

ALL SECTIONS MUST BE COMPLETED

PLEASE ☒ NOT ☒

PLEASE USE BLOCK LETTERS



## ABOUT THIS FORM

Club Super's Key Life Events cover option makes it simple for you to vary your cover. You can apply to increase your existing Death and/or Total and Permanent Disablement (TPD) cover by one unit after a significant life event happens to you.

To be eligible to apply for life events cover:

- You must apply within 90 days of the life event.
- You must not be a spouse member or a pension member.
- At the date of the application you must not have received an increase in cover for any life event within the previous 12 month period.
- This option may be exercised more than once but cannot be exercised more than four times within your membership of the fund.
- Only existing Death and/or TPD benefits can be increased as a result of a life event. If you have previously opted out of cover you are not eligible to apply for life events cover.
- Any additional cover which comes into force as a result of a life event occurring will be subject to the same individual conditions, restrictions, exclusions and fee loadings that apply to your existing cover (if any).
- If we have previously declined an application from you for any additional cover you are not eligible to apply for life events cover.
- We require satisfactory proof to be provided that shows the life event has taken place, such as a marriage certificate, birth certificate, adoption documentation, decree nisi, mortgage document, etc.

For additional information, please refer to Club Super's *Additional information - Insurance in your super* document available at [clubsuper.com.au](http://clubsuper.com.au)

## HONESTY STATEMENT

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 No, you are not eligible to obtain Life Events Cover)

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 ☐ OTHER

SPECIFY IF OTHER

FIRST NAME/S

FAMILY NAME

EMAIL ADDRESS

PHONE NUMBER

MOBILE NUMBER

EMPLOYER NAME

JOB TITLE/OCCUPATION

AVERAGE HOURS WORKED PER WEEK

ANNUAL GROSS SALARY (EXCL. SUPERANNUATION)

## RESIDENTIAL ADDRESS

STREET NUMBER

STREET NAME

SUBURB/TOWN

STATE

POSTCODE

# Key Life Events

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## SECTION B: ELIGIBILITY

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?

☐ ☐

2. In the last 24 months, have you been unable to work because of injury or illness for more than 5 consecutive days?

☐ ☐

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?

☐ ☐

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?

☐ ☐

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)?

☐ ☐

If you have answered YES to any of the above questions, you are not eligible for life events cover and 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](http://clubsuper.com.au) > Members > Forms

## SECTION C: LIFE EVENTS

If you have recently experienced one of the listed 'life events' below, all you need to do is complete this form and provide evidence of the event within 90 days of the event occurring.

Please tick ☒ the life event you are applying for:

Event	Supporting Documents to be attached
<input type="checkbox"/> Marriage	Marriage certificate
<input type="checkbox"/> Birth/adoption of a child	Birth certificate/adoption documentation
<input type="checkbox"/> Mortgage (except refinancing existing mortgage on current home or purchasing an investment property)	Mortgage documentation
<input type="checkbox"/> Divorce	Decree nisi
<input type="checkbox"/> Death of a spouse	Death Certificate
<input type="checkbox"/> Child's first day at primary or secondary school	Enrolment documentation
<input type="checkbox"/> Carer Allowance payable by Centrelink	Notification letter from Centrelink

You must supply satisfactory evidence of the occurrence of the life event with your application.

☐ Tick to confirm you have included a copy of an official certified document that proves the event has taken place, and the date of that event.

## SECTION D: TYPE AND AMOUNT OF COVER

You should assess your insurance needs and be aware that any increases will be in addition to your existing level and type of insurance cover held in Club Super. The additional cover provided as a result of a life event will be subject to a suicide exclusion.

Please refer to *Additional Information - Insurance in your super* document available at [clubsuper.com.au](http://clubsuper.com.au)

### Death and/or Death & TPD cover

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

- ☐ Death only cover  
☐ Death and TPD cover

The additional unit of cover we will provide as a result of a life event will be:

- (a) if your existing death and/or TPD cover is in the form of units of cover, you will receive one additional unit of cover; or  
 (b) if your existing death and/or TPD cover is in the form of fixed cover, you will receive a fixed cover amount that is equivalent to one unit of cover based on your age.

If your request for an additional one unit of cover is accepted for a life event then the additional cover will commence from the date we notify you in writing of our acceptance.

## SECTION E: YOUR DUTY OF DISCLOSURE

### Duty of disclosure

Before a person enters into a life insurance contract in respect of their life or the life of another person, they have a duty to tell the insurer anything that they know, or could reasonably be expected to know, may affect the insurer's decision to provide the insurance and on what terms.

The person entering into the contract has this duty of disclosure until the insurance is provided.

The person who has entered into the contract has the same duty before they extend, vary or reinstate the contract.

The person entering into the contract does not need to tell the insurer anything that:

- reduces the risk of the insurance; or
- is common knowledge; or
- the insurer knows or should know as an insurer; or
- the insurer waives the duty to tell the insurer about.

If the insurance is for the life of another person and that person does not tell the insurer something that they know, or could reasonably be expected to know, may affect the insurer's decision to provide the insurance and on what terms, this may be treated as a failure by the person entering into the contract to comply with their duty of disclosure.

### If the person entering into the contract does not tell us something

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

If the person entering into the contract does not tell the insurer anything they are required to, and the insurer would not have provided the insurance if they had been told, the insurer may avoid the contract within 3 years of entering into it.

PLEASE COMPLETE ALL RELEVANT SECTIONS

ALL SECTIONS MUST BE COMPLETED

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## SECTION E: YOUR DUTY OF DISCLOSURE (CONT'D)

If the insurer chooses not to avoid the contract, it may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if the person entering the contract had told the insurer everything they 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 of insurance provided, it may, at any time, vary the contract in a way that places the insurer in the same position it would have been in if the person entering the contract had told the insurer everything they should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If the failure to comply with the duty of disclosure is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

## SECTION F: 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.

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](http://commbank.com.au) or upon request at any CBA branch.

## SECTION G: DECLARATION AND SIGNATURE

- Please ensure you have met the eligibility rules (refer to the first page).
- Please direct all enquiries to Club Super on: **1300 369 330**.
- Please send this form, along with satisfactory proof of the life event (as shown in Section C) to:  
**Club Super PO Box 10726 Brisbane Adelaide Street Qld 4000**

- I have read and understood *Club Super's Additional Information - Insurance in your super* document available at [clubsuper.com.au](http://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**