

Step 2 – Choose level of death only or death and TPD cover

I wish to: (Select an option)

- increase my death only insurance cover to \$ _____
- increase my death and TPD insurance cover to \$ _____

Please note:

1. You may only apply for death or death and Total and Permanent Disablement insurance cover of up to \$1 million using this form. If you wish to increase your cover to \$1 million or more, you will need to complete our *Application for or to change Personal or Partner Section insurance cover over \$1 million* form available at www.anzstaffsuper.com or by calling us on **1800 000 086**.
2. **For Partner Section members, the minimum level of cover is \$50,000. Please nominate your level of insurance cover in increments of \$50,000.**
3. **You must complete the Personal Statement and Declaration (Steps 3 and 4) if you are applying for insurance cover or additional insurance cover in the Personal or Partner Section of ANZ Staff Super.**
4. Your application for insurance cover or additional insurance cover will not be effective until the Insurer has accepted your application.
5. The cost of your insurance cover is deducted from your account balance monthly or on exit from these Sections by redeeming some units.

Step 3 – Complete Personal Statement

Personal Statement

You are required to disclose in this Personal Statement every matter that you know or could reasonably be expected to know, which is relevant to the Insurer's decision whether to accept the risk of insuring your life on any terms.

Please tick the appropriate box to answer each question.

1. a. Are you, at the date of this application, working in paid employment? Yes No
If yes, please advise your current occupation and complete b and c. Occupation
- b. Are you, at the date of this application, at work and performing the full and normal duties of your occupation? Yes No
- c. Are you, at the date of this application, on leave for reasons other than sickness or injury? Yes No
2. Have you ever had any medical advice, investigations or treatment for any of the following:
- a. Diabetes Yes No
- b. Heart disease or stroke Yes No
- c. Cancer or tumour of any kind Yes No
- d. Infection with the Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related conditions Yes No
- e. Kidney or liver disease Yes No
- f. Emphysema or chronic bronchitis Yes No
- g. Any other disease or conditions lasting more than four weeks or of an ongoing nature Yes No
3. Have you lost the sight of any eye or the total and permanent loss of the use of a limb ("limb" includes the whole hand or foot)? Yes No
4. Have you ever had any medical advice, investigation or treatment for any diseases or disorder of the joints, bones or muscles, including the neck and back, which has required more than two weeks off work? Yes No
5. Have you ever made a claim or received benefits under disablement insurance, Worker's Compensation, Motor Vehicle Accident Insurance, Social Security or Veterans' Affairs sickness or invalidity benefits for more than two weeks? Yes No

If you respond "yes" to any part of Question 2 or to Questions 3, 4, or 5, please provide details: (eg. when advice was sought, diagnosis, treatment prescribed, time off work, whether the condition is fully resolved, when the accident or claim occurred)

(If there is insufficient space, please include further details on an annexure.)



Step 3 – Complete Personal Statement (continued)

6. a. What is your Height? _____ cms
b. What is your Weight? (in indoor clothes without shoes) _____ kg
7. a. Have you seen a doctor or any other medical professional in the last six (6) months? Yes No
b. Do you currently have an appointment booked with a doctor or any other medical professional who you will be consulting in the future? Yes No

If you responded “yes” to one or both of these questions, please provide the name and type of medical professional you have consulted or will be consulting, the nature of the medical condition to which the consultation relates and the current status of that medical issue.

(If there is insufficient space, please include further details on an annexure.)

8. Is there anything else about your state of health which you know (or a reasonable person in the circumstances could be expected to know) to be a matter relevant to the Trustee’s decision in relation to your application? Yes No

If you responded “yes”, please provide details:

(If there is insufficient space, please include further details on an annexure.)

About the Insurer

Insurance cover is provided by OnePath Life Limited ABN 33 009 657 176 AFSL 238 341 (the “Insurer”) and subject to the terms and conditions of the insurance policy issued to ANZ Staff Superannuation (Australia) Pty Limited ABN 92 006 680 664 AFSL 238268 RSEL L0000543 (the Trustee of ANZ Staff Super) by the Insurer (the “Policy”). You should read the Product Disclosure Statement (PDS) for Personal or Partner Section members for a summary of the terms and conditions of the Policy. You can download your PDS from www.anzstaffsuper.com or contact ANZ Staff Super on 1800 000 086 if you would like a copy of the Policy. Your Section application will be assessed by the Insurer and ANZ Staff Super will advise you of the outcome in writing.

The Insurer requires the information from this form to determine your application for cover or additional cover. The Insurer’s Privacy Policy details how the Insurer manages personal information. It is available free of charge by calling OnePath Customer Services on 133 667 or may be downloaded from onepath.com.au/privacy-policy.

Duty of disclosure

The Trustee who enters into a life insurance contract in respect of your life has a duty, before entering into the contract, to tell the Insurer anything that it knows, or could reasonably be expected to know, may affect the Insurer’s decision to provide the insurance and on what terms.

The Trustee has this duty until the Insurer agrees to provide the insurance.

The Trustee has the same duty before it extends, varies or reinstates the contract.

The Trustee does not need to tell the Insurer anything that:

- reduces the risk the Insurer insures you for; or
- is of common knowledge; or
- the Insurer knows or should know as an insurer; or
- the Insurer waives your duty to tell the Insurer about.

In order for the Trustee to comply with the duty of disclosure, we require you to tell us (the Trustee and Insurer) anything you know, or could reasonably be expected to know, that may affect the Insurer’s decision to insure you and on what terms.

If you do not tell the Trustee and Insurer something that you 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 Trustee entering into the contract to tell the Insurer something that we must tell the Insurer.



If you do not tell the Insurer something

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, the Insurer may apply the following rights separately to each type of cover.

If you do not tell the Insurer or Trustee anything you are required to and the Insurer would not have provided the insurance or entered into the same contract with the Trustee if you had told the Insurer and the Trustee, the Insurer may avoid the contract within three years of entering into it.

If the Insurer chooses not to avoid the contract, the Insurer 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 you had told the Insurer and the Trustee everything you should have. However, if the contract 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 avoid the contract or reduce the amount of insurance provided, the Insurer may, at any time vary the contract in a way that places the Insurer in the same position it would have been in if you had told the Insurer and the Trustee everything you should have. However this right does not apply if the contract provides cover on death.

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

Step 4 – Declaration and consent

I have obtained, read and understand the insurance information in the PDS and the In Detail booklets for Personal or Partner Section members (as applicable).

I have read and understand the questions in this Personal Statement.

I confirm the truth and accuracy of the responses given by me in this Personal Statement.

I understand and acknowledge that:

- this Personal Statement and any other evidence required by the Insurer will form the basis of my application for insurance cover or for an increased level of insurance cover; and
- the Insurer may require me to provide further additional medical or other evidence for the assessment of my application for insurance cover or for an increased level of insurance cover.

I have read the "Protecting members' privacy" statement on this form (see below).

I also I acknowledge that the Insurer's Privacy Policy details how the Insurer manages personal information and is available free of charge by calling 133 667 or may be downloaded from onepath.com.au/privacy-policy.

I consent to the collection, use, storage and disclosure of my personal information (including health information) as described in the "Protecting members' privacy" statement on this form and the Insurer's Privacy Policy.

I have read the "Duty of disclosure" and understand the consequences available to the Insurer if I fail to tell the Insurer any matter relevant to its decision to provide insurance. I understand that the duty of disclosure continues after I have completed this application until I am notified in writing that my application for insurance cover or additional insurance cover has been accepted.

I understand that if my application is accepted by the Insurer:

- the cover or additional cover I have applied for will not commence under the Policy until my application is accepted by the Insurer in writing and the increased premium for that cover will apply from that day;
- any existing cover will not be affected should my application be declined by the Insurer; and
- any insurance cover will be provided to me on the terms contained in the Policy as changed from time to time.

I acknowledge that if I do not complete this form correctly or I do not sign and date this Declaration, my application will not be considered by the Insurer.

Signature

X

Date

/ /

**Please return your completed form to: ANZ Staff Super
GPO Box 4303
Melbourne VIC 3001**



Step 5 – Decrease or cancel insurance cover

I wish to: (Select an option)

- decrease my death only insurance cover to \$ _____
- decrease my death and TPD insurance cover to \$ _____
- cancel my death and TPD insurance cover
- cancel my TPD insurance cover but retain my death insurance cover.

Step 6 – Sign the form

Decrease or cancel insurance cover

I acknowledge that:

- I have read and understand the information provided in the PDS and In Detail booklets for the Personal and Partner Sections (as applicable) on insurance cover.
- I have read the "Protecting members' privacy" statement on this form (see below).
- I consent to the collection, use, storage and disclosure of my personal information as described in the "Protecting members' privacy" statement on this form.
- I understand that decreases in or cancellation of my cover will take effect when ANZ Staff Super receives this form (signed and dated) and premiums for my current level of cover will be deducted until that day. The reduced premium for any remaining cover will apply from that day.
- I understand that if I cancel or reduce my cover and wish to increase it in the future, I'll need to provide detailed health and other personal information which will be assessed by the Insurer and the cover or additional cover I have applied for will not commence under the Policy until my application is accepted by the Insurer.

Signature

X

Date

/ /

**Please return your completed form to: ANZ Staff Super
GPO Box 4303
Melbourne VIC 3001**



Protecting members' privacy

The Trustee, ANZ Staff Superannuation (Australia) Pty Limited, seeks to take all reasonable steps to protect members' privacy and the confidentiality of members' personal information.

ANZ Staff Super Administrator, Mercer, collects (on behalf of the Trustee) personal information directly from members and their employers. Sometimes information about you may be collected from other third parties such as a previous superannuation fund, your financial adviser or publicly available sources. We collect, use and disclose personal information about you to provide and manage your account in ANZ Staff Super and give you information about your super, or as required by super and tax laws.

If you do not provide the personal information requested or it is incomplete or inaccurate, we may not be able to manage your account properly and processing of transactions to, from or in relation to your account may be delayed.

Members' personal information is kept confidential, but may be disclosed by the Trustee or Scheme Administrator to third parties, such as ANZ Staff Super's actuary, Insurer, medical consultants, underwriter, legal adviser and auditor and other external service providers who are contracted to assist with administering members' benefits. It may also be disclosed where expressly authorised or required by law, for example to government agencies such as the Australian Taxation Office and Superannuation Complaints Tribunal. Members' personal information may also be disclosed to the Group Superannuation Department of ANZ for the purposes of administering members' benefits or resolving members' inquiries or complaints.

Members' personal information may be disclosed to related entities of ANZ Staff Super's Administrator located overseas (in particular, its wholly owned Global Operations Shared Services function in India) as part of the day-to-day provision of administration services.

The Trustee's Privacy Policy Statement contains more detail about how we deal with your personal information and information about how you can access and seek correction of information we hold about you. It also includes information about how you can lodge a complaint about how we've dealt with your personal information and how that complaint will be handled.

If you have any queries in relation to privacy issues, please contact:

ANZ Staff Super
GPO Box 4303
Melbourne VIC 3001
Telephone: 1800 000 086
Facsimile: 03 9245 5827
Email: anzstaffsuper@superfacts.com

The Trustee's Privacy Policy Statement is available on the ANZ Staff Super website www.anzstaffsuper.com or from ANZ Staff Super by calling 1800 000 086. You can also access ANZ Staff Super Administrator's privacy policy on the ANZ Staff Super website.

The Insurer's Privacy Policy details how the Insurer manages personal information. It is available free of charge by calling OnePath Customer Services on 133 667 or may be downloaded from onepath.com.au/privacy-policy.

