

Life Event Application - Employee Section

When to use this form

If you are an Employee Section member and have experienced a "specific life event" (refer to Step 3 of this form) within the last 90 days, you can increase your death and Total and Permanent Disablement (TPD) cover by half a block (up to a maximum of \$250,000) without having to provide any information about your health or answer lengthy questionnaires.

Please return your completed form along with any requested documents to:

ANZ Staff Super
GPO Box 4303
Melbourne VIC 3001

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 the ANZ Australian Staff Superannuation Scheme [the "Scheme" or "ANZ Staff Super"]) by the Insurer (the "Policy"). You should read the Product Disclosure Statement (PDS) for Employee Section members for a summary of the terms and conditions of the Policy. You can download the PDS from www.anzstaffsuper.com or contact ANZ Staff Super on **1800 000 086** if you would like a copy of the Policy.

Your application will be assessed by the Insurer and ANZ Staff Super will notify you of the outcome in writing.

The Insurer requires this form to determine your application for cover. This form is confidential. Please refer to the "Protecting members' privacy" statement at the end of this form for more information about confidentiality.

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 they know, 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

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.



ANZ Australian Staff Superannuation Scheme

Life Event Application – Employee Section

If you need help

For assistance call ANZ Staff Super on **1800 000 086** or refer to **www.anzstaffsuper.com**.

Step 1 – Complete your personal details

Please print in black or blue pen, in uppercase, one character per box.

A



Title Mr Mrs Ms Miss Other

Date of birth / /

Given names

Surname

Address (this cannot be a PO Box)

Suburb

State

Postcode

Work telephone

Home telephone

Mobile

E-mail

Member number

Gender

 Male Female

I authorise one of the Insurer's underwriting service representatives to contact me by phone if further information is required.

I can be contacted during the following times:

Monday Tuesday Wednesday Thursday Friday Any business day

Between AM/PM and AM/PM

Please tick your preferred contact phone number: Home Work Mobile



Step 2 – Provide details of the specific life event

Specific Life Event (select one)	Date of event (dd/mm/yyyy)	Supporting evidence to attach to the completed application form
<input type="checkbox"/> Marriage; or	<input type="text"/> / <input type="text"/> / <input type="text"/>	• Marriage certificate in respect of your marriage under the <i>Marriage Act 1961</i> ; or
<input type="checkbox"/> Upon the subsistence of an interdependent relationship for two years or more	<input type="text"/> / <input type="text"/> / <input type="text"/>	• Evidence that establishes the subsistence of your relationship for at least 2 years
<input type="checkbox"/> A dependent child starts secondary school	<input type="text"/> / <input type="text"/> / <input type="text"/>	• Letter of admission from the secondary school your dependent child will be attending
<input type="checkbox"/> Birth of a child; or	<input type="text"/> / <input type="text"/> / <input type="text"/>	• Birth certificate of your child; or
<input type="checkbox"/> Adoption of a child	<input type="text"/> / <input type="text"/> / <input type="text"/>	• Adoption documentation confirming that you have adopted a child
<input type="checkbox"/> Taking out a new mortgage on the principal place of residence; or	<input type="text"/> / <input type="text"/> / <input type="text"/>	• Written confirmation from your accredited mortgage provider(s) of the amount and effective date of the mortgage; or
<input type="checkbox"/> Increasing an existing mortgage on the principal place of residence	<input type="text"/> / <input type="text"/> / <input type="text"/>	• Written confirmation from your accredited mortgage provider(s) of the amount of the mortgage immediately preceding the increase, the effective date of the increase and the current level of the increased mortgage

*You must supply satisfactory proof of the specific life event that shows that the event occurred and the date it took place. This application and accompanying proof of the specific life event must be received by us within 90 days of the event occurring.

Step 3 – Complete your declaration of eligibility

As at the date of signing this application, I declare that:

- I have not lodged, am not entitled to make a claim nor eligible to be paid a benefit in relation to the Policy or any life insurance policy, whether it is issued by the Insurer or any other insurer. True False
- The specific life event I have selected in Step 2 of this form occurred after my cover* commenced. True False
- I have not increased my cover* pursuant to a Life Event Application in the previous 12 months. True False
- I have not increased my cover* pursuant to a Life Event Application on 3 previous occasions. True False
- I have not had a previous application for cover* declined by the Insurer. True False
- I was aged less than 55 years as at the date the specific life event occurred. True False
- I have not previously increased my cover* pursuant to a Life Event Application because of marriage (if applying to increase your cover due to marriage). True False N/A

*The cover provided under the Policy through the Scheme.

You must respond to all of the declarations. If you answered FALSE to any of the above statements, you cannot proceed with this Life Event Application. You can still apply for extra cover by completing the *Application to change death and Total and Permanent Disablement insurance cover – Employee Section* form available on our website www.anzstaffsuper.com.



Step 4 – Sign the declaration

- I have obtained, read and understand the insurance information in the current PDS for Employee Section members.
- I have read and understand the questions in this Life Event Application.
- The answers I have provided to the questions in this Life Event Application signed by me are true and correct.
- 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 (including health information) as described in the "Protecting members' privacy" statement on this form.
- 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 has been accepted.
- I understand that if my application is accepted by the Insurer:
 - additional cover I have applied for will not commence under the Policy until my application is accepted by the Insurer in writing;
 - the additional cover will be accepted on the same basis as my existing cover (i.e. any special conditions, restrictions or exclusions that apply to my existing cover will apply to the additional cover provided under this Life Event Application (also referred to as "Future Insurability" in the Policy));
 - within the first six months after my application is accepted by the Insurer, the additional cover is only payable if my death or Total and Permanent Disablement is caused by an "accident" (as defined in the Policy);
 - any existing cover will not be affected should my application be declined by the Insurer; and
 - 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 along with any requested documents 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.

The Scheme 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 the Scheme 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 the Scheme'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 the Scheme 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 Scheme's website www.anzstaffsuper.com or from ANZ Staff Super by calling **1800 000 086**. You can also access the Scheme Administrator's privacy policy on the Scheme's 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.

