

Short form underwriting

ALL SECTIONS MUST BE COMPLETED

PLEASE ☒ NOT ☒

PLEASE USE BLOCK LETTERS

ABOUT THIS FORM

Please complete this form if you are a new member who has current default cover and would like to apply for up to 3 additional units of Death only or Death & Total and Permanent Disablement (TPD) cover.

To be eligible to apply to increase your cover, you must complete this form within 6 months of first commencing employment.

You cannot apply to increase your cover:

- If you have already made an application (i.e you can only apply for this option once);
- If you have opted out, cancelled or reduced your cover; or
- If you have not completed a *Member Application Form*.

For full terms and conditions, please refer to Club Super's *Additional Information - Insurance in your super* document available at clubsuper.com.au or contact Club Super on 1300 369 330.

DUTY OF DISCLOSURE

You are applying to enter into a contract of insurance.

As such, you have a duty to disclose all relevant information. Failing to provide the insurer with full and accurate information could result in your insurance cover being cancelled and any claim for benefits could be denied, so it is vital you answer all questions fully and accurately.

Although we ask you specific questions via a personal statement, you should also tell us about any other information that will impact on the insurer's decision to offer you insurance cover, regardless of whether you deem it to be material or important. This includes current medical issues that require investigation, medication or treatment, even if a diagnosis has not been made.

This obligation applies to all insurance cover relating to this application, including amounts transferred from another fund or insurance arrangement. This means you could be placed in a position where you have no insurance cover if we later find you have not answered all questions fully and accurately.

Your Duty of Disclosure continues until you receive written confirmation your application has been accepted. You must contact the insurer if there is any change in your health or circumstances that are relevant to the insurer's decision on your application.

The full Duty of Disclosure is contained within this document and it is important you read it carefully.

Having read the above, I declare the information I am about to provide is honest, true and complete.

SIGNATURE

DATE / /

SECTION A: PERSONAL DETAILS

ARE YOU A CURRENT MEMBER OF CLUB SUPER?

☐ YES ☐ NO If YES, Member No:

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.

DATE OF BIRTH

 / /

GENDER

☐ MALE ☐ FEMALE

TITLE

☐ MR ☐ MRS ☐ MISS ☐ DR

FIRST NAME/S

FAMILY NAME

EMAIL ADDRESS

PHONE NUMBER

MOBILE NUMBER

RESIDENTIAL ADDRESS

STREET NUMBER

STREET NAME

SUBURB/TOWN

STATE

POSTCODE

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

PO BOX

SUBURB/TOWN

STATE

POSTCODE

SECTION B: SHORT FORM UNDERWRITING QUESTIONS

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Are you currently not working, or restricted or unable to perform the full and normal duties of your occupation, due to an injury or illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. In the last 24 months, have you been unable to work because of injury or illness for more than 5 consecutive days? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had an application for death, total & permanent disablement (TPD) and/or income protection cover declined, or accepted subject to an exclusion or fee loading? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been diagnosed with, or are you under investigation for, a terminal illness, stroke, heart condition (including angina), cancer, diabetes, back or joint condition, multiple sclerosis, or a mental health condition such as but not limited to anxiety, depression, fatigue, stress, bipolar disorder or schizophrenia? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. In the last 24 months, have you made a claim or are you eligible to make a claim for an injury or illness through Workers' Compensation, sickness benefits, invalid pension or any other cover or insurance policy providing injury or illness benefits (except for health insurance)? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered YES to any of the above questions, you do not need to complete the rest of this form.
You will need to complete an *Insurance Cover* form including a personal statement for your request to be considered.
This form is available on the Club Super website clubsuper.com.au > Members > Forms

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SECTION C: AMOUNT AND TYPE OF COVER

You should assess your insurance needs and be aware that any increases of cover will be in addition to your current default cover held in Club Super. If accepted the additional cover provided will be subject to a suicide exclusion. Please refer to Club Super's *Additional Information - Insurance in your super* document available at clubsuper.com.au

1. Please advise the type of cover you would like to increase:

- ☐ Death only cover
- ☐ Death and TPD cover

Please note: You cannot increase TPD only cover

2. I would like to increase my current default cover with an additional number of units.

Please note: You can apply for up to an additional 3 units of cover.

If your request for additional cover is accepted, cover will commence from the date we notify you in writing of our acceptance.

SECTION D: 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 your 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 your insurer knows or, in the ordinary course of its business, ought to know or
- as to which compliance with your duty is waived by the insurer.

Non disclosure

If you fail to comply with your duty of disclosure and the insurer wouldn't have issued the cover if the failure had not occurred, the insurer may avoid the cover within three years of issuing it. If your non-disclosure is fraudulent, the insurer may avoid the cover at any time.

An insurer who is entitled to avoid cover may elect not to avoid it, but apply either of the following options:

- reduce the sum that you have been insured for in accordance with a formula that takes into account the fee that would have been payable if you had disclosed all relevant matters to the insurer
- vary the cover in such a way as to place the insurer in the position it would have been in had the failure to comply with the duty of disclosure not occurred.

If your cover is death cover, the insurer may only apply the first of the two options and it must do so within three years of issuing the cover.

SECTION E: PRIVACY OF YOUR PERSONAL INFORMATION

Personal information we collect about you can include information such as your identity, contact details, gender, marital status, medical, life style and financial information. We collect information directly from you and from others such as, trustees, employers, service providers, family members or anyone that holds information relevant to your application or claim. We may be required by law to identify you or people who act on your behalf and we may verify the information provided. When we do so we may disclose your personal information. This collection and verification helps us to protect against fraud and other illegal activities. It's important you provide us with accurate and complete information. If you don't, we may not be able to provide you with the product or service that you are seeking such as processing your application or claim.

We collect, use and exchange your information so that we can:

- establish and verify your identity and assess applications for products and services
- price and design our products and services
- administer our products and services, including managing your application, cover and claims
- manage our relationship with you and to contact you, including by electronic means
- manage our risks (including by reinsurance) and help identify and investigate illegal activity, such as fraud
- conduct and improve our businesses and improve the customer experience
- comply with our legal obligations and assist government and law enforcement agencies or regulators
- identify and tell you about other products or services that we think may be of interest to you.

We may also collect, use and exchange your information in other ways permitted by law.

We may exchange your information with other members of the Commonwealth Bank group (CBA), so that the group may adopt an integrated approach to its customers. CBA members may use this information in the same way we use your information. We may exchange your information with third parties where this is permitted by law or for any of the purposes we use your information. Third parties include:

- trustees of superannuation funds and their administrators, your employer and former employers
- brokers, agents, advisers, attorneys and persons acting on your behalf medical and healthcare practitioners, claims related
- providers such as assessors and investigators, insurance reference agencies, reinsurers, auditors and other insurers
- organisations to whom we may outsource certain functions e.g. IT
- any one that we reasonably believe may hold information relevant to your application, cover or claim.

Where we exchange your personal information with our service providers or agents confidentiality arrangements apply and they can use this personal information in the same way as we do. We may be required to disclose information by law, e.g. under Court Orders or Statutory Notices pursuant to taxation or social security laws or under laws relating to illegal activities, fraud, sanctions, anti-money laundering or counter terrorism financing.

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SECTION E: PRIVACY OF YOUR PERSONAL INFORMATION

We may send your information overseas. Overseas parties can include CBA companies or other parties who operate or hold data outside Australia. Where we send it to these parties, we make sure that appropriate data handling and security arrangements are in place. Information may be sent overseas to complete assessment or to manage your application or claim (such as when we are required to send information under reinsurance arrangements) or where this is required by law and regulation of Australia or another country. As well as reinsurers, overseas parties can include medical or rehabilitation practitioners or other parties. Australian law may not apply to some of these overseas parties. Information about what countries your information may be sent to by us is included in our Privacy Policy.

The law generally allows you to access your personal information and to have any inaccurate information corrected. Our information handling practices, information on how to make a complaint and how we deal with your complaint is described in our Privacy Policy which is available at commbank.com.au or upon request at any CBA branch.

SECTION F: DECLARATION AND SIGNATURE

- I have read and understood Club Super's *Additional Information - Insurance in your super* document available at clubsuper.com.au.
- I confirm that all statements and declarations given by me are true and correct.
- I understand that if I do not provide all requested information my application will not be processed.
- I understand that my request to increase my Death and/or Total and Permanent Disablement cover will not commence until Club Super advises me in writing.
- I acknowledge that the answers and declarations I have provided will form the basis of the contract of insurance.

SIGNATURE

DATE

PLEASE ENSURE THAT YOU INITIAL ANY AMENDMENTS
OR CHANGES MADE THROUGHOUT THIS FORM.

RETURN COMPLETED FORM TO: CLUB SUPER PO BOX 10726 BRISBANE ADELAIDE STREET QLD 4000

3 of 3