THIS FORM

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ALL SECTIONS MUST BE COMPLETED

PLEASE NOT

PLEASE USE BLOCK LETTERS

C - DUTY OF DISCLOSURE

What you must tell us... 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 the 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 a disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of its business, ought to know; or
- for which your duty of compliance is waived by the insurer.

Your Duty of Disclosure continues until we accept your application and issue you with insurance cover. It also applies if you seek to extend, vary or reinstate the contract.

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 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.

Privacy

I acknowledge that I have access to the NAB Group's privacy policy and agree that any member of the NAB Group may collect, use, disclose and handle my personal information in a manner set out in the Group's privacy policy available on www.mlc.com.au

The NAB Group privacy policy can be accessed at www.mlc.com.au by clicking on Privacy Policy.

D - DECLARATION

Read this section carefully before signing

My decision to apply for insurance under MLC Group Insurance is based on the Product Disclosure Statement and/or Policy Document for the relevant product that I have received and my understanding of the information it contains.

I understand and agree that:

- a) I have read the Duty of Disclosure set out on this page. I understand that, until MLC accepts this application for insurance, I have a duty to disclose every matter which I know, or could reasonably be expected to know, is relevant to MLC's acceptance of this application and that if I fail to comply with my duty of disclosure MLC may (as permitted by law) cancel this contract or reduce the benefits under it;
- b) the answers to the questions in this application and any other relevant personal statement(s) and questionnaires are true and complete, and the answers given form the basis of the contract;
- c) if any answers to the application questions are not in my own handwriting, I certify that I have checked them and they are correct;
- d) where this application is for insurance cover under a superannuation fund, I will provide MLC or the Trustee with any information which relates to my membership of that fund which they may request;
- e) no additional insurance is effective until MLC accepts this application.
- f) I authorise MLC to provide my personal, financial and medical information (whether provided in this application or otherwise subsequently collected by MLC with my consent) to any medical professional, medical facility, reinsurer, assessor, adviser or any other confidential service provider, now or at any time in the future, for the purpose of issuing or administering this insurance, and assessing any claim made in respect of this insurance.

Signature of life to be insured

SIGNATURE

DATE

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HAVE YOU COMPLETED ALL SECTIONS?

HAVE YOU COMPLETED THE RELEVANT SECTIONS ON THE PERSONAL STATEMENT IF APPLICABLE?

HAVE YOU ATTACHED ANY SUPPORTING DOCUMENTATION, IF APPLICABLE?

RETURN COMPLETED FORM TO: CLUB SUPER PO BOX 2239 MILTON QLD 4064

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