

## RetireSelect Insurance Nominated Event Form

### SECTION A. MEMBER DETAILS

Please provide the following information:

RetireSelect Member Number: \_\_\_\_\_

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Sex: Male ☐ Female ☐

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone Number (home / work / mobile): ( ) \_\_\_\_\_ Most convenient time to contact you: \_\_\_\_\_ (08:30-17:00)

### SECTION B. ELIGIBILITY DETAILS

An *Insured Person* can increase their current *Agreed Benefit* by an amount equal to the lesser of;

- (a) 25% of their *Agreed Benefit*, or
- (b) \$200,000, or
- (c) increase in mortgage, (if existing), or the amount of the mortgage (if new)

Without providing medical evidence where a *Nominated Event* has occurred provided that,

- (a) the member is an existing member with cover in force on the date that the *Nominated Event* occurred; and
- (b) the member is less than age 55 on the date that they apply for this increase in cover; and
- (c) the member's cover under *The Policy* is not subject to any special conditions such as a premium loading, restriction or exclusion; and
- (d) the *Insured Person* must not have previously been declined cover under *The Policy*; and
- (e) the *Insured Person* is not applying for, entitled to, or has not been paid a total and permanent disablement or terminal illness benefit from the *Plan*, and superannuation fund or life insurance policy; and
- (f) the *Insured Person* can only ever increase their cover once for any *Nominated Event* in any 12 month period; and
- (g) the *Insured Person* can only ever increase their cover once for any *Nominated Event*; and
- (h) the *Insured Person*,
  - i. must apply to us within 90 days of the *Nominated Event*, or
  - ii. must apply to the *Plan* within 30 days of the date of any special offer made by the *Plan* within terms agreed between us from time to time, and
- (i) the *Insured Person* must provide us with sufficient proof to our satisfaction that the *Nominated Event* occurred.

If you do not meet the above criteria, you will not be eligible to increase your insurance cover due to a *Nominated Event*.

### SECTION C. INSURANCE DETAILS

Due to a *Nominated Event*, I would like to increase my Group Life insurance as indicated in the table below:

	Insurance Cover	
	Death Cover	TPD Cover
Current Cover	\$	\$
Nominated Events Increase Cover Amount	\$	\$
Total Cover	\$	\$

## SECTION D. 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 be reasonably expected to know, that is relevant to the Insurer's decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of life 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 the Insurer knows or in the ordinary course of its business ought to know; as to which compliance with your duty is waived by the Insurer.

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 to 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.

## SECTION E. DECLARATION

**I declare that:**

- (a) The information I have given on this form and any accompanying information is true and correct, and
- (b) I satisfy all of the eligibility criteria for an increase of insurance due to a *Nominated Event*, and
- (c) I have read and carefully considered the questions on this form, and I have understood the Duty of Disclosure above, and
- (d) I have not withheld any information that may affect the Insurer's decision as to whether or not to accept my application for cover.

**Furthermore, I acknowledge that:**

- (a) If I do not fully complete this application or I do not sign and date it, I will not be eligible to increase my insurance cover with RetireSelect, and
- (b) My insurance cover will not commence until the Insurer has accepted my application. Cover will commence from the date that RetireSelect advises in writing, subject to the payment of premiums, and
- (c) The Insurer may undertake appropriate inquiry and investigation to verify the answers that I have provided. These inquiries and investigations may be made at any time including, but not limited to, when the Insurer is considering this application or at the time of the claim.

**Member's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please ensure that you have completed all sections, have attached sufficient evidence of the type and level of cover currently held, and have signed and dated this Transfer of Insurance Form.

**You must return this form together with sufficient evidence (ie. a copy of your latest mortgage statement, birth, adoption or divorce certificate etc.) to RetireSelect.**

Please return to: ## RetireSelect  
PO Box 1282  
Albury NSW 2640