

INSURANCE IN YOUR SUPER

Money when it matters most

Effective 28 May 2016

What's in this guide

Insurance is a benefit we provide as a part of having your super with us. This guide covers the things you need to know to help you make the best decisions about your insurance.

1. Why you need cover
2. Income Protection cover
3. Death and TPD cover
4. Terminal Illness benefit
5. Nominate your beneficiaries
6. Useful things you should know
7. Words and terms used
8. Forms

About this guide

This guide contains important information about your insurance cover through AustralianSuper.

This guide provides general information only. It doesn't take into account your financial situation or specific needs. Please read this guide carefully because it is important that you fully understand the terms and conditions before you apply for or change your insurance cover. It provides details of the terms and conditions you need to satisfy when applying for or

changing your insurance cover for Death, Total & Permanent Disablement or Income Protection.

The information in this guide is only a summary of the main features of the insurance policy terms. You can ask for a copy of the actual insurance policy documents if you require complete details of the policy terms and conditions. Copies of the policy documents are available from AustralianSuper on request.

1 Why you need cover

Protecting your income in the event that you can't work because of injury or illness is important to help build a secure future for you and your family. Having the right insurance will give you peace of mind and confidence that you'll have an income if you need it.





Here you'll find:

Money when it matters



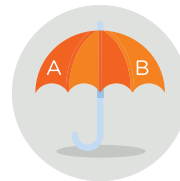
Do you need cover and how much



Benefits of cover through super



Your cover choices



Money when it matters

Most people need insurance and being able to earn a future income is their biggest asset. So just like your car or home you should protect it. If you were injured or ill and couldn't work - would you be able to pay your bills? For how long could you manage without an income? Very few of us could say that we don't need any cover at all - and most of us need more cover than we think.

We provide members with:

- ✓ Cover 24 hours a day, seven days a week (not just when you're at work)
- ✓ Income Protection cover
- ✓ Death and Total & Permanent Disablement (TPD) cover (which includes cover for terminal illness)

Do you need cover and how much?

When making this decision think about now and the future:

- › the day-to-day expenses that your salary covers (such as bills, food, transport)
- › all your debts - mortgages, credit cards, personal loans
- › how much income you and your family need to live comfortably
- › the future costs of your children's care and education or for anyone you support financially.

We've built our insurance for everyday Australians

We recognise how important it is to have insurance cover. That's why we work hard to keep costs down and provide affordable cover for our members.

Our insurance calculator can help you work out how much cover you need and what it will cost. Visit australiansuper.com/calculators



Benefits of cover through super

- › We review our insurance yearly to make sure we're meeting the needs of our members and providing the best possible value.
- › We work with our insurer to negotiate discounted bulk insurance rates for members.
- › We run only to profit members, so you only pay for what it costs to provide your insurance.
- › Your insurance costs (also called premiums) are deducted from your super account each month not your take home pay. So payments are hassle free.
- › You can decrease, increase or cancel your cover anytime so it meets your needs. Usually if you're increasing your cover you'll need to provide some health information.

Your cover choices

You can choose the type of cover you need



Income Protection cover

If you were injured or became ill, how many weeks or months could you manage without an income to pay for day-to-day expenses? Income Protection gives you a monthly income for up to two years, or to the age of 65, if you can't work in the short term because you're ill or injured.



Total & Permanent Disablement (TPD) cover

TPD cover gives you a lump sum payout if you become totally and permanently disabled and can no longer work.

It provides you and your dependants with money to live on. It can help you pay for medical expenses and aids, modifications to your home, or extra support you might need.



Death cover

What are your ongoing financial obligations? This cover is designed to provide your dependants with money to live on or to repay your debts and final expenses.

If you die, Death cover provides a lump sum payout to:

- › your dependants or nominated beneficiaries (for example, your children or partner) or
- › your legal personal representative (executor of your estate).



Terminal illness benefit

You're also covered for Terminal illness if you have Death or TPD cover. If you're suffering from a terminal medical condition, you can claim your Death or TPD cover amount, whichever is more. It can help ease some of stress and trauma for you and your family during this difficult period.

We paid 16 insurance claims a day to members like you and their families in the 2015 financial year.

Stay up-to-date with your insurance

We review our insurance yearly to ensure that the cost and amount of cover provided to members is the best possible value, now and in the future.

As part of this review the cost of your insurance cover may change (increase or decrease), and there could also be changes to our terms and conditions.

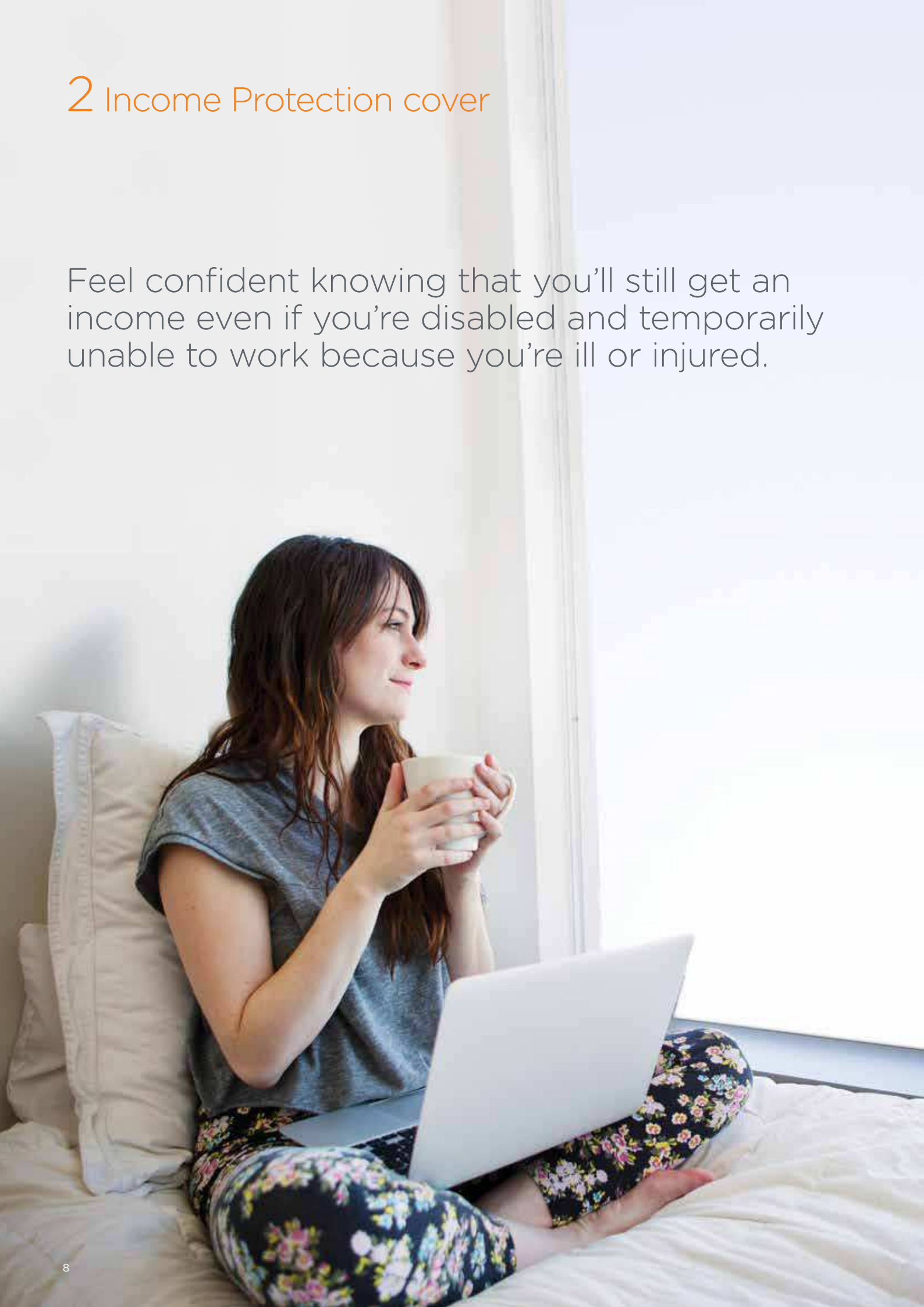
If the cost of your cover increases, or if we make any changes to the terms and conditions that negatively impact your cover, we'll let you know 30 days in advance.

To stay up-to-date with your insurance cover and related policies you can download our most recent guide is available at australiansuper.com/InsuranceGuide

AustralianSuper insurance is provided by TAL Life Limited (the Insurer) ABN 70 050 109 450 AFSL 237848.

2 Income Protection cover

Feel confident knowing that you'll still get an income even if you're disabled and temporarily unable to work because you're ill or injured.



Here you'll find:

Cover when you join us



Changing your cover



The cost of cover



Waiting periods



Claiming a benefit payment



Cover when you join us

You can have Income Protection from age 15 up until you turn 65. You can apply for cover of up to \$30,000 a month or 85% of your salary (whichever is lower). And it's payable for up to two years to help you get back on your feet. You can choose from two benefit payment periods:

- › **up two years** - this pays you a benefit for up to a maximum of two years, or
- › **up to age 65** - this pays you a benefit up until you reach age 65.

If you don't make a choice you'll be given a benefit payment period of up to two years.

Basic cover

Most members receive a basic level of Income Protection cover based on their age when they join us. This means that the cover is provided automatically and no health information is required. Here are some things you should know:

- › basic Income Protection comes in units of cover. For every unit, you get \$500 of cover a month.
- › your basic cover is based on your age when you join us.
- › if you're aged 15-24 or 55-64 when you join, Income Protection is not provided automatically.
- › if you don't get Income Protection automatically when you join you can still apply for cover.
- › your basic cover remains the same unless you change it. But if you're under 30 when you join (and haven't made any changes to your cover) your Income Protection cover will increase automatically when you turn 25 and 30.
- › if you're 30 or older when you join, you'll keep the same number of units of cover unless you choose to change it.
- › you have a waiting period of 30 days. (see [page 12](#) for details).
- › your cover may be limited cover (see [page 31](#) for details).

The following table shows how much cover is provided if you joined today, based on your age:

Your age when you join	Income Protection cover (number of units)	Amount of monthly Income Protection Cover (\$)
15-24	0	0
25-29	6	3,000
30-54	7	3,500
55-65	0	0

When cover starts

Your cover begins at the start of the period of the earliest on-time employer contribution (super payment) that we receive for your account. This means if the earliest on-time employer contribution received is for 1 January 2016 to 31 March 2016 - your cover starts from 1 January 2016.

Do you have Income Protection anywhere else?

You may already have Income Protection with another super fund or through private cover you've arranged. Or you may have cover through an enterprise agreement which your employer may pay for. If so, this means that your Income Protection with us may be in addition to cover you already have. But having Income Protection cover with us may let you extend the period of time that you can receive payments. See [page 13](#) for more information on extended waiting periods.

We deduct the cost of your Income Protection from your super account. So if you already have Income Protection elsewhere, you should decide if you need the extra cover.

Not sure if you got insurance cover when you joined?

Please see your [Product Disclosure Statement](#) to find out. It explains the type and level of cover provided to new members, and the cost of the cover.



Changing your cover

Increase your cover when you join

Usually, when you apply for more insurance, your application is assessed by the insurer and you have to provide detailed health information. But there are times when this won't apply.

Increase your cover without providing detailed health information

If you're eligible for automatic cover when you join AustralianSuper, you can apply once to increase your cover up to a set limit and change your benefit payment period up to age 65 without the usual health checks. Or, by answering a few health questions, you can apply for even more cover. You must be under age 65 and meet the criteria listed below the table to apply.

Type of cover	Cover you can apply for without health checks	Cover you can apply for with a few health questions
Income Protection	Up to \$10,000 a month or 85% of your salary (whichever is lower).	Up to \$20,000 a month or 85% of your salary (whichever is lower).

You'll be eligible to apply as long as you've never:

- › completed any part of a *Set up your account* form or a form to join AustralianSuper, or
- › changed your Income Protection benefit payment period, or
- › transferred cover, or
- › changed your amount or type of cover including your Death or TPD insurance.

Your extra cover will be limited cover for at least two years (see [page 31](#) for details).

If you don't meet the criteria above, you can still apply for extra cover by completing the *Change your insurance* form in this guide. You'll need to provide detailed health information and be assessed by the Insurer.

How to apply for the extra cover when you join

If you're eligible to apply for cover without providing health information, use the *Join AustralianSuper* form in our Product Disclosure Statement. If you don't increase your cover when joining, you can apply for cover later using the *Change your insurance* form in this guide. You'll need to provide detailed health information and be assessed by the Insurer.

Did your employer open your account for you?

If so, you can use the *Set up your account* form provided in your welcome kit once to apply for the extra cover.

- › You can use this form to apply for cover up to \$10,000 a month (20 units) anytime.
- › If you wish to apply for cover between \$10,000 and \$20,000 a month, you must apply for this extra cover within 120 days of the date on your welcome letter and answer a few health questions.
- › After 120 days, you can apply for Income Protection cover above \$10,000 a month up to the maximum amount of \$30,000 a month by completing the *Change your insurance* form in this guide. You'll need to provide detailed health information and be assessed by the Insurer.

Increase your cover anytime

You can increase your cover anytime. Your application will be assessed by the Insurer and you'll need to provide detailed health information. The maximum Income Protection cover you can apply for is shown below. This is for a benefit payment period of up to two years or to age 65.

Type of cover	Maximum amount of cover available
Income Protection	Up to \$30,000 a month or 85% of your salary (whichever is lower).

To increase your cover, use the *Change your insurance* form in this guide.

You can only purchase whole units of cover, so sometimes this will be more or less than 85% of your salary. But the maximum you can receive will always be limited to 85% of your salary.



Increasing your cover example

Kate earns \$84,000 or \$7,000 a month. 85% of her monthly salary is \$5,950. So Kate applies for \$6,000 a month of cover, equal to 12 units of cover, because she feels that \$5,500 a month of cover (11 units of cover) will not be enough. If Kate makes a claim, her benefit payment will be capped at 85% of her salary - \$5,950.

Salary is your annual before-tax salary, excluding employer super contributions. If you receive a benefit payment it will be no more than 85% of your salary even if your insured amount is higher.



Change your Income Protection benefit payment period

You can change your maximum benefit payment period to up to age 65 (from the basic option of a maximum benefit payment period of up to two years). After you've received payments for two years, your payment may increase each year with the consumer price index as costs increase.

The cost of a benefit payment period till up to age 65 is higher (see [page 12](#)).

How to change your benefit payment period

You can change your benefit payment period at any time but the amount of health information you'll need to provide will depend on when you apply:

- › **when you join** – you don't have the usual health checks if you apply for a benefit payment period up to age 65 when you're completing your form to join us.
- › **after you've joined** – you must provide detailed health information if you apply for a benefit payment period up to age 65 after joining us. You can apply by using the *Change your insurance* form in this guide.

Did your employer open your account for you?

If so, you can apply for a benefit payment period up to age 65 without having to provide detailed health information as long as you've never completed:

- › any part of a *Set up your account* form or a form to join AustralianSuper, or
- › transferred cover, or
- › changed your amount or type of cover.

The amount of health information you need to provide will depend on when you apply.

You can change your benefit payment period to age 65 without health checks if done within 120 days of the date on your welcome letter. After 120 days, you'll need to answer a few health questions.

You can use the *Set up your account* form provided in your welcome kit to change your benefit payment period.

If you have to provide detailed health information please use the *Change your insurance* form in this guide.

Increase your cover when your life changes

With our Life Events cover, you can apply to increase your Income Protection cover once every 12 months and you'll only need to answer a few health questions. You must already have insurance with us and apply to increase your Income Protection cover within 60 days of one of these life events occurring:

- › you get married
- › you get divorced
- › you have a child or adopt a child
- › you start a de facto relationship
- › you end a de facto relationship
- › you take out a mortgage to purchase or build your main home in Australia
- › your spouse or de facto dies.

Each increase in cover:

- › can't cause your total cover to exceed \$20,000 a month for benefit payments up to two years or \$10,000 a month for benefit payments up to age 65, or to exceed 85% of your salary.
- › To apply for cover above these amounts you'll need to complete the *Change your insurance* form (cover can never exceed 85% of your salary).
- › will have the same exclusions and other special conditions that apply to the rest of your cover.

For more details or to apply for more cover due to a life event, complete the *Application for Life Event insurance cover* form in this guide. Any increase in cover due to a life event will be limited cover for at least two years from the date the cover increased (see [page 31](#) for details).

Increase your cover when your salary increases

If you already have insurance with us, you can apply to increase your Income Protection cover when your salary increases. You'll only need to answer a few health questions, so long as:

- › you haven't applied to increase your Income Protection cover due to an increase in salary in the past 12 months
- › you apply to increase cover within 30 days of the effective date or notification date of a salary/income increase, whichever is later
- › your employer confirms your salary/income increase, and
- › the level of your total cover is no greater than \$20,000 a month (40 units) or 85% of your salary for benefit payments up to two years or \$10,000 a month for benefit payments up to age 65, or 85% salary of your salary.

Use the *Application to increase Income Protection cover after a salary increase* form in this guide to increase your cover.

Any amount above 75% of your salary before you were injured or ill (pre-disability income) will be paid to your AustralianSuper account.



Reduce or cancel your cover

You can reduce or cancel part or all of your cover anytime. If you do cancel your cover and decide to apply for cover in the future, you must provide detailed health information and your application will be assessed by the Insurer.

Interim accident cover

When you apply for insurance for a life event or you provide detailed health information – you may receive interim accident cover. With interim accident cover, you're insured during the time that your application for cover is being assessed by the Insurer.

If you have an accident (during the interim accident period) and you become disabled within 120 days of your application – you'll receive a benefit payment. The interim accident benefit is payable only once. If it's paid, your insurance application will be cancelled.

The interim accident cover period will start on the date that we receive your application for insurance and will end when:

1. your application is withdrawn, accepted or rejected,
 2. the policy is terminated,
 3. the Insurer cancels your interim accident cover in the event of fraud, or
 4. 120 days has passed since AustralianSuper received your application for insurance,
- whichever is earlier.

The maximum accident cover is \$15,000 a month, less the amount of any insured cover already provided, or the amount of cover you've just applied for (up to 85% of your salary).

Accident means bodily injury caused solely and directly by accidental, external and visible means, independent of any other cause.

What's the cost of Income Protection cover?

The weekly cost of a \$500 unit of Income Protection cover is based on your age, and benefit payment period. The cost of cover depends on how much salary you choose to insure.

For payments up to two years

Age	Cost per unit (\$)
15-24	0.193
25-29	0.385
30-34	0.477
35-39	0.616
40-64	0.832

For payments to age 65

Age	Cost per unit (\$)
15-24	0.848
25-29	0.997
30-34	1.292
35-39	1.799
40-44	2.475
45-49	3.279
50-54	3.978
55-59	4.167
60-64	2.772

Waiting period

The waiting period is the number of days that you must wait before you can make an Income Protection claim and have your claim assessed. You must be totally disabled for the first 14 days of your waiting period to qualify for a benefit payment. No benefits are paid for the waiting period.

Your waiting period is the greater of:

- > 30 days, or
- > your accumulated sick leave.

Your waiting period starts on either the date you stopped working because of an illness or injury, or the date a medical practitioner certifies you as unable to work due to illness or injury, whichever date is later.

Claiming an Income Protection benefit payment

An Income Protection benefit is payable if you're totally or partially disabled after the waiting period has ended. No benefits are paid for the waiting period.

You can be insured for up to 85% of your salary. The maximum payment you can receive is the lowest of:

- › your level of cover, or
- › 85% of your pre-disability income which is the salary you earned before you were ill or injured, or
- › \$30,000 a month (for benefit payment periods of up to two years or up to age 65).

Any amount above 75% of your pre-disability income will be paid to your AustralianSuper account.

If you're totally or partially disabled and a benefit is paid, you don't pay Income Protection premiums from the end of the waiting period while Income Protection payments are being made.

How much will you get paid each month?

You'll receive a payment letter with each payment showing how much your payment is and any tax that's been deducted. You'll either get a full or partial payment.

Full payment

You get paid the full amount of your Income Protection benefit, less tax, if you're totally disabled, not working and don't receive income from other sources. (see [page 14](#) for details).

Partial payment

You get paid part of your Income Protection benefit, less tax, if you're partially disabled, able to work part time or receive other income from other sources. Your payment is based on your reduced income.

See [page 33](#) for definitions of total disability, partial disability and pre-disability income.



Partial payment example

Susan is earning 80% of her pre-disability income after an accident. This means she may be able to access 20% of the maximum amount.

If her total income is more than 85% of her pre-disability income, she is not entitled to a partial payment for that month. If this happens for three months in a row, Susan's payments will stop.

When do payments stop?

Your benefit payments are paid monthly, in arrears, from the end of the waiting period until one of the following happens:

- › you're no longer totally disabled or partially disabled
- › you reach the end of your benefit payment period (either two years or up to age 65)
- › you reach the maximum payment period where you're totally or partially disabled and you're outside of Australia. The maximum payment period will depend on your circumstances
- › if you are receiving a partial disability benefit and your total income exceeds 85% of your pre-disability income for three months in a row
- › you reach age 65, or
- › you die.

Extended waiting period

Do you have two Income Protection insurance policies? If you do, it generally doesn't mean you get paid twice as much a week if you make a claim. But with AustralianSuper you can extend our waiting period while you're receiving benefit payments from another policy. This means you may get payments from us after payments from your other insurance provider stop.

If you want to extend your waiting period:

- › you must tell us before the end of your AustralianSuper waiting period (either 30 days or your accumulated sick leave) of your intention to receive insurance payments from the other policy first, and
- › you must continue to be disabled in order to receive payment.

If you make a claim on another Income Protection policy, payments from us will start on the later of:

- › the end of your waiting period, or
- › the date you last received payment from the other policy, provided you continue to be totally or partially disabled. (see [page 33](#) for definitions).

Call us on **1300 667 387** if you wish to extend the start of Income Protection payments.

Recurring disability

If you become totally or partially disabled again from the same or a related sickness or injury within six months of the period for which you were eligible to receive an Income Protection benefit, the disability will be treated as a continuation of the original claim and a new waiting period will not apply. After six months back at work, the waiting period will apply. The subsequent period(s) of disability will be added to the initial period to determine if the maximum benefit period of two years is reached.

Call us on **1300 667 387** to make a claim for Income Protection payments. You can also download our fact sheet on Income Protection payments at australiansuper.com/FactSheets



Returning to work during the waiting period

After you've completed the initial 14 day period (where you've been totally disabled), you can return to work at full capacity for up to 5 days in a row without your waiting period starting again. The number of days you returned to work will be added to the end of your waiting period.

Income from other sources

Your monthly Income Protection benefit payments will be reduced by the amount of income you receive from any one of these sources:

1. Any income or commutation of income (lump sum payments) you receive or are entitled to receive as a result of your illness or injury including:
 - sick leave payments
 - amounts payable under legislation such as workers' compensation, social security benefits (other than Centrelink payments) or motor accident compensation, and
 - benefits payable under other income protection insurance policies.
2. Employer super contributions.
3. Income earned from working while disabled.
4. Any income that, in the opinion of the Insurer, you could reasonably be expected to earn in your occupation while disabled.

Rehabilitation service

If you become disabled, the best outcome is that you recover and are able to earn your full income for the rest of your career. That's why we may ask you to take part in our Insurer's rehabilitation service if you become disabled.

This may include training, retraining or re-skilling to help you return to work. The Insurer will pay the cost of this service direct to the service provider. If you refuse to take part in the rehabilitation service or delay your participation in it - your payments may be reduced.

Income Protection cover exclusion

You won't be paid an insurance benefit if an illness or injury is directly or indirectly caused by:

- › intentional self-inflicted act or suicide attempt, whether sane at that time or not
- › your service in the armed forces of any country, other than service in the Australian Armed Forces Reserve
- › normal pregnancy or childbirth or assisted fertilisation techniques, or
- › war.

War includes any act of war (whether declared or not), revolution, invasion, rebellion or civil unrest.

The maximum time the insurer will pay a benefit for a disability resulting from any one or related cause is two years and to age 65.

Unemployed members

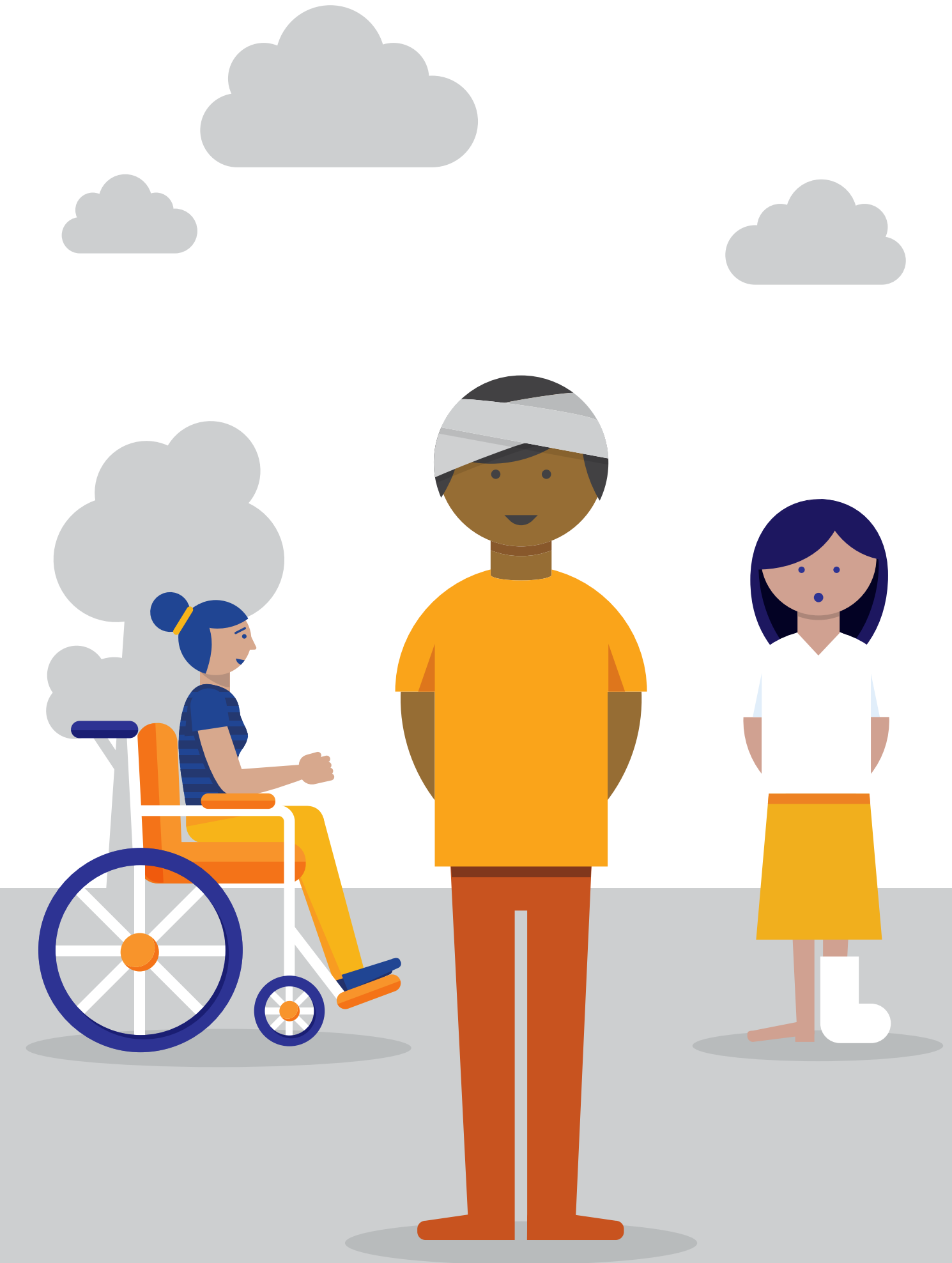
If you've been unemployed for more than 90 days on the date you become disabled - you're not eligible to make a claim. We recommend that you speak to a financial adviser before cancelling any cover.

Income Protection and tax

A few things you should know about Income Protection and tax:

- › our Income Protection insurance is a benefit provided through the AustralianSuper Fund and your premiums are deducted from your super account. So, you can't claim a personal tax deduction for the premiums.
- › if you're self-employed, tax deductions are generally available for your super contributions and any additional contributions made to your AustralianSuper account to cover the premiums paid for insurance (contribution caps apply).
- › benefit payments under Income Protection insurance that are paid directly to you are paid as taxable income and attract Pay As You Go (PAYG) Withholding tax, the same as salary and wages. PAYG Withholding tax will be deducted from the benefit payment before it's paid, and forwarded to the Australian Taxation Office.
- › if you receive Income Protection insurance benefits you'll be asked to provide your Tax File Number (TFN) to AustralianSuper. If you don't provide your TFN, tax will be deducted at the highest PAYG withholding tax rate.
- › the portion of your Income Protection benefit that's paid as super will be paid to your AustralianSuper account and will count towards your before-tax contribution cap.

These statements in relation to taxation are based on interpretation of present Australian tax law, which may change anytime. You should consult a professional taxation adviser for a full explanation and advice on your individual circumstances.



3 Death and TPD cover

Life is full of uncertainties. Death and TPD insurance can provide financial security for your family if you die or your future if you become totally and permanently disabled and can never work again.



Here you'll find:

Cover when you join us



Changing your cover



The cost of cover



What your Death and TPD insurance covers



Claiming a TPD benefit



Cover when you join us

You can have Death cover from age 15 up until you turn 70. Total & Permanent Disablement (TPD) cover is available from age 15 to 65.

Basic cover

Most members automatically receive a basic level of Death and TPD cover when they join us. This means no health information is required. This automatic cover is designed to provide you with a basic level of financial protection for death and permanent disablement. Here are some things you should know:

- › your basic cover is based on your age when you become a member.
- › if you're aged 15 - 19 or 60 - 64 when you join, TPD is not provided automatically
- › if you don't get TPD insurance automatically when you join you can still apply for cover
- › basic Death and TPD insurance comes in units of cover. You can switch to fixed cover (see [page 20](#) for details).
- › your basic cover remains the same unless you change it. But if you're under 30 when you join (and haven't made any changes to your cover) your cover will increase automatically when you turn 20, 25 and 30.
- › if you're 30 or older when you join, you'll keep the same number of units of cover unless you choose to change it
- › your cover may be limited cover (see [page 31](#) for details).

The following table shows how many units of cover are provided for your age when you join us now:

Your age when you join	Death cover (number of units)	TPD cover (number of units)
15-19	1	0
20-24	1	1
25-29	3	1
30-54	4	1
55-59	3	1
60-69	3	0

When cover starts

Your cover begins at the start of the period of the earliest on-time employer contribution (super payment) that we receive for your account. This means if the earliest on-time employer contribution received is for 1 January 2016 to 31 March 2016 - your cover starts from 1 January 2016. If you're not in active employment on the date your cover starts with us, your cover may be limited.

Not sure if you got insurance when you joined?

Please see your [Product Disclosure Statement](#) to find out. It explains the type and level of cover provided to new members, and the cost of the cover.



Changing your Death and TPD cover

You can apply to change the Death or TPD cover you get on joining by; increasing, switching from units to fixed cover (see [page 20](#)), reducing or cancelling your cover.

Increase your cover when you join

Usually, when you apply for more insurance, your application is assessed by the insurer and you have to provide detailed health information. But there are times when this won't apply.

Increase your cover without providing detailed health information

If you're eligible for automatic cover when you join AustralianSuper, you can apply once to increase your Death and TPD cover up to a set limit without the usual health checks. Or, by answering a few health questions, you can apply for even more cover. You must meet the criteria listed below the table to apply.

	Cover you can apply for without health checks	Cover you can apply for with a few health questions
Death and/or TPD	\$600,000	\$1 million (cover above \$600,000 will be capped at the lower of \$1 million or 10 times your salary)

You'll be eligible to apply as long as you've never:

- › completed any part of a *Set up your account* form or a form to join AustralianSuper, or
- › changed your Income Protection benefit payment period, or
- › transferred cover, or
- › changed your amount or type of cover including your Income Protection.

Your extra cover will be limited cover for at least two years.

If you don't meet the criteria above, you can still apply for extra cover by completing the *Change your insurance* form in this guide. You'll need to provide detailed health information and be assessed by the Insurer.

How to apply for the extra cover when you join

If you're eligible to apply for cover without providing health information, use the *Join AustralianSuper* form in our Product Disclosure Statement. If you don't increase your cover when joining, you can apply for cover later using the *Change your insurance* form in this guide. You'll need to provide detailed health information and be assessed by the Insurer.

Did your employer open your account for you?

If so, you can use the *Set up your account* form provided in your welcome kit once to apply for the extra cover.

- › You can use this form to apply for cover up to \$600,000 anytime.
- › If you wish to apply for cover between \$600,000 and \$1,000,000, you must apply for this extra cover within 120 days of the date on your welcome letter and answer a few health question.
- › After 120 days, you can apply for Death and TPD cover above \$600,000 (see *Increase your cover anytime* below) by completing the *Change your insurance* form in this guide. You'll need to provide detailed health information and be assessed by the Insurer.

Increase your cover anytime

You can increase your cover anytime. Your application will be assessed by the Insurer and you'll need to provide detailed health information. The maximum cover you can apply for is:

Type of cover	Maximum amount of cover available
Death	No maximum
TPD	\$3 million

To increase your cover, use the *Change your insurance* form in this guide.

Salary is your annual before-tax salary, excluding employer super contributions.



Increase your cover when your life changes

With our Life Events cover, you can apply to increase your Death and TPD up to certain limits once every year by answering just a few health questions. You must already have insurance with us and apply to increase your cover within 60 days of one of these life events occurring:

- › you get married
- › you get divorced
- › you have a child or adopt a child
- › you start a de facto relationship
- › you end a de facto relationship
- › you take out a mortgage to purchase or build your main home in Australia
- › your spouse or de facto dies.

Each increase in cover:

- › can't be higher than \$500,000 for fixed cover, or the nearest number of units that provides at least \$500,000 of cover (for units of cover)
- › can't cause your total cover to exceed \$1 million or 10 times your salary (if your total cover exceeds \$600,000). To apply for cover above these limits you'll need to complete the *Change your insurance* form
- › will have the same exclusions and other special conditions as apply to the rest of your cover
- › will be limited cover for at least two years (see [page 31](#) for details).

For more details or to apply for more cover due to a life event, complete the *Application for Life Event insurance cover* form in this guide.

Interim accident cover

When you apply for insurance for a life event or you provide detailed health information – you may receive interim accident cover. With interim accident cover, you're insured during the time that your application for cover is being assessed by the Insurer.

If you have an accident (during the interim accident period) you will be paid a benefit if you die, or become totally and permanently disabled, within 120 days of your application. The interim accident benefit is payable once. If it's paid, your application for insurance will be cancelled.

The interim accident cover period will start on the date that we receive your application for insurance and will end when:

1. your application is withdrawn, accepted or rejected,
 2. the policy is terminated,
 3. the Insurer cancels your interim accident cover in the event of fraud, or
 4. 120 days has passed since AustralianSuper received your application for insurance,
- whichever is earlier.

The maximum accident cover is \$1 million, less the amount of any insured cover already provided.

Accident means bodily injury caused solely and directly by accidental, external and visible means, independent of any other cause.



Reduce or cancel your cover

You can reduce or cancel part or all of your cover anytime. If you do cancel your cover and decide to apply for cover in the future, you must provide detailed health information and your application will be assessed by the Insurer.

Units of cover or fixed cover

When you join AustralianSuper your basic cover is provided in units of cover. If you change your cover at the time of joining, your cover will become fixed. You can change your cover back to units of cover anytime.

When you apply for Death and/or TPD cover at other times, you can choose between units of cover or fixed cover – but not a combination of both.

Units of cover

When you buy your cover in units, each unit is worth a specific amount of cover depending on your age. As you get older the number of units and the amount you pay remains the same but generally the amount of cover you have decreases. See [page 21](#) for the amount of cover provided by a unit.

Fixed cover

When you buy a fixed amount of cover it's in multiples of \$10,000. As you get older your cover amount remains the same but generally the cost of that cover increases.

Switching from units of cover to fixed cover

You can switch between units of cover and fixed cover.

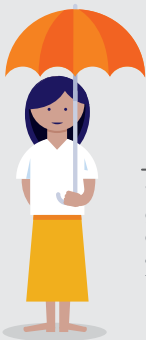
When you switch from units of cover to fixed cover you'll be given fixed cover, rounded up to the nearest \$10,000 to replace your number of units.

If you switch from fixed cover to units of cover, you'll be given the minimum number of units required (rounded to the nearest unit), to replace your fixed cover.

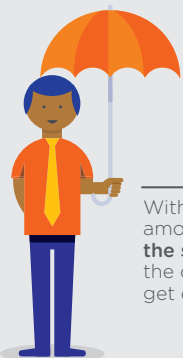
Any increase in cover because of rounding will be limited cover for at least two years.

You can use the *Change your insurance* form in this guide to switch to units of cover or fixed cover.

What is the difference between units of cover and fixed cover?



With **units of cover**, generally the amount of **cover reduces** with age but the cost stays the same.



With **fixed cover** the amount of **cover stays the same** but generally the cost increases as you get older.



What is the cost of Death and TPD cover?

The cost of your cover will depend on whether you have units of cover or fixed cover.

Cost of a unit of cover

With units of cover, you pay a set price for each unit of cover you have.

Type of cover	Weekly cost of a unit of cover
Death	\$0.665
TPD	\$0.889

Example

Michael has Death and TPD cover:

3 units of Death cover

4 units of TPD cover



Cost for Death cover is:

3 units × \$0.665
= \$2.00 a week

Cost for TPD cover is:

4 units × \$0.889
= \$3.56 a week

Death and TPD – cover amount provided by a unit

This table shows the amount of insurance cover provided by a unit of cover based on your age.

Age	Death (\$)	TPD (\$)
15-30	100,000	100,000
31	98,000	98,000
32	95,600	95,600
33	91,900	91,900
34	90,000	90,000
35	85,600	85,600
36	84,400	84,400
37	83,200	83,200
38	82,300	82,300
39	81,400	81,400
40	77,400	77,400
41	70,200	70,200
42	63,600	63,600
43	61,800	61,800
44	58,100	58,100
45	49,700	49,700
46	43,500	43,500
47	41,100	41,100
48	38,700	38,700
49	36,200	36,200
50	33,100	33,100
51	30,800	30,800
52	28,300	28,300
53	26,000	26,000
54	23,600	23,600
55	21,200	21,200
56	18,800	18,800
57	16,500	16,500
58	14,100	14,100
59	11,700	11,700
60	9,900	9,900
61	8,500	8,500
62	7,300	7,300
63	6,100	6,100
64	4,800	4,800
65-69	4,200	0

Cost of fixed cover

With fixed cover, you choose the amount of cover you want (in multiples of \$10,000) and multiply the amount by the premium cost for your age.

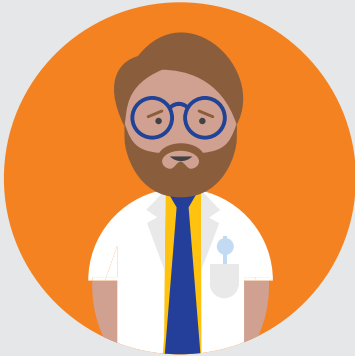
The formula to calculate the cost of fixed Death or TPD cover is:

The amount of cover you want
 \div 100,000
 \times the premium for your age
 = weekly premium cost.

Total weekly premiums are rounded to the nearest cent.

Cost of fixed cover example

Peter is 34. He wants \$150,000 Death cover and \$300,000 TPD cover.



Peter's weekly cost for Death cover is:

The cover he wants of \$150,000
 \div 100,000
 \times the premium of \$0.739
 = \$1.11 a week

Peter's weekly cost for TPD cover is:

The cover he wants of \$300,000
 \div 100,000
 \times the premium of \$0.988
 = \$2.96 a week

Death and TPD – weekly cost of \$100,000 of fixed cover

This table shows the weekly cost for \$100,000 of fixed Death and TPD cover based on your age.

Age	Death (\$)	TPD (\$)
15-30	0.665	0.889
31	0.679	0.908
32	0.696	0.930
33	0.724	0.968
34	0.739	0.988
35	0.777	1.039
36	0.788	1.054
37	0.800	1.069
38	0.809	1.081
39	0.817	1.093
40	0.860	1.149
41	0.948	1.267
42	1.046	1.398
43	1.077	1.439
44	1.145	1.531
45	1.339	1.789
46	1.529	2.044
47	1.619	2.164
48	1.719	2.298
49	1.838	2.456
50	2.010	2.686
51	2.160	2.887
52	2.350	3.142
53	2.558	3.420
54	2.818	3.767
55	3.137	4.194
56	3.538	4.729
57	4.031	5.388
58	4.717	6.305
59	5.684	7.599
60	6.718	8.980
61	7.824	10.459
62	9.110	12.179
63	10.902	14.574
64	13.855	18.521
65-69	15.834	N/A

Total weekly premiums will be rounded to the nearest cent.

What your Death and TPD insurance covers

Death insurance provides a lump sum to your dependants or legal personal representative if you die (see [page 26](#) for details). A Death benefit may also be prepaid if you're terminally ill.

TPD insurance provides a lump sum to you if you become totally and permanently disabled. A TPD benefit may also be paid if you're terminally ill.

See next page for more details on Terminal illness benefit.

Claiming a TPD benefit

If you have TPD cover, you can make a TPD claim if something happens and you:

- › won't work again in any occupation, or
- › can't do everyday working activities.

Our Insurer will decide if you're eligible.

You won't work again in any occupation

This applies if, immediately before you became totally and permanently disabled because of your illness or injury, you were:

- › working (including being self-employed), or
- › unemployed for less than six months in a row.

You'll be considered totally and permanently disabled if:

- › solely because of your illness or injury you haven't been able to work in any job for at least three months in a row since you became ill or injured, and
- › you're getting treated by and following the advice of a medical practitioner for your illness or injury, and
- › at the end of the three months in a row, your injury or illness means that you're incapable of ever working in any job that you're suited to based on your previous education, training or experience, or any job that you may reasonably become suited to with further education, training or experience.

This will be decided by considering things such as:

- › what re-skilling, training or voluntary work you've done already,
- › any retraining or reskilling you reasonably could be expected to do, and
- › any rehabilitation you've done already or any rehabilitation you reasonably could be expected to do.

The decision will be based on all relevant information available from the time you become ill or injured, and information up to the date that the Insurer makes a decision about your claim.

You can't do everyday working activities

This applies if, immediately before you became totally and permanently disabled because of your injury or illness you've been unemployed for at least six months in a row.

You'll be considered totally and permanently disabled if solely because you become ill or injured after your cover starts:

- › you'll never be able to do at least two of five everyday working activities, without physical help from another person, even with the use of medication and appropriate aids. You must have been unable to do the everyday working activities for at least six months in a row since you became ill or injured, and
- › you're getting treated by and following the advice of a medical practitioner* for your illness or injury, and
- › because you're ill or injured and you're unable to work in any job that you're suited to based on your education, training or experience.

* For mental health conditions the treating practitioner must be a registered psychiatrist.

The everyday working activities include:

1. Mobility – you can't do one of these:

- › walk more than 200m on a level surface without stopping because of breathlessness or severe discomfort.
- › bend, kneel or squat to pick something up from the floor and straighten up again, or get in and out of a standard sedan car.

2. Communicating – you can't do one of these:

- › speak in your first language so that you're understood in a quiet room, or hear (with or without a hearing aid or other aid) an instruction given in a normal voice in your first language in a quiet room.
- › understand a simple message in your first language and pass on that message to another person.

3. Vision

Even if you're wearing glasses or contact lenses, you can't read ordinary newsprint and pass the standard eyesight test for a car licence.

4. Lifting

You can't lift, carry or move objects weighing up to 5kg with at least one hand.

5. Manual dexterity

You can't use your hands or fingers to handle small objects with precision (such as picking up a coin, fastening shoelaces or buttons, using cutlery, or using a pen or keyboard to write a short note).

Death and TPD cover exclusion

An exclusion will apply if more than six months after you start work with your AustralianSuper employer you:

- › join AustralianSuper, or
- › increase your cover without providing detailed health information.

Under the exclusion, you won't be paid a benefit if, within 12 months of your basic or increased cover starting, you:

- › commit suicide, or
- › become terminally ill or totally and permanently disabled as a result of harming yourself (or attempting to harm yourself) on purpose (including attempted suicide), whether or not you're sane at the time.

Call us on **1300 667 387** to make a Death or TPD claim. You can also download our fact sheet at australiansuper.com/FactSheets



4 Terminal illness benefit

If you have Death or TPD cover with us, you may receive a benefit for Terminal illness. This can help reduce some of the stress and hardship that you and your family are going through at an already difficult time. You may also be able to access your super account balance.



Here you'll find:

Claiming on a benefit payment



What gets paid



What happens to your Income Protection cover?



Claiming a benefit for a terminal illness

You'll be able to apply for a Terminal illness benefit payment if your Death or TPD cover is current and:

- › two of your treating doctors (one must specialise in your condition) believe that despite medical treatment for your condition, your life expectancy is less than 24 months from the date of their written certification, and
- › it's been less than 24 months since the medical certificates were provided.

What's gets paid if you have a terminal illness?

If you're eligible for a payment it will be made up of

- › the greater of your Death or TPD cover, plus
- › an early release of your super account balance.

The insurer will assess your eligibility to claim terminal illness benefit and make the decision on your claim.

AustralianSuper will assess your eligibility for an early release of your super.

If you have a terminal illness and don't have insurance, you can still apply for an early release of your super if you're eligible.

What happens to your Income Protection cover?

You may choose to continue working even if you've claimed your Terminal Illness benefit. If you have Income Protection cover and the illness that your Terminal Illness benefit was paid for causes you to stop work within 24 months, you may still be able to claim an Income Protection benefit.

Your waiting period for your Income Protection benefit may still apply, be reduced or waived and the period between your written certification and the date you stopped work will count towards your waiting period.

You are not required to pay insurance premiums for this Income Protection cover once you have claimed your Terminal illness benefit.

5 Nominate your beneficiaries

Deciding who will receive your super and insurance money if the worst happens is an important decision for you.



Here you'll find:

What's paid if you die?



Decide what happens to your money



Who can be nominated?



Our responsibility



What's paid if you die?

If you die, the amount payable to your dependants, nominated beneficiaries, or legal personal representative (executor of your estate) is made up of:

- › your super account balance. This may include contributions made by your employer or by you, and any amounts rolled over from other super funds (less any appropriate charges and taxes), and
- › any insurance amount which may be payable, the amount of which depends on your level of insurance cover with us and your age at the time of your death.

Decide what happens to your money

You have two options when deciding what happens to your money.

Non-binding nomination

You can nominate who you'd prefer your money to be paid to. This nomination is not legally binding. We (AustralianSuper) are legally responsible for deciding who to make payments to after your death and must follow the laws about this. We will consider all nominated beneficiaries, but we're not bound by them if we decide we have an obligation under our Trust Deed and current legislation to pay someone else. You can make a non-binding nomination when you log into your account at australiansuper.com/login and you can change your nominations anytime.

Binding nomination

Binding nominations are different to being a preferred nominated beneficiary. With binding nominations, you provide formal written direction to AustralianSuper to tell us who you want your account balance and death benefit paid to. As long as it's valid, your nomination is legally binding and we must follow it. This means that we must pay the people nominated, as long as they qualify as a beneficiary - see list opposite.

A correctly completed binding nomination comes into effect from the date we accept it and expires three years from the date you sign the form. The expiry date of your binding nomination is shown on your member statement and we'll also send you a reminder before your nomination expires.

You can set up or change your binding nomination anytime. You'll need to complete a valid *Binding death nomination* form available at australiansuper.com/forms

Who can be nominated?

You can nominate these people as beneficiaries:

- › a spouse (including de facto and same-sex)
- › children of any age (including adopted and step-children)
- › interdependants (someone who lives with you and shares a close personal relationship where one or both of you provide for the financial and domestic support and personal care of the other)
- › other financial dependants (such as someone who relies on you financially)
- › your legal personal representative (who will be the executor of your estate).

Special conditions for children

Children aged between 18 and 25, who are financially dependent on you, may choose to receive your account as regular income payments until they reach 25 (unless your account runs out earlier). The remaining account balance will be paid out to them when they turn 25. If your child is permanently disabled, they may continue to receive regular payments until the money runs out, regardless of their age. Beneficiaries should consider seeking financial advice before making a decision.

What if my nomination is invalid?

If your nomination is invalid we'll consider your wishes but use our discretion when paying out our account balance. Examples of an invalid nomination include:

- › your nomination was made more than three years ago
- › your form was not correctly signed and witnessed
- › any of the people nominated dies before you do
- › the individuals nominated no longer qualify as your dependants at the time of your death.

Our responsibility

When one of our members dies, we have a responsibility to pay out the member's account balance to the person or people entitled to it. We decide who to pay by following legislative guidelines and the AustralianSuper Trust Deed. We must decide who receives a payment within strict legal guidelines even if the decision is an unpopular one.

Claims for a Death, Terminal illness or TPD benefit can be lodged by calling us on **1300 667 387**. For more information, please contact us or download a fact sheet on claiming a Death or TPD payment at australiansuper.com/FactSheets



6 Useful things you should know

There's a few more important things that we need to tell you about our insurance and how it works.



Here you'll find:

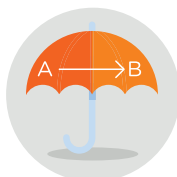
When your cover stops



Cover while on leave



Transferring cover



Limited cover



Worldwide cover



When does your cover stop?

Insurance for Death, TPD or Income Protection will stop as a result of the earliest event below:

- › you reach age 65 (for TPD and income protection cover) or age 70 (for Death cover).
- › your AustralianSuper Finsuper Division membership ends.
- › you join the armed forces of any country other than the Australian Armed Forces Reserve.
- › the date we receive your written request to cancel your insurance cover.
- › the date an insured Death, TPD or Terminal illness benefit becomes payable from the Insurer. If a TPD insurance benefit is paid to you, and the amount of the payment is less than your Death cover – then your TPD cover may end, and your Death cover will continue, but it will be reduced by the amount of your TPD payment. Any Income Protection cover you hold will also stop, other than Income Protection cover for the same condition for which a Terminal illness benefit was paid.
- › the end of the week in which you don't have enough money in your account to pay the insurance premiums.
- › the date you transfer your cover into another division of AustralianSuper or fund.

If for any reason no insurance benefit is payable, then any benefit paid to you will consist solely of your account balance.

If your cover starts again

If your insurance cover stops (and if the policy permits), your Death and TPD cover may restart when we receive new contributions from your employer. You'll get the lower of:

- › basic Death and TPD cover (based on your age at the time cover restarts), or
- › the cover you had before.

Income Protection cover will not restart automatically. If you have any queries, please call us **1300 300 273**.

Cover while on leave

Your insurance cover will continue unchanged while you're on parental leave or leave without pay. Cover will be maintained and premiums will continue to be deducted until cover ends based on the rules regarding when Death, TPD and Income Protection cover stops. You don't need to notify AustralianSuper of this leave.

If you become disabled while you're on employer-approved unpaid leave and you're eligible for an Income Protection payment – payments will commence when you're due to return to work as agreed with your employer or at the end of the waiting period, whichever is later.

Transferring cover

From another division of AustralianSuper

Already have insurance with us? If you do, you may be eligible to transfer any insurance you have between our divisions. You must transfer the whole amount of your existing cover. Your cover will have the same conditions and exclusions that applied previously. Your cover may be limited cover (see [page 31](#) for details).

From another insurer or fund

You can apply to transfer any existing Death, TPD or Income Protection cover from your individual insurance or employer sponsored super arrangement to AustralianSuper.

The maximum amount of cover that can be transferred is \$2 million for Death and TPD cover and \$20,000 a month for Income Protection. Your total cover after transfer can't exceed the maximum levels - \$3 million for TPD and \$30,000 a month for Income Protection.

What happens when you transfer your cover?

You'll have the choice of:

- › an amount of fixed cover (applies to Death and/or TPD cover only) to replace the level of cover you have with your other fund, rounded up to the next \$10,000, or
- › a number of units to replace the level of cover you have with your other fund.

Death and TPD cover will be added to your existing cover. For Income Protection the higher of your existing cover or transferred cover applies.

If you don't make a choice you'll be provided with units of cover unless your insurance with us is fixed cover.

For Income Protection:

- › the waiting period will be the greater of 30 days and your accumulated sick leave entitlements, and
- › the benefit period will be up to two years or up to age 65.

If you're a new member, your insurance cover with AustralianSuper will start when you've received:

- › a welcome kit from us, and
- › written confirmation that your transfer request has been accepted by AustralianSuper.

If you transfer your cover from another fund and you get extra cover because AustralianSuper rounds up your amount of cover, the extra cover will be limited cover (see [page 31](#) for details).

To transfer your existing cover to AustralianSuper, please complete the *Insurance transfer* form in this guide.

Maximum cover

The maximum cover available refers to the maximum cover allowable with AustralianSuper. So if you're a member of more than one AustralianSuper division, your total Income Protection cover can't exceed \$30,000 a month and your total TPD cover can't exceed \$3 million.



Limited cover

What does limited cover mean?

Limited cover means that you won't be covered for any illnesses or injuries that you already had before you got your cover. You'll be covered for an illness that becomes apparent or an injury that occurs, on or after the date that your cover starts, restarts or increases.

When your cover will be limited cover

- › **You're not in active employment.** on the date your basic cover starts or restarts.
- › **You've been unable to work.** because you're ill or injured, for 10 days in a row in the 12 months before your basic cover starts or restarts.

- › **Your basic cover starts (or restarts) more than six months after starting employment with your AustralianSuper employer.**

- › **You get extra cover without providing detailed health information.**

Limited cover will start from the date your cover increases and will only apply to any extra cover you get because you:

- join AustralianSuper and apply for cover without health checks or you only have to answer a few health questions (see [pages 10 and 18](#))
- increase your cover using AustralianSuper's Life Events cover (see [page 11 and 19](#))
- change your Death and TPD cover between units of cover and fixed cover, and this causes your cover to increase (see [page 20](#))
- transfer your cover from another fund or AustralianSuper division, and you get extra cover because AustralianSuper rounds up your amount of cover.

- › **You're being paid income support payments.** On the date your cover starts, you're getting or are entitled to get, income support payments from any source. Examples of income support payments are workers compensation, statutory transport accident payments and disability insurance payments.

- › **You transfer cover from another fund that is already limited cover.**

This cover will still be limited cover.

- › **TPD or Terminal illness payment.** If you've ever been paid, or are entitled to be paid, a TPD or Terminal illness payment from us, another super fund or insurance policy.

How long limited cover will last

Your basic cover will be limited cover. Full cover will start once you have been in active employment for two months in a row.

See [page 33](#) for an explanation of active employment.

Limited cover will last for at least two years. At the end of two years, you must be in active employment for full cover to start. If you're not, then limited cover will continue until you have been in active employment for two months in a row.

See [page 33](#) for an explanation of active employment.

Limited cover will apply to your basic cover and any extra cover you get without health checks. Limited cover will continue for at least two years from the day that your income support payments stop.

At the end of two years, you must be in active employment for full cover to start. If you're not, then limited cover will continue until you have been in active employment for two months in a row (see [page 33](#) for an explanation of active employment).

Limited cover will continue at AustralianSuper for the rest of the limited cover period you had at the previous fund.

Limited cover will apply to your basic cover and any extra cover you get without health checks, and it will be limited cover for the life of your membership.

Worldwide cover

With your insurance you're covered for travel overseas.

- › You're not required to let us know before you go.
- › The insurer may ask you to return to Australia for an assessment if you make a claim overseas.
- › If you're overseas when you're receiving Income Protection payments, the time that you receive payments may be restricted to a maximum of six months or the end of the two year payment period, whichever happens first.

If you have any questions call us on [1300 667 387](tel:1300667387).

Investment of insured benefits

From the date we receive the insured benefit from the Insurer and until it's paid to you or your beneficiaries, the insured component of the benefit is invested in a low risk investment option. The account balance component of any benefit remains invested in the options you've chosen.

Payments of benefits

Other conditions may apply before your benefits can be paid. Download the *Accessing your super* fact sheet from australiansuper.com/FactSheets for more information.

7 Words and terms used



Here you'll find:

Words and terms



Accident

Means bodily injury caused solely and directly by accidental, external and visible means, independent of any other cause.

Active employment

Active employment means:

- › you're employed or self-employed, and
- › illness or injury is not restricting you from doing the normal duties of your job full-time (at least 30 hours a week), even if you're not working full-time. The Insurer makes this assessment.

Income producing duty

An income producing duty is a duty that is part of your usual occupation, which generates 20% or more of your pre-disability income. You won't be considered unable to perform an income producing duty if you refuse to accept:

- › any reasonable omission, modification or substitution of that duty, or
- › the use of any appropriate assistive aids that would enable you to perform that duty.

On-time contribution

An employer contribution is considered on time if it is received within six months of the Superannuation Guarantee (SG) deadline for the period the contribution is payable.

For example, an employer makes contributions for its employees for the period 01/07/2016 to 30/09/2016. The SG contribution deadline for this period is 28/10/2016. This means these contributions are considered on time if they are received by us no later than 28/04/2017.

Partial disability

To receive a partial disability benefit you must be unable to perform at least one income producing duty, but:

- › you're able to perform at least one other income producing duty of your usual occupation, or
- › you've returned to work in your own occupation, or
- › you're working in another occupation.

You must also meet each of the following requirements:

- › you've been totally disabled for the first 14 days of your waiting period,
- › you're earning, or only capable of earning, a monthly income that is less than your pre-disability income, and
- › you're under the regular care of, and following the advice and treatment of, a medical practitioner*.

Premium

A premium is the sum of money paid periodically, to purchase and maintain insurance cover in AustralianSuper.

Pre-disability income

Business owners

If you own all or part of a business in which you perform your regular occupation, your pre-disability income is the total amount earned by that business as a direct result of your personal exertion, less your share of business expenses, but before income tax is deducted for the same period.

Employees

If you're employed on a permanent or casual basis or work as a contractor, pre-disability income means the monthly salary immediately preceding date of disablement (before-tax and excluding super contributions of 10% or less) earned by you from all regular occupations, including:

- fringe benefits that you receive from your employer through salary sacrifice, and will benefit from for at least six months after the date that the salary, which you sacrificed for the fringe benefit, would have been paid by your employer,
- performance related annual bonuses and commissions, (averaged over the previous three years or the period that you've been receiving these payments, whichever is shorter), and
- overtime payments and shift allowances (averaged over the previous 12 months or period of employment, whichever is shorter).

Unemployed members

If you've been unemployed for 90 days or less on the date you become disabled, you're eligible to make a claim for a total or partial disability benefit, depending on your circumstances.

If you've been unemployed for more than 90 days on the date you become disabled, you're not eligible to make a claim.

Your pre-disability income will be the total earnings for the 12 months before your date of disablement.

Total disability

To receive a total disability benefit you must:

- › be totally unable to perform all income producing duties of your usual occupation,
- › be under the regular care of, and following the advice and treatment of a medical practitioner*, and
- › not be working in any occupation (paid or unpaid).

* For mental health conditions the treating practitioner must be a registered psychiatrist.

Forms

This handy booklet contains all the forms you need to manage your insurance with AustralianSuper.

I want to...	What form to use
Increase, decrease or cancel my insurance	<i>Change your insurance</i>
Apply for more than \$10,000 per month of Income Protection cover or \$800,000 Death or Total & Permanent Disablement cover. (Complete this form if you have answered Yes to any of the questions in section 6 of the <i>Change your insurance</i> form.)	<i>Full personal statement</i>
Increase my cover after a life event such as: <ul style="list-style-type: none"> • the birth/adoption of a child • marriage or divorce • commencement or end of a de facto relationship • new mortgage or construction of my home in Australia • death of a spouse/de facto 	<i>Application for Life Event insurance cover</i>
Transfer insurance cover from outside of AustralianSuper	<i>Insurance transfer</i>
Increase my cover after a salary increase	<i>Application to increase Income Protection cover after a salary increase</i>

Please read the Privacy Collection Statement on the next page to see how AustralianSuper uses your personal information.

Privacy Collection Statement

Please read this Privacy Collection Statement to see how AustralianSuper uses your personal information.

AustralianSuper Pty Ltd (ABN 94 006 457 987) of 33/50 Lonsdale Street, Melbourne, Victoria, collects your personal information (PI) to run your super account (including insurance), improve our products and services and keep you informed. If we can't collect your PI we may not be able to do these tasks. PI is collected from you but sometimes from third parties like your employer. We will only share your PI where necessary to perform our activities with our administrator, service providers, as required by law or court/tribunal order, or with your permission. Your PI may be accessed overseas by some of our service providers. A list of countries can be found at the URLs below. Our Privacy Policy details how to access and change your PI, as well as the privacy complaints process. For complete details on the above go to australiansuper.com/CollectionStatement and australiansuper.com/privacy or call us on 1300 300 273.

Change your insurance

Use this form to increase, decrease or cancel your cover. AustralianSuper will only make changes to each type of cover you change in this form. If you do not indicate a change to a type of cover you already have, the amount of your existing cover will remain the same. Please complete in pen using CAPITAL letters. Print to mark boxes where applicable.

1. PERSONAL DETAILS

Last name	Mr Mrs Miss Ms Dr	Gender
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F
First name	Date of birth	
<input type="text"/>	D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	
Street address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (business hours)	Telephone (after hours)	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>

While processing your application, TAL Life Limited ABN 70 050 109 450 AFSL 237848 (the Insurer) may ask you to complete specific questionnaires regarding your health. If you would like us to email you any required questionnaires, please provide your email address below.

Email	Member number
<input type="text"/>	<input type="text"/>

What is your annual (before-tax) salary, excluding employer super contributions? \$, , , . 0 0
(You must provide your salary to apply for extra cover or to change your benefit payment period.)

What is your job title/occupation? What is the average number of hours worked each week in your main occupation?

2. DEATH AND TPD COVER

Changing your Death and Total & Permanent Disablement (TPD) cover

Complete this section to increase or decrease your Death or TPD cover. If you want to cancel your cover, complete section 4. You can apply for units of cover or fixed cover, but not both. If you are switching between units of cover and fixed cover, the type of cover you choose will apply to all your Death and/or TPD cover.

Units of cover

Complete this section to apply for units of Death and/or TPD cover. Please write the number of units of Death and/or TPD cover you want (including any cover you may already have).

Death cover insurance (number of units required)	TPD cover insurance (number of units required)
Number of units required <input type="text"/> <input type="text"/>	Number of units required <input type="text"/> <input type="text"/>

Fixed cover

Complete this section to apply for fixed Death and/or TPD cover. Please write the total amount of Death and/or TPD cover you want (including any cover you may already have).

Amount of Death cover required	Amount of TPD cover required
\$ <input type="text"/> , <input type="text"/> , 0 , 0 0 0	\$ <input type="text"/> , <input type="text"/> , 0 , 0 0 0
Cover must be in multiples of \$10,000.	Cover must be in multiples of \$10,000.

If you're increasing either your Death or TPD cover, please complete the Personal Health Statement listed under section 5.

Converting existing Death and TPD cover

Complete this section to apply to convert your existing Death or TPD cover:

To fixed cover

I wish to convert my existing Death and/or TPD cover to fixed cover.

You will be provided enough fixed cover, rounded up to the next \$10,000, to replace the number of units you have.*

To units of cover

I wish to convert my existing Death and/or TPD cover to units of cover.

You will be provided with the minimum number of whole units of cover for your age to replace the fixed cover you have.*

If you are only applying to convert your existing cover, you do not need to complete the Personal Health Statement in section 5.

* Any additional cover you receive as a result of the conversion will be limited for at least two years. Please refer to this guide for more information on limited cover.

3. INCOME PROTECTION COVER

Complete this section to increase or decrease your Income Protection cover. If you want to cancel your cover, complete section 4.

The benefit payment period is the maximum length of time that payments will be made if you are temporarily unable to work due to illness or injury. Please choose your preferred benefit payment period:

Two years – cover is limited to 85% of your monthly salary* or \$30,000 per month, whichever is lower.

To age 65 – cover is limited to 85% of your monthly salary* or \$30,000 per month, whichever is lower.

Please refer to the Income Protection cover information in this guide for more information and the cost of cover for each benefit payment period.

The following table will help you to determine how many units of Income Protection insurance you need. The maximum monthly benefit you can be paid cannot be higher than 85% of your monthly salary (75% being paid to you and 10% to your super account)* or \$30,000 per month.

Find your salary in this table to see the maximum cover you can apply for.

Your salary (per year)	Maximum cover per month		Your salary (per year)	Maximum cover per month	
	\$	Units		\$	Units
Up to \$7,058	\$500	1	\$211,765 – \$218,823	\$15,500	31
\$7,059 – \$14,117	\$1,000	2	\$218,824 – \$225,882	\$16,000	32
\$14,118 – \$21,176	\$1,500	3	\$225,883 – \$232,941	\$16,500	33
\$21,177 – \$28,235	\$2,000	4	\$232,942 – \$240,000	\$17,000	34
\$28,236 – \$35,294	\$2,500	5	\$240,001 – \$247,058	\$17,500	35
\$35,295 – \$42,352	\$3,000	6	\$247,059 – \$254,117	\$18,000	36
\$42,353 – \$49,411	\$3,500	7	\$254,118 – \$261,176	\$18,500	37
\$49,412 – \$56,470	\$4,000	8	\$261,177 – \$268,235	\$19,000	38
\$56,471 – \$63,529	\$4,500	9	\$268,236 – \$275,294	\$19,500	39
\$63,530 – \$70,588	\$5,000	10	\$275,295 – \$282,352	\$20,000	40
\$70,589 – \$77,647	\$5,500	11	\$282,353 – \$289,411	\$20,500	41
\$77,648 – \$84,705	\$6,000	12	\$289,412 – \$296,470	\$21,000	42
\$84,706 – \$91,764	\$6,500	13	\$296,471 – \$303,529	\$21,500	43
\$91,765 – \$98,823	\$7,000	14	\$303,530 – \$310,588	\$22,000	44
\$98,824 – \$105,882	\$7,500	15	\$310,589 – \$317,647	\$22,500	45
\$105,883 – \$112,941	\$8,000	16	\$317,648 – \$324,705	\$23,000	46
\$112,942 – \$120,000	\$8,500	17	\$324,706 – \$331,764	\$23,500	47
\$120,001 – \$127,058	\$9,000	18	\$331,765 – \$338,823	\$24,000	48
\$127,059 – \$134,117	\$9,500	19	\$338,824 – \$345,882	\$24,500	49
\$134,118 – \$141,176	\$10,000	20	\$345,883 – \$352,941	\$25,000	50
\$141,177 – \$148,235	\$10,500	21	\$352,942 – \$360,000	\$25,500	51
\$148,236 – \$155,294	\$11,000	22	\$360,001 – \$367,058	\$26,000	52
\$155,295 – \$162,352	\$11,500	23	\$367,059 – \$374,117	\$26,500	53
\$162,353 – \$169,411	\$12,000	24	\$374,118 – \$381,176	\$27,000	54
\$169,412 – \$176,470	\$12,500	25	\$381,177 – \$388,235	\$27,500	55
\$176,471 – \$183,529	\$13,000	26	\$388,236 – \$395,294	\$28,000	56
\$183,530 – \$190,588	\$13,500	27	\$395,295 – \$402,352	\$28,500	57
\$190,589 – \$197,647	\$14,000	28	\$402,353 – \$409,411	\$29,000	58
\$197,648 – \$204,705	\$14,500	29	\$409,412 – \$416,470	\$29,500	59
\$204,706 – \$211,764	\$15,000	30	\$416,471 – \$423,529	\$30,000	60

Write the number of units of Income Protection cover you want (every unit will provide cover of \$500 per month) units

*Salary is your annual before-tax salary, excluding employer super contributions

If you're increasing your Income Protection cover, please complete the Personal Health Statement in section 5.

4. CANCEL YOUR COVER

Complete this section to cancel part or all of your cover. Please put an (X) next to each type of cover that you wish to cancel.

If you put an (X) next to a cover type below, you won't be insured for that cover. So, you (or your beneficiaries) will not be able to make an insurance claim for that type of cover, in the event of illness, injury or death. If you decide to apply for cover in the future, you will need to supply detailed health information as part of your application.

I do not want to be covered for: Income Protection Death TPD

5. PERSONAL HEALTH STATEMENT

1. Has an application for life, disability, trauma, accident or illness insurance on your life ever been declined, deferred or accepted with a loading, exclusion or special terms? If Yes please provide details below. Yes No

Insurance company name	Date	Terms offered and reason

2. Are you claiming or have you ever claimed a benefit from any source (eg Workers Compensation, Disability Pension, Veterans' Affairs, any other insurance policy providing accident or illness benefits, or a TPD benefit from any super fund)? If Yes please provide details below. Yes No

Benefit type/source/reason for claim

Claim date	Claim amount	Date claim finalised
	\$	

Benefit type/source/reason for claim

Claim date	Claim amount	Date claim finalised
	\$	

3. Are you at the date of this application, due to injury, accident or illness:

- off work, or
- restricted from being capable of performing your full and normal duties on a full-time basis (for at least 30 hours per week), even though your actual employment can be on a full-time, part-time or casual basis?

Yes No

4. Have you lost the sight of an eye or the total and permanent loss of the use of a limb ('limb' includes whole hand or whole foot)?

Yes No

5. What is your height and current weight? **Height (cm)** (ft/in) **Weight (kg)** (st/lb)

OR OR

6. Excluding the contraceptive pill and inhaled asthma medication, have you been advised to take or been given prescribed medication by a medical practitioner that is intended to be used for three months or longer within the last year (including but not limited to blood pressure, diabetes, oral steroids for asthma or depression medication)?

Yes No

7. Have you been unable to work because of illness or injury for more than two consecutive weeks in the last three years?

Yes No

8. Have you undergone any medical treatment, investigation or an operation, suffered from or are you contemplating surgery for any illness or injury that would affect your long-term health and require ongoing medical supervision? This includes, but is **not limited to**:

- cancer or diabetes
- high blood pressure, cholesterol or any heart complaint
- alcohol or drug abuse, and
- stroke, paralysis, neurological disorder or multiple sclerosis?

Yes No

9. Have you been infected with, or have you ever tested positive for AIDS (Acquired Immune Deficiency Syndrome), HIV (Human Immunodeficiency Virus) or Hepatitis B and C?

Yes No

5. PERSONAL HEALTH STATEMENT (CONTINUED)

10. Have you received any medical advice or undergone any medical treatment, investigation or an operation, suffered from or are you contemplating surgery for any of the following:

- Any injury or complaint of the back, neck, knee or shoulder requiring time off work in the last 12 months and/or any disease, disorder or degeneration to the muscles, tendons, bones, discs or joints? Yes No
- Depression or mental disorder (including but not limited to stress, anxiety, chronic tiredness or fatigue, panic attacks, post traumatic stress, behavioural or nervous disorder)? Yes No
- Chest pain, asthma, bronchitis or any other lung complaint requiring hospitalisation within the last five years? Yes No
- Disorders of the kidney, bladder, prostate, ovaries, gall bladder, bowel, or liver? Yes No
- Epilepsy? Yes No

6. ASSESSABLE INFORMATION GUIDELINES

Will your total cover (existing plus additional applied for) exceed \$800,000 for Death or TPD if this application is accepted? Yes No

Will your total cover (existing plus additional applied for) exceed \$10,000 per month for Income Protection if this application is accepted? Yes No

Have you answered **Yes** to any of the questions in section 5? Yes No

If you answered **Yes** to any of the above questions, please complete the *Full personal statement* form in addition to this application.

Please read sections 7 and 8, then sign and date the declaration in section 8.

If you're applying for more than \$1,000,000 of cover the Insurer is likely to require you to undertake a blood test. You may also be required to attend a medical examination at the Insurer's expense.

7. YOUR DUTY OF DISCLOSURE

Before you enter into a life insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, that may affect their decision to insure you and on what terms.

You have this duty until the insurer agrees to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell the insurer anything that:

- reduces the risk they insure you for; or
- is common knowledge; or
- they know or should know as an insurer; or
- they waive your duty to tell them about.

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

If you do not tell the insurer anything you are required to, and they would not have insured you if you had told them, they may avoid the contract within three years of entering into it.

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

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

8. DECLARATION

This section must be completed in all circumstances.

I have read the Duty of Disclosure (in section 7 of this form) and I am aware of the consequences of non-disclosure. I understand that the Duty of Disclosure continues after I have completed this statement until my application for cover has been accepted in writing by AustralianSuper and the Insurer. I understand that information contained in this Guide should be read in conjunction with all reference material.

I authorise:

- the Insurer to refer any statements that have been made in connection with my application for cover and any medical reports to other entities involved in providing or administering the insurance (for example reinsurers, medical consultants, legal advisers)
- the Insurer and any person appointed by the Insurer to obtain information on my medical claims and financial history from the Insurance Reference Association and any other body holding information on me, and
- any hospital, doctor or other person who has treated or examined me to give to the Insurer any information on my illness or injury, medical history, consultation, prescription or treatment or copies of all hospital or medical reports.

A photocopy of this authorisation is as valid as the original.

I declare that:

- the answers to all the questions and the declarations on this form are true and correct (including those not in my own handwriting)
- I have not withheld any information which may affect any decision to provide insurance
- I agree to provide further medical authorities if requested

- I have read and understood the Product Disclosure Statement
- I have read and understood the Insurance in your super guide to which this application was attached, and
- I have read the Privacy Collection Statement and I agree with how AustralianSuper will use my personal information.

AustralianSuper's Privacy Collection Statement is at the front of this form booklet. Our Privacy Collection Statement and Privacy Policy may change from time to time. The latest versions will be available online at australiansuper.com/CollectionStatement and australiansuper.com/privacy

For information on the Insurer's privacy and information-handling practices, read their Privacy Policy Statement at tal.com.au or call 1300 209 088 for a copy.

I acknowledge that:

- insurance cover will only be provided on the terms and conditions set out in the contract of insurance with the Insurer and as agreed between AustralianSuper and the Insurer from time to time
- the answers I have provided, together with any special conditions, will form the basis of the contract of insurance
- if I have chosen to cancel any of my cover, I will no longer be insured for that cover, and if I decide to apply for cover in the future, I will need to supply detailed medical information as part of my application, and
- any change in cover will start from the later of the date it is accepted by the Insurer (as long as my employer is paying on-time contributions), or for new members, the date I receive my welcome kit.

Sign here:



Date

D	D	M	M	2	0	Y	Y
---	---	---	---	---	---	---	---

Print full name

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Full personal statement

Complete this form if you're applying for any of the following:

- more than \$10,000 per month of Income Protection cover
- more than \$800,000 of Death or Total & Permanent Disablement (TPD) cover.

Complete this form if you have answered **Yes** to any of the questions in section 6 of the *Change your insurance* form.

Important information: Please ensure you have completed all required fields on the *Change your insurance* form, then ensure you return this form to us with the application for assessment.

Please complete in pen using **CAPITAL** letters. Print to mark boxes where applicable.

1. PERSONAL DETAILS

Last name	Mr Mrs Miss Ms Dr	Gender
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F
First name	Date of birth	
<input type="text"/>	<input type="text"/>	
	<input type="text"/>	

2. INSURANCE HISTORY DETAILS

1. Has an application for life, disability, trauma, accident or illness insurance on your life ever been declined, deferred or accepted with a loading, exclusion or special terms? If **Yes**, please provide details below: Yes No

Insurance company name	Date	Terms offered and reason
<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	
	<input type="text"/>	

2. Are you claiming or have you ever claimed a benefit from any source, for example a TPD benefit from any super fund, Workers Compensation, Disability Pension, Veterans' Affairs or any other insurance policy providing accident or illness benefits? If **Yes**, please provide details below: Yes No

Benefit type/source/reason for claim

Claim date	Claim amount	Date claim finalised
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

Benefit type/source/reason for claim

Claim date	Claim amount	Date claim finalised
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

3. ACTIVITIES AND PASTIME DETAILS

Do you currently engage in or intend to engage in any of the following sports or hazardous activities:

1. Flying (other than as a fare-paying passenger on a commercial airline)? Yes No
2. Underwater diving? Maximum depth metres Yes No
3. Motor sports of any kind, for example rally driving, trail bike riding, ocean racing? Yes No
4. Football of any code (including touch football or tag)? Yes No
5. Any other sport or hazardous activities, for example parachuting, hang-gliding, body contact sports, paragliding, competitive water sports or recreations involving heights? Yes No

If you have answered **Yes** to any of the above, please provide further details below:

What are the activity/ies you engage in?

At what level do you participate?

Recreational only (non-competition) Recreational with competition Semi-professional/professional

Number of times you participate on average in this activity/ies per year (for example hours flown, number of drives, events.)

Do you receive any income from participating in this activity/ies? Yes No

4. PERSONAL HEALTH DETAILS

1. Have you smoked tobacco or any other substance at any time during the last 12 months? Yes No

If Yes, please indicate type (for example cigarettes or cigars) and average amount smoked in **one** of the following boxes.

Substance smoked	Per day	Per week	Per year
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

2. Do you drink alcohol? Yes No

If Yes, please provide the average number of drinks consumed:

5. FAMILY HISTORY

Have any of your immediate family (that is, parents, brothers, sisters) suffered from or been diagnosed before age 65 with any of the following?

- heart problems, stroke, high blood pressure, diabetes
- cancer (breast, ovarian, cervical, bowel or other)
- depression or any mental illness, or
- hereditary disorders such as:
 - Huntington’s disease, muscular dystrophy, polycystic kidney, familial polyposis, or
 - any other inherited or hereditary disease.

Unknown No – Go to section 6 Yes – Complete the following table

If Yes, please complete the following table:

Family member	Condition	Approximate age of onset	Age at death (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

6. DOCTOR DETAILS

1. What is the name and address of the last doctor or medical centre you visited?

Full name of doctor or medical centre

Street address and suburb

State

Postcode

Telephone

Facsimile

2. a) What was the date of your last consultation?

Within the last month

7–12 months ago

1–3 months ago

12 months to 2 years ago

4–6 months ago

Over 2 years ago

b) What was the reason for your consultation? (Please specify a reason for the consultation)

c) What was the result/outcome from your last consultation?

Referral to specialist/health professional

Ongoing treatment (for example ventolin inhaler)

Tests conducted – results pending

Routine tests conducted – results all clear/normal

Not fully recovered yet

All clear/normal/full recovery – no tests or prescribed treatment required (other than contraceptive and cold/flu medication)

3. Is the doctor/medical centre mentioned above your usual doctor/medical centre? Yes No

7. CONFIDENTIAL DECLARATION

To the best of your knowledge,

- a) Have you ever tested positive for AIDS (Acquired Immune Deficiency Syndrome), HIV (Human Immunodeficiency Virus), or are you awaiting results of an HIV test? Yes No
- b) In the last ten years, have you engaged in any activity reasonably accepted to having an increased risk of exposure to HIV or AIDS? Yes No

If **Yes** to a) or b), please provide details below:

If you answered **Yes** to the declaration above, you will be sent a specific lifestyle questionnaire to complete.

8. MEDICAL HISTORY

Have you ever had, or sought advice or treatment, experienced symptoms, or suffered from any of the following:

- | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|
| <p>1. Asthma, bronchitis or any other lung complaint? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, complete Questionnaire A in section 10.</p> <p>2. Back, neck, shoulder, knee, elbow complaints, sciatica, disc or spine complaints, or injury of the joints, bones or muscles? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, complete Questionnaire B in section 10.</p> <p>3. Cysts, moles, sunspots or skin lesions? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>4. Diabetes or abnormal blood sugar? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>5. Depression or mental disorder (including but not limited to stress, anxiety, panic attacks, behavioural or nervous disorder)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>6. Chest pains, heart complaint, heart murmur, high blood pressure, raised cholesterol, palpitations or rheumatic fever? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>7. Stroke, paralysis, neurological disorder, multiple sclerosis or blood vessel disorder? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>8. Cancer, tumour or melanoma? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>9. Thyroid, glandular or pancreatic disorder? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>10. Gastric or duodenal ulcer, persistent indigestion, irritable bowel or other bowel disorder? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>11. Any disorder of the gall bladder or liver (including hepatitis B, C or raised liver function)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>12. Varicose veins, haemorrhoids or hernia? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>13. Disorder of the kidney, bladder or prostate, blood in urine or kidney stones? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>14. Epilepsy, fits of any kind, fainting episodes or recurring headaches or migraines? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>15. Chronic fatigue syndrome, lethargy, sleep apnoea or any sleeping disorder? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>16. Arthritis, gout, osteoporosis, fibromyalgia, Repetitive Strain Injury (RSI) or any chronic pain syndrome? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>17. Eczema, dermatitis, psoriasis, or any other skin disorder? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>18. Anaemia, leukaemia, haemophilia, haemochromotosis or any other blood disorder? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>19. Any impairment of sight (other than corrected by glasses or lenses) including blurred vision? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>20. Any impairment of hearing, including tinnitus, or speech? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>21. Any sexually transmitted diseases? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>22. Any other illness, injury, disease or disorder not mentioned above? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>23. Other than for those conditions mentioned above, are you taking any regular prescribed medication (excluding contraceptives)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>24. Within the last three years, have you had:
(i) Any blood tests which revealed an abnormality?
(ii) Any tests such as ECG, x-ray (excluding broken bones or joint strains), genetic test or ultrasound (other than for pregnancy)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>25. Are you considering seeking medical advice, treatment, tests or surgery in the future? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>26. (Females only) Are you currently pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/>
(i) Due date for birth of baby?
 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>
 (ii) Have you ever had any complications with pregnancy or childbirth (for example, diabetes, ectopic pregnancy)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please provide details below:
 <input type="text"/>
 <input type="text"/>
 <input type="text"/></p> | D | D | M | M | Y | Y | Y | Y |
| D | D | M | M | Y | Y | Y | Y | | |

Please note: If you have answered **Yes** to questions 3, 4 and/or 5 above, we will send you a specific questionnaire on the related condition. If you answered **Yes** to questions 6 to 25 above, please provide full details in section 9 – General Health Questionnaire.

9. GENERAL HEALTH QUESTIONNAIRE

If you have answered **Yes** to any part of questions 6 to 25 in section 8, please complete the table below. Please ensure you write the question number in the brackets above each column.

	Question number <input style="width: 40px;" type="text"/>	Question number <input style="width: 40px;" type="text"/>	Question number <input style="width: 40px;" type="text"/>																								
1. Name of condition	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																								
2. Date symptoms first started	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y																				
D	D	M	M	Y	Y	Y	Y																				
D	D	M	M	Y	Y	Y	Y																				
3. Date symptoms ceased	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y																				
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(if ongoing please state)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>																								
4. How often do/did you have symptoms? Please choose one of the following daily, weekly, monthly, quarterly, half-yearly, yearly, one-off, other.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																								
5. Severity of condition Please choose from one of the following mild, moderate, severe, never had symptoms, symptoms ceased.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																								
6. Did you take medication or have you had any other treatment (eg physiotherapy or an operation) for this condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>																								
If Yes , name the treatment/condition:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																								
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																								
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																								
7. Are you still on treatment, including medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>																								
8. Have you ever been off work due to this condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>																								
Details: If there is insufficient space please attach an additional sheet	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																								
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																								
If Yes , please state the total time off work?																											
date from:	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
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date to:	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y																				
D	D	M	M	Y	Y	Y	Y																				
9. Have you had any residual, ongoing effects or restrictions as a result of this condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>																								
If Yes , please provide details and dates:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																								
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D	D	M	M	Y	Y	Y	Y																				
D	D	M	M	Y	Y	Y	Y																				
D	D	M	M	Y	Y	Y	Y																				
10. Is your treating doctor different from your usual doctor?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>																								
If Yes , please provide doctor's details:																											
	Full name of doctor	Full name of doctor	Full name of doctor																								
	Address (street/state/postcode)	Address (street/state/postcode)	Address (street/state/postcode)																								
	Phone and fax number	Phone and fax number	Phone and fax number																								

10. SPECIFIC QUESTIONNAIRES

Please complete the relevant questionnaire below if you answered Yes to Question 1 and/or Question 2 in section 8.

A. Asthma and bronchitis or any other lung complaint questionnaire

a) Name of condition

b) Have you been diagnosed within the last 12 months? Yes No

c) Frequency of symptoms in the last five years

- Daily
- Weekly
- Occasionally
- One-off episode
- None – childhood only

d) Severity of symptoms in the last five years:

- Nil symptoms – childhood only
- Mild ie exercise-induced only, seasonal (related to hay fever allergy, colds or flu)
- Moderate ie all year round, specific triggers
- Severe, ie constant, reduced lung capacity, restriction of lifestyle or work duties

e) Have you required over the last five years:

Daily preventative inhalers, such as ventolin Yes No

Occasional use of a nebuliser or oral steroid medication eg prednisolone Yes No

Hospitalisation/Emergency treatment Yes No

f) Maximum number of consecutive days off work/school you have had over the last two years due to this condition?

Number of days

g) Is your treating doctor different from your usual doctor? Yes No

If Yes, please complete details below:

Full name of doctor

Street address and suburb

State Postcode

Phone number

Fax number

B. Joint/Musculoskeletal questionnaire

If applying for Death only cover complete questions a and b only.
 If applying for TPD or Income Protection cover, complete all questions.

a) Nature of complaint (doctor's diagnosis), for example sciatica, back pain, broken bone

b) Location of complaint, for example lower back, right knee, sciatic nerve

c) When did symptoms first begin?

d) Cause of condition, for example lifting, car accident, fall in workplace, unknown

e) Was an x-ray or scan taken?
 No Go to question f
 Yes Complete below

Date of tests taken

Details of results of tests taken

f) Is the nature of the condition degenerative or a disc problem? Yes No

g) Are you still undergoing treatment or experiencing symptoms? Yes No

If No, complete below:

Date symptoms ceased

Date treatment ceased

h) Have you ever been off work as a result of this complaint or been unable to perform your normal day-to-day activities? Yes No

If Yes, please indicate period/s off work:

Date from Date to

i) Do you have any residual, ongoing effects or restrictions as a result of this condition? Yes No

If Yes, please provide dates and details

j) Is your treating doctor different from your usual doctor? Yes No

If Yes, complete below:

Full name of doctor

Street address and suburb

State Postcode

Phone number

Fax number

11. FINAL CONFIRMATION OF ASSESSABLE INFORMATION

I have completed the *Change your insurance* form.

Yes No

I have completed the *Full personal statement* form where I have indicated one of the following:

• I have answered Yes to any of the questions in the *Change your insurance* form.

Yes No

• The cover I am applying for is in excess of \$800,000 for Death and TPD.

Yes No

• The cover I am applying for is in excess of \$10,000 per month for Income Protection.

Yes No

Please read sections 12 and 13, then sign and date the declaration below.

12. YOUR DUTY OF DISCLOSURE

Before you enter into a life insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, that may affect their decision to insure you and on what terms.

You have this duty until the insurer agrees to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell the insurer anything that:

- reduces the risk they insure you for; or
- is common knowledge; or
- they know or should know as an insurer; or
- they waive your duty to tell them about.

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

If you do not tell the insurer anything you are required to, and they would not have insured you if you had told them, they may avoid the contract within three years of entering into it.

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

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

13. DECLARATION

This section must be completed in all circumstances.

I have read the Duty of Disclosure in this Personal Statement and I am aware of the consequences of non-disclosure. I understand that the Duty of Disclosure continues after I have completed this statement until my application for cover has been accepted by AustralianSuper and the Insurer in writing.

I authorise:

- the Insurer to refer any statements that have been made in connection with my application for cover and any medical reports to other entities involved in providing or administering the insurance (for example reinsurers, medical consultants, legal advisers)
- the Insurer and any person appointed by the Insurer to obtain information on my medical claims and financial history from the Insurance Reference Association and any other body holding information on me, and
- any hospital, doctor or other person who has treated or examined me to give to the Insurer any information on my illness or injury, medical history, consultation, prescription or treatment or copies of all hospital or medical reports.

A photocopy of this authorisation is as valid as the original. I agree to provide further medical authorities if requested.

I declare that:

- the answers to all the questions and the declarations on this personal statement are true and correct (including those not in my own handwriting)
- I have not withheld any information which may affect the Insurer's decision to provide insurance
- I acknowledge that the answers I have provided, together with any special conditions, will form the basis of insurance cover
- I have read and understood the privacy information in this Guide
- I acknowledge and consent to the use and disclosures of my personal information as detailed in that part of the form, and
- I have read the Privacy Collection Statement and I agree with how AustralianSuper will use my personal information.

AustralianSuper's Privacy Collection Statement is at the front of this form booklet. Our Privacy Collection Statement and Privacy Policy may change from time to time. The latest versions will be available online at australiansuper.com/CollectionStatement and australiansuper.com/privacy

Sign here:



Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Print full name

3. ADDITIONAL COVER REQUIRED

Complete this section to tell us how much you want to add to your existing cover and/or if you wish to apply for new cover.

For Death or TPD cover, you can request units of cover or fixed cover, but not both. Any existing cover you have will also be converted to an equivalent level of unitised cover or fixed cover, in accordance with your selection. For more information about units of cover and fixed cover, please see this guide.

Type of cover	Amount required	
	Units of cover	Fixed cover
Death	<input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> 0 , <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> 0 Cover must be in multiples of \$10,000.
TPD	<input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> 0 , <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> 0 Cover must be in multiples of \$10,000.
Income Protection* (\$500 per unit per month) <small>*Not available for members performing unpaid domestic duties.</small>	<input type="text"/> <input type="text"/> <input type="text"/>	Not applicable

Please nominate the benefit payment period you would like to apply to all of your Income Protection cover 2 years To age 65

4. ELIGIBILITY QUESTIONS

All questions must be completed in this section.

- Are you: Yes No
 - unemployed
 - employed and off work because you are ill, injured or have had an accident
 - unable to do all the duties of your usual occupation (without any limitation) full-time (at least 30 hours per week), even if you are working full-time, part-time or casually, or
 - in your usual occupation but your duties have changed or been modified in the last 12 months, because of an illness, accident or injury?
- Have you: Yes No
 - in the last 12 months, been away from work for more than 10 working days in a row because you were ill or injured, or
 - been advised by, or discussed with your medical practitioner that because of an illness or injury you'll need to take at least 10 working days in a row off work (regardless if diagnosed) in the next 12 months?
- Have you been diagnosed with an illness or injury that reduces your life expectancy to less than 12 months? Yes No
- Have you ever been declined Death, TPD or Income Protection cover, or been excluded from insurance cover for a specific medical condition or injury? Yes No
- Have you ever made or satisfied the requirements to make a claim for an injury or illness either in Australia or overseas through: Yes No
 - AustralianSuper or another super fund
 - Workers' Compensation
 - an illness benefit or invalid pension
 - an insurance Policy that provides Terminal illness, TPD cover, or Income Protection (including accident or illness cover), or
 - a common law settlement?

Your answers to the questions above will determine if you are eligible to change your cover.

5. ATTACHMENTS

The table below lists the documents you need to attach to this application.

Type of Life Event	Certified copy of document required
Birth of a child	Birth certificate
Adoption of a child	Order effecting an adoption or an entry in a public official record of the adoption of a child
Marriage	Australian marriage certificate or equivalent overseas marriage certificate recognised in Australia
Divorce	Divorce Decree Absolute
Commencement of a de facto relationship	Written co-habitation or personal or domestic relationship agreement, or completed <i>Providing proof of your de facto relationship</i> form available from australiansuper.com
End of a de facto relationship	Completed <i>Providing proof of your de facto relationship</i> form available from australiansuper.com
New mortgage for purchase or construction of your primary residence in Australia	All of the following (if applicable): <ul style="list-style-type: none">• Any loan documents including loan application and credit contract• Stamped front page of the contract of sale, and• Statutory declaration by the applicant declaring that the property described is/will be the applicant's principal place of residence
Death of a spouse/de facto	Death certificate and a completed <i>Providing proof of your de facto relationship</i> form available from australiansuper.com

All copies must be certified. A certified copy is a copy of an original document that has been certified by any of the following acceptable persons: legal practitioner, Justice of the Peace, magistrate, notary public, police officer, dentist, veterinary practitioner, pharmacist, accountant, Member of Parliament, minister of religion, and medical practitioner.

A certified copy must be noted as follows: 'I certify that I have sighted the original document and this is a true copy of it.' This certification must have the certifier's full name, title, registration number (where applicable) and be signed and dated.

6. YOUR DUTY OF DISCLOSURE

Before you enter into a life insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, that may affect their decision to insure you and on what terms.

You have this duty until the insurer agrees to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell the insurer anything that:

- reduces the risk they insure you for; or
- is common knowledge; or
- they know or should know as an insurer; or
- they waive your duty to tell them about.

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

If you do not tell the insurer anything you are required to, and they would not have insured you if you had told them, they may avoid the contract within three years of entering into it.

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

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

7. DECLARATION

This section must be completed in all circumstances.

- I have read the Duty of Disclosure (in section 6 of this form) and I am aware of the consequences of non-disclosure.
- I understand that the Duty of Disclosure continues after I have completed this statement until my application for cover has been accepted in writing by AustralianSuper and the Insurer.
- I understand that information contained in the Product Disclosure Statement should be read in conjunction with all reference material.

I authorise:

- the Insurer to refer any statements that have been made in connection with my application for cover and any medical reports to other entities involved in providing or administering the insurance (for example reinsurers, medical consultants, legal advisers)
- the Insurer and any person appointed by the Insurer to obtain information on my medical claims and financial history from the Insurance Reference Association and any other body holding information on me, and
- any hospital, doctor or other person who has treated or examined me to give to the Insurer any information on my illness or injury, medical history, consultation, prescription or treatment or copies of all hospital or medical reports.

A photocopy of this authorisation is as valid as the original.

I declare that:

- I have read and understood the Product Disclosure Statement and this guide
- the answers to all the questions and the declarations on this form are true and correct (including those not in my own handwriting)
- I have not withheld any information which may affect any decision to provide insurance
- I agree to provide further medical authorities if requested, and
- I have read the Privacy Collection Statement and I agree with how AustralianSuper will use my personal information.

AustralianSuper's Privacy Collection Statement is at the front of this form booklet. Our Privacy Collection Statement and Privacy Policy may change from time to time. The latest versions will be available online at australiansuper.com/CollectionStatement and australiansuper.com/privacy

For information on the Insurer's privacy and information-handling practices, read their Privacy Policy Statement at tal.com.au or call 1300 209 088 for a copy.

I acknowledge that:

- insurance cover will only be provided on the terms and conditions set out in the contract of insurance with the Insurer and as agreed between AustralianSuper and the Insurer from time to time
- the answers I have provided, together with any special conditions, will form the basis of the contract of insurance, and
- any change in cover I make using this form will only start from the date this form is accepted by the Insurer.

Sign here:



Date

D	D	M	M	2	0	Y	Y
---	---	---	---	---	---	---	---

Print full name

Office Use Only

Existing cover amount confirmed by:

Please complete in pen using CAPITAL letters. Print to mark boxes where applicable.

You can apply to transfer Death, Total & Permanent Disablement (TPD) and/or Income Protection insurance cover you have outside of AustralianSuper if you are:

- joining AustralianSuper for the first time or an existing member of AustralianSuper, and
- you have insurance through an employer-sponsored super plan or an individual insurance policy outside of super from a life insurer ('individual insurer').

You need to complete all sections of this form and will need to provide evidence of your current cover by attaching one of the following:

- your last member statement (within 45 days of it being issued)
- a current print-out of your online member account
- a statement from the insurer of your individual policy.

If the Insurer (TAL Life Limited) accepts your application, you will be allocated sufficient units of AustralianSuper cover or fixed cover to replace the level of cover you currently have under your former fund in addition to any cover (if applicable) you currently have with us. Any additional cover you receive as a result of the conversion will be limited for at least two years. Please refer to this guide for more information on limited cover.

Acceptance of your transfer request is subject to the Insurer's acceptance and some limitations apply (see section 4 of this form for details).

! Important

To stay covered, don't cancel any cover with your old fund until your cover with AustralianSuper has started.

If you're a new member, your insurance cover with AustralianSuper will not start until:

- you receive a welcome kit from us, and
- you've received confirmation in writing that your transfer request has been accepted by AustralianSuper.

If you're not sure, please give us a call before you cancel your cover.

1. PERSONAL DETAILS

Last name										Mr	Ms	Mrs	Miss	Dr			
First name										Date of birth							
Street address										D	D	M	M	Y	Y	Y	Y
Suburb										State			Postcode				
Telephone (business hours)					(after hours)					Mobile							
Your member number					What is your annual before-tax salary, excluding employer super contributions? (You must provide your salary to apply to transfer your cover.)												
					\$					0 0							
What is your job title/occupation?																	
Name of former fund/individual transfer					Former fund member/individual policy number					Former fund SPIN (if known)							

2. PERSONAL STATEMENT AND CONFIRMATION OF REQUIREMENTS

1. Please confirm (by marking (X) in the box below) that the following statements are true and correct:

- I will cancel **all** insurance cover with my former insurer within 60 days of receiving confirmation from AustralianSuper of my successful transfer application.
- I will not be transferring the cover under my former insurer to any other division or section of the former insurer or to any other fund, other than AustralianSuper.
- I will not continue any cover, reinstate any cover, or start any new cover with the former insurer or any other division or section of the former insurer.
- I must transfer all types of cover I have under my former insurer.

I confirm that all four statements are true and correct and agree to abide by these requirements.

Yes No

2. PERSONAL STATEMENT AND CONFIRMATION OF REQUIREMENTS (CONTINUED)

2. Are you: Yes No
- unemployed
 - employed and off work because you are ill, injured or have had an accident
 - unable to do all the duties of your usual occupation (without any limitation) full-time (at least 30 hours per week), even if you are working full-time, part-time or casually, or
 - in your usual occupation but your duties have changed or been modified in the last 12 months, because of an illness, accident or injury?
3. Have you: Yes No
- in the last 12 months, been away from work for more than 10 working days in a row because you were ill or injured, or
 - been advised by, or discussed with your medical practitioner that because of an illness or injury you'll need to take at least 10 working days in a row off work (regardless if diagnosed) in the next 12 months? Yes No
4. Have you been diagnosed with an illness or injury that reduces your life expectancy to less than 12 months? Yes No
5. Have you ever been declined Death, TPD or Income Protection cover, or been excluded from insurance cover for a specific medical condition or injury? Yes No
6. Have you ever made or satisfied the requirements to make a claim for an injury or illness either in Australia or overseas through: Yes No
- AustralianSuper or another super fund
 - Workers' Compensation
 - an illness benefit or invalid pension
 - an insurance Policy that provides Terminal illness, TPD cover, or Income Protection (including accident or illness cover), or
 - a common law settlement?

Your answers to the questions above will determine if you are eligible to transfer your cover.

7. Is your cover under the former insurer subject to any premium loadings and/or exclusions, including but not limited to pre-existing condition exclusions, or restrictions in regards to medical or other conditions? Yes No
- If YES, please provide details of the premium loading, exclusion or restriction, including a copy of the advice you received from the former insurer advising you of the acceptance of your cover subject to these additional terms.

3. ABOUT THE INSURANCE I AM TRANSFERRING

I confirm that my current level and type of cover under the former insurer is as follows:

Death cover	\$	<input type="text"/>	Date cover started	<input type="text"/>
TPD cover	\$	<input type="text"/>	Date cover started	<input type="text"/>
Income Protection	\$	<input type="text"/> per month	Date cover started	<input type="text"/>

Please select (X) the type of cover you would like:

Units of cover **OR** Fixed cover

Current Income Protection waiting period (such as 30 days, 60 days, 90 days, 180 days)

Current Income Protection benefit payment period (such as 2 years, 5 years, to age 60, to age 65)

AustralianSuper (Finsuper Division) only offers a benefit period of two years for transferred cover, or to age 65 only if your current benefit period is to age 65.

I understand that my cover above, once accepted, will be subject to the terms and conditions of AustralianSuper's insurance arrangements and my Death, TPD or Income Protection cover will be set up as explained in section 4 of this form.

I have attached an up to date statement (within 45 days of it being issued) from my former fund Yes No

4. ACKNOWLEDGEMENTS

I acknowledge that:

- if I do not fully complete, sign and date this application, I will not be eligible to transfer my existing cover to AustralianSuper
- if the Insurer accepts my application, I will receive (a) Death cover and TPD cover equal to the amount of my existing cover under my former insurer in addition to any cover that I currently have and/or (b) the greater of my existing Income Protection cover under my former insurer or any Income Protection cover that I currently have. Additional cover is allocated as follows:
 - sufficient number of units of AustralianSuper (Finsuper Division) cover rounded up to the next whole unit, or
 - equivalent amount of fixed cover in AustralianSuper (Finsuper Division) rounded up to the nearest \$10,000
- if the Insurer accepts my application, any individual conditions (other than premium loadings), exclusions or restrictions that applied to my transferred cover will continue to apply
- the maximum cover that can be transferred is \$2 million for Death and TPD and \$20,000 per month for Income Protection (subject to AustralianSuper's maximum cover limits)
- my replacement cover will not commence in AustralianSuper until the later of:
 - the Insurer has accepted my application
 - cancellation of my existing insurance cover under my former insurer (claims will not be paid if cover has not been cancelled), and
 - I've received my AustralianSuper welcome kit
- AustralianSuper and the Insurer may undertake appropriate enquiry and investigation to verify the answers I have provided
- AustralianSuper and the Insurer may investigate whether any restrictions that may have applied within the terms of the policy document were applicable to the type and/or level of cover stated on the up-to-date statement from the former insurer
- I agree to provide AustralianSuper or the Insurer with access to the health evidence or other information I provided to my former insurer in my application for cover and any non-disclosure to a former insurer may be acted upon by AustralianSuper or their Insurer
- the total of my transferred cover and existing cover with AustralianSuper is not over \$3 million for TPD and \$30,000 per month for Income Protection if I have cover that provides payment for two years or up to age 65 (there is no maximum for Death cover), and
- should it become apparent to AustralianSuper or the Insurer that I have not undertaken the requirements that I confirmed in part 2 of this form, then any insured benefit that may be payable from AustralianSuper may be reduced by the insured amount paid or payable from my former insurer; an associated section or division of the former insurer; or other fund; or any policy issued under any option that I exercised, as a consequence of my failure to abide by these conditions. But this reduction in benefit will be limited to the extent that my benefit from AustralianSuper is no less than I would have been eligible to receive under the terms of the policy between AustralianSuper and the Insurer had I not applied for a transfer of cover.

YOUR DUTY OF DISCLOSURE

Before you enter into a life insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, that may affect their decision to insure you and on what terms.

You have this duty until the insurer agrees to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell the insurer anything that:

- reduces the risk they insure you for; or
- is common knowledge; or
- they know or should know as an insurer; or
- they waive your duty to tell them about.

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

If you do not tell the insurer anything you are required to, and they would not have insured you if you had told them, they may avoid the contract within three years of entering into it.

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

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

I declare that:

- I have read the Privacy Collection Statement and I agree with how AustralianSuper will use my personal information.

AustralianSuper's Privacy Collection Statement is at the front of this form booklet. Our Privacy Collection Statement and Privacy Policy may change from time to time. The latest versions will be available online at australiansuper.com/CollectionStatement and australiansuper.com/privacy

For information on the Insurer's privacy and information-handling practices, read their Privacy Policy Statement tal.com.au or call 1300 209 088 for a copy.

Sign here



Date

D	D	M	M	2	0	Y	Y
---	---	---	---	---	---	---	---

Print full name

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Application to increase Income Protection cover after a salary increase

Please complete in pen using CAPITAL letters. Print to mark boxes where applicable.

Only use this form if you are currently insured for Income Protection and wish to increase your cover as a result of a pay increase. You must attach either:

- The *Employer confirmation of salary increase* (page 5 of this form), or
- Copies of your previous and new pay slips with details of your new salary and effective date, or
- A copy of the letter advising you of your salary increase, or a notice from your employer or union announcing the pay increase.

Your application will not be accepted if:

- This form and relevant attachments are received more than 30 days after the effective date or notification of your salary increase.
- You have successfully applied for increased income protection cover as a result of a salary increase in the last 12 months.

Also your increased cover cannot cause the total of your Income Protection cover to exceed the lower of:

- \$20,000 per month for payments up to two years (if applicable)
- \$10,000 per month for payments up to age 65 (if applicable) and
- 85% of your salary*.

*Salary is your annual before-tax salary, excluding employer super contributions.

1. PERSONAL DETAILS

Last name	<input type="text"/>	Mr	Mrs	Miss	Ms	Dr	Gender
	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F
First name	<input type="text"/>	Date of birth					
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street address	<input type="text"/>						
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>		
Telephone (business hours)	<input type="text"/>	(after hours)	<input type="text"/>	Mobile	<input type="text"/>		
Email	<input type="text"/>			Member number	<input type="text"/>		
What is your job title/occupation?	<input type="text"/>			What is the average number of hours worked each week in your main occupation?	<input type="text"/>		

2. INCOME PROTECTION COVER

The following table will help you to determine how many units of Income Protection insurance you need. The maximum monthly benefit you can be paid cannot be higher than 85% of your monthly salary (75% being paid to you and 10% to your super account)* or \$20,000 per month (two year benefit payment period) or \$10,000 per month (to age 65 benefit payment period), whichever is lower.

Your salary

What is your annual before-tax salary, excluding employer super contributions?
(You must provide your salary to apply for extra cover.)

\$, ,

Find your salary in the table below to see the maximum cover you can apply for.

Write the number of units of Income Protection cover you want (every unit will provide cover of \$500 per month) units

Your salary (per year)	Maximum cover per month	
	\$	Units
Up to \$7,058	\$500	1
\$7,059 – \$14,117	\$1,000	2
\$14,118 – \$21,176	\$1,500	3
\$21,177 – \$28,235	\$2,000	4
\$28,236 – \$35,294	\$2,500	5
\$35,295 – \$42,352	\$3,000	6
\$42,353 – \$49,411	\$3,500	7
\$49,412 – \$56,470	\$4,000	8
\$56,471 – \$63,529	\$4,500	9
\$63,530 – \$70,588	\$5,000	10
\$70,589 – \$77,647	\$5,500	11
\$77,648 – \$84,705	\$6,000	12
\$84,706 – \$91,764	\$6,500	13
\$91,765 – \$98,823	\$7,000	14
\$98,824 – \$105,882	\$7,500	15
\$105,883 – \$112,941	\$8,000	16
\$112,942 – \$120,000	\$8,500	17
\$120,001 – \$127,058	\$9,000	18
\$127,059 – \$134,117	\$9,500	19
\$134,118 – \$141,176	\$10,000	20

Your salary (per year)	Maximum cover per month	
	\$	Units
\$141,177 – \$148,235	\$10,500	21
\$148,236 – \$155,294	\$11,000	22
\$155,295 – \$162,352	\$11,500	23
\$162,353 – \$169,411	\$12,000	24
\$169,412 – \$176,470	\$12,500	25
\$176,471 – \$183,529	\$13,000	26
\$183,530 – \$190,588	\$13,500	27
\$190,589 – \$197,647	\$14,000	28
\$197,648 – \$204,705	\$14,500	29
\$204,706 – \$211,764	\$15,000	30
\$211,765 – \$218,823	\$15,500	31
\$218,824 – \$225,882	\$16,000	32
\$225,883 – \$232,941	\$16,500	33
\$232,942 – \$240,000	\$17,000	34
\$240,001 – \$247,058	\$17,500	35
\$247,059 – \$254,117	\$18,000	36
\$254,118 – \$261,176	\$18,500	37
\$261,177 – \$268,235	\$19,000	38
\$268,236 – \$275,294	\$19,500	39
\$275,295 – \$282,352	\$20,000	40

*Salary is your annual before-tax salary, excluding employer super contributions.

3. A FEW HEALTH QUESTIONS

All questions must be completed in this section.

1. Are you: Yes No
- unemployed
 - employed and off work because you are ill, injured or have had an accident
 - unable to do all the duties of your usual occupation (without any limitation) full-time (at least 30 hours per week), even if you are working full-time, part-time or casually, or
 - in your usual occupation but your duties have changed or been modified in the last 12 months, because of an illness, accident or injury?
2. Have you: Yes No
- in the last 12 months, been away from work for more than 10 working days in a row because you were ill or injured, or
 - been advised by, or discussed with your medical practitioner that because of an illness or injury you'll need to take at least 10 working days in a row off work (regardless if diagnosed) in the next 12 months?
3. Have you been diagnosed with an illness or injury that reduces your life expectancy to less than 12 months? Yes No
4. Have you ever been declined Death, TPD or Income Protection cover, or been excluded from insurance cover for a specific medical condition or injury? Yes No
5. Have you ever made or satisfied the requirements to make a claim for an injury or illness either in Australia or overseas through: Yes No
- AustralianSuper or another super fund
 - Workers' Compensation
 - an illness benefit or invalid pension
 - an insurance Policy that provides Terminal illness, TPD cover, or Income Protection (including accident or illness cover), or
 - a common law settlement?

Your answers to the questions above will determine if you are eligible to change your cover.

4. YOUR DUTY OF DISCLOSURE

Before you enter into a life insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, that may affect their decision to insure you and on what terms.

You have this duty until the insurer agrees to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell the insurer anything that:

- reduces the risk they insure you for; or
- is common knowledge; or
- they know or should know as an insurer; or
- they waive your duty to tell them about.

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

If you do not tell the insurer anything you are required to, and they would not have insured you if you had told them, they may avoid the contract within three years of entering into it.

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

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

5. DECLARATION

This section must be completed in all circumstances.

I have read the Duty of Disclosure (in section 4 of this form) and I am aware of the consequences of non-disclosure. I understand that the Duty of Disclosure continues after I have completed this statement until my application for cover has been accepted in writing by AustralianSuper and the Insurer. I understand that information contained in this guide should be read in conjunction with all reference material.

I authorise:

- the Insurer to refer any statements that have been made in connection with my application for cover and any medical reports to other entities involved in providing or administering the insurance (for example reinsurers, medical consultants, legal advisers)
- any employer to divulge to AustralianSuper or the Insurer any or all information concerning a salary increase. Photocopies are as valid as the original. To this extent, all professional confidence and privilege is waived, and
- AustralianSuper or the Insurer to contact the employer to obtain confirmation of information provided on this form and to obtain copies from my employer and/or union of any relevant documents.

A photocopy of this authorisation is as valid as the original.

I declare that:

- I am currently employed and am able to carry out all of the identifiable duties of my employment, without restriction due to injury or illness, on a full time basis
- the answers to all the questions and the declarations on this form are true and correct (including those not in my own handwriting)

- I have not withheld any information which may affect any decision to provide insurance
- I agree to provide further medical authorities if requested
- I have read and understood the Product Disclosure Statement
- I have read and understood the *Insurance in your super* guide to which this application was attached, and
- I have read the Privacy Collection Statement and I agree with how AustralianSuper will use my personal information.

AustralianSuper's Privacy Collection Statement is at the front of this form booklet. Our Privacy Collection Statement and Privacy Policy may change from time to time. The latest versions will be available online at australiansuper.com/CollectionStatement and australiansuper.com/privacy

For information on the Insurer's privacy and information-handling practices, read their Privacy Policy Statement at tal.com.au or call 1300 209 088 for a copy.

I acknowledge that:

- insurance cover will only be provided on the terms and conditions set out in the contract of insurance with the Insurer and as agreed between AustralianSuper and the Insurer from time to time
- the answers I have provided, together with any special conditions, will form the basis of the contract of insurance
- if I have chosen to cancel any of my cover, I will no longer be insured for that cover, and if I decide to apply for cover in the future, I will need to supply detailed medical information as part of my application, and
- any change in cover I make using this form will only start from the date this form is accepted by the Insurer.

Sign here:



Date

D D M M 2 0 Y Y

Print full name

OFFICE USE ONLY:

Previous level of cover

New level of cover requested

Notification/effective date of salary increase

Application approved

Application declined

Date

D D M M Y Y Y Y

Employer confirmation of salary increase

Please complete in pen using CAPITAL letters.

As an AustralianSuper member, your employee has the opportunity to increase their Income Protection cover with AustralianSuper, within 30 days of the effective date or notification of their salary increase by completing a few health questions.

Please provide confirmation of their salary increase by completing and returning this form and return this form to your employee or AustralianSuper as soon as you can to help your employee take advantage of this offer.

1. MEMBER'S DETAILS

Last name	Mr Mrs Miss Ms Dr	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>
First name	Date of birth	
<input type="text"/>	<input type="text"/>	

2. EMPLOYER'S DETAILS

Employer trading name	Employer ABN	
<input type="text"/>	<input type="text"/>	
Employer's business name (if different)		
<input type="text"/>		
Address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (business hours)	Telephone (after hours)	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email		
<input type="text"/>		
Name of person completing this form		
<input type="text"/>		
Position of person completing this form	Employer number	
<input type="text"/>	<input type="text"/>	

3. SALARY DETAILS

Member's previous salary (per year). This is their previous annual before-tax salary, excluding employer super contributions.

\$

Member's new salary (per year). This is their current annual before-tax salary, excluding employer super contributions.

\$

Effective date of new salary:

Notification date of new salary:

4. EMPLOYER'S DECLARATION

I declare that:

- all answers provided by me on this form, including those not in my own hand-writing, are true and correct
- the member (named in section 1) is currently employed by the employer noted above and is currently carrying out all the identifiable duties of their employment without restriction due to injury or illness, and
- I have read the Privacy Collection Statement and I understand how AustralianSuper will use the personal information provided on this form.

AustralianSuper's Privacy Collection Statement is at the front of this form booklet. Our Privacy Collection Statement and Privacy Policy may change from time to time. The latest versions will be available online at australiansuper.com/CollectionStatement and australiansuper.com/privacy

Sign here:



Date

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Choose the cover
that's right for you.

We have insurance
options to help you
protect your tomorrow.

Find out more.

Call

1300 300 273

8am-8pm AEST/AEDT weekdays

Visit

australiansuper.com

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