

When to use this form



Please complete this form if:

- you are a member of the Industry Division or Personal Division of Club Plus Super and you recently experienced a “significant life event” (refer to Section B of this form). You can increase your Death only cover or Death and TPD cover by an extra 1 unit or 25% of your fixed dollar cover (up to \$250,000 of additional cover) without having to provide any information about your health or answer lengthy questionnaires.

Please return this completed form along with any requested documents (see section B) to: Club Plus Super Administration, Locked Bag 5007 Parramatta NSW 2124.

Binding Death Nomination

To ensure your Death Benefit is paid to the people you want and as soon as possible after your death, you should advise the Trustee of your wishes. You can make your wishes clear by completing a *Binding Death Benefit Nomination form* available at clubplussuper.com.au/tools-forms.

About the insurer

Insurance cover is provided by OnePath Life Limited ABN 33 009 657 176 AFSL 238 341 (**the Insurer**) and subject to the terms and conditions of the insurance policy issued to Club Plus Super by OnePath Life Limited (**the Policy**). You should read Club Plus Super’s PDS and Insurance Booklet applicable to your membership category (ie either Industry Division or Personal Division) for a summary of the terms and conditions of the Policy. You can download the applicable PDS and Insurance Booklet from clubplussuper.com.au/pds or contact Club Plus Super on **1800 680 627** if you would like a copy of the Policy.

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

The Insurer requires this form, and may require other information, to determine your application for cover. This form is confidential. Please refer to the OnePath Life’s Privacy Statement at Section H of this form for more information about confidentiality.

Before you complete this form, please ensure you read the “Your duty of disclosure” information on page 4.

Section A: Your details

Member number:	Title: Mr/Mrs/Ms/Miss/Other	Date of birth (DD/MM/YYYY):
<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"/>
Surname:	Given name(s):	
<input type="text"/>	<input type="text"/>	
Address:		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home number:	Work number:	Mobile number:
(<input type="text"/>) <input type="text"/>	(<input type="text"/>) <input type="text"/>	(<input type="text"/>) <input type="text"/>
Email:	Job title/occupation:	
<input type="text"/>	<input type="text"/>	

May one of our underwriting staff or OnePath authorised service providers contact you by phone if we require more information?

Yes No

If yes, when is the most convenient day(s) and time and on which phone number?

Days:	Time:	Phone:
<input type="text"/>	From <input type="text"/> to <input type="text"/>	H <input type="text"/> W <input type="text"/> M <input type="text"/>

Life Events Application (cont.)

Section B: Significant life events

Select one significant life event by inserting a ✓ in the relevant box.

Significant life event	Date of event	Documentary proof of significant life event
<input type="checkbox"/> You or your spouse giving birth to or adopting a child	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	A copy of the birth certificate for your child or the adoption documentation.
<input type="checkbox"/> Getting married	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	A copy of your Marriage Certificate in respect of a marriage recognised under the Marriage Act 1961.
<input type="checkbox"/> Getting divorced	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	A copy of your Divorce Certificate (decree nisi)
<input type="checkbox"/> Taking out or increasing your mortgage by \$100,000 or more	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Written confirmation from your accredited mortgage provider(s) of: <ul style="list-style-type: none"> – the amount and effective date of the mortgage, where you have taken out a new mortgage or – the amount of the mortgage immediately preceding the increase, the effective date of the increase and the current level of the increased mortgage, where you have increased your mortgage, whether with an existing or different mortgage provider.
<input type="checkbox"/> Your 30th, 40th or 50th birthday	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	A copy of your birth certificate, driver's licence or passport.
<input type="checkbox"/> Your dependent child first starting primary or secondary school	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<ul style="list-style-type: none"> • A copy of the letter of enrolment from the primary or secondary school; and • A copy of the birth certificate for your child or the adoption documentation.
<input type="checkbox"/> Completing an undergraduate degree	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	A copy of the final transcript or degree issued by the university.
<input type="checkbox"/> Completing an apprenticeship	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	A copy of evidence from the TAFE or employer confirming the apprenticeship is concluded.
<input type="checkbox"/> Death of your spouse (including defacto spouse)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<ul style="list-style-type: none"> • A copy of the spouse's death certificate and either: <ul style="list-style-type: none"> – a copy of the Marriage Certificate in respect of a marriage recognised under the Marriage Act 1961; or – a statutory declaration attesting the existence of the relationship on a permanent and bona fide domestic basis, which has lasted at least 6 months, plus a supporting personal document.

*You must supply satisfactory proof of the significant life event that shows that the event occurred and the date it took place. This Life Events Application and accompanying proof of the significant life event must be received by us within 60 days of the event occurring or within 60 days from the date of the Club Plus Super statement you receive immediately after the event (provided the event occurred within 12 months of the date of the statement).

Section C: Increase your cover

Select the type of cover you wish to increase by inserting a ✓ in the relevant box.

- Death only
- Death & TPD

You can only increase existing Death only or Death and TPD cover. If your application is accepted and your existing cover is in units, your existing cover will be increased by an extra 1 unit. If your existing cover is fixed dollar cover, you will receive an extra amount being the lesser of 25% of your existing fixed amount of cover and \$250,000.

Life Events Application (cont.)

Section D: Eligibility

Please insert a ✓ in the relevant box.

As at the date of completing this Life Events Application, I declare that:

- | | | | | |
|--|--------------------------|------|--------------------------|-------|
| • I have not lodged, am not entitled to make a claim nor eligible to be paid a benefit in relation to the Policy or any life insurance policy. | <input type="checkbox"/> | True | <input type="checkbox"/> | False |
| • The significant life event I have selected in Section B of this form occurred after my cover* commenced | <input type="checkbox"/> | True | <input type="checkbox"/> | False |
| • I have not increased my cover* pursuant to a Life Events Application in the previous 12 months. | <input type="checkbox"/> | True | <input type="checkbox"/> | False |
| • I have not increased my cover* pursuant to a Life Events Application on 3 previous occasions. | <input type="checkbox"/> | True | <input type="checkbox"/> | False |
| • I have not had a previous application for cover* declined by the Insurer. | <input type="checkbox"/> | True | <input type="checkbox"/> | False |

*The cover provided under the Policy through Club Plus Super.

If you answered FALSE to any of the above statements, you cannot proceed with this Life Events Application. You can still apply for extra cover by completing the Personal Statement available on our website at clubplussuper.com.au/tools-forms

Section E: Statement of “active employment”

As at the date of completing this Life Events Application, I declare that:

- | | | | | |
|--|--------------------------|------|--------------------------|-------|
| 1. I am gainfully working. | <input type="checkbox"/> | True | <input type="checkbox"/> | False |
| 2. I am capable of performing all the duties of my current occupation(s) on a full time basis of at least 35 hours per week (even if not currently working on a full-time basis). | <input type="checkbox"/> | True | <input type="checkbox"/> | False |
| 3. I am actively performing all the duties of my current occupation(s) free from any limitation due to illness or injury; or
I am on leave taken for reasons unrelated to illness or injury and capable of performing all the duties of my current occupation(s) (being the occupation I performed when I last worked) free from any limitation due to illness or injury. | <input type="checkbox"/> | True | <input type="checkbox"/> | False |
| | <input type="checkbox"/> | True | <input type="checkbox"/> | False |

If you answered FALSE to any of point 1 or point 2 or both of the statements in point 3 above, or if the Insurer determines that you are not in “active employment” as at the date you complete this application, any additional cover provided under this Life Events option will be “limited cover” (refer to the Club Plus Super Insurance Booklet for the definition of “active employment” and details about “limited cover”).

Section F - Privacy Statement - Club Plus Super

The personal information provided on this form is collected by and held for Club Plus Super by the fund administrator Australian Administration Services (AAS) in accordance with the Australian Privacy Principles of the *Privacy Act 1988 (Cth)*, for the purpose of administering accounts and providing services associated with your membership of the Fund.

You should read the *Privacy Policy* at clubplussuper.com.au/privacy-policy before completing the form. Call us on **1800 680 627** for a hard copy of the Policy. The Policy contains information about how personal information is collected, used and disclosed, how you can correct your personal information, make a complaint about a privacy breach and other important information about safeguards in place to protect your personal information.

By providing your information, you acknowledge that you have read and understood the *Privacy Policy*.

Life Events Application (cont.)

Section G: Declaration

- I have obtained, read and understood the insurance information in the current Club Plus Super PDS and Insurance Booklet applicable to my division of membership (Industry or Personal Division).
- I have read and understood the questions in this Life Events Application.
- The answers I have provided to the questions in this Life Events Application signed by me are true and correct.
- I have read the Privacy Statement at Section H of this form (The Insurer's Privacy Policy details how the Insurer manages personal information. It is available free of charge by calling 133 667 or may be downloaded from onepath.com.au/insurance/privacy-policy).
- I consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in the Privacy Statements on this form (see Sections F and H).
- I understand my duty of disclosure and the remedies available to the Insurer if I fail to comply with my duty of disclosure under the Insurance Contracts Act 1984. I understand that my duty of disclosure continues after I have completed this application until I am notified in writing that my application for insurance has been accepted.
- I understand that if my application is accepted by the Insurer:
 - the additional cover I have applied for will not commence under the Policy until my application is accepted by the Insurer in writing;
 - the additional cover will be accepted on the same basis as my existing cover (i.e. any special conditions, restrictions or exclusions that apply to my existing cover will apply to the additional cover provided under this Life Events option)
 - any existing cover will not be affected should my application be declined by the Insurer; and
 - insurance cover will be provided to me on the terms contained in the Policy as changed from time to time.
- I acknowledge that if I do not complete this form correctly or I do not sign and date this Declaration, my application will not be considered by the Insurer.

Member's signature

Date (DD/MM/YY)

Duty of disclosure

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

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

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

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

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

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

If you do not tell the Trustee and Insurer something that you know, or could reasonably be expected to know, may affect the Insurer's decision to provide the insurance and on what terms, this may be treated as a failure by the Trustee entering into the contract to tell the Insurer something that we must tell the Insurer.

If you do not tell the Insurer something

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

If you do not tell the Insurer and the Trustee anything you are required to, and the Insurer would not have provided the insurance or entered into the same contract with the Trustee if you had told the Insurer and the Trustee, the Insurer may avoid the contract within 3 years of entering into it.

If the Insurer chooses not to avoid the contract, the Insurer may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if you had told the Insurer and the Trustee everything you should have. However, if the contract provides cover on death, the Insurer may only exercise this right within 3 years of entering into the contract.

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

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

Life Events Application (cont.)

Section H - Privacy Statement - OnePath Life Limited

In this section 'we', 'us' and 'our' refers to OnePath Life Limited. 'You' and 'your' refers to policy owners and life insureds.

Any reference to your personal information includes any health or other sensitive information we may hold about you. We collect your personal information from you in order to manage and administer our products and services. Without your personal information, we may not be able to process your application or provide you with the products or services you require.

We are committed to ensuring the confidentiality and security of your personal information. Our Privacy Policy details how we manage your personal information and is available on request or may be downloaded from onepath.com.au/insurance/privacy-policy.

We may disclose your personal information to certain third parties as outlined below. Unless you consent to such disclosure we will not be able to consider the information you have provided.

Providing your information to others

The parties to whom we may routinely disclose your personal information include:

- an organisation that assists us to detect and protect against consumer fraud
- organisations performing administration and/or compliance functions in relation to the products and services we provide
- organisations providing medical or other services for the purpose of the assessment of any insurance claim you make with us (such as reinsurers)
- our solicitors or legal representatives
- organisations maintaining our information technology systems
- organisations providing mailing and printing services
- persons who act on your behalf (such as your agent or financial adviser)
- the policy owner (or parties acting on behalf of the policy owner)
- regulatory bodies, government agencies, law enforcement bodies and courts
- our related companies (members of Zurich Insurance Group Ltd group), including for carrying out any group business functions
- organisations, including those in an alliance with us or our related companies, to distribute, manage and administer our products and services, carry our business functions, enhance customer service and undertake analytics activities.

We will also disclose your personal information in circumstances where we are required by law to do so.

Examples of such laws are:

- the *Family Law Act 1975* (Cth) enables certain persons to request information about your interest in a superannuation fund;
- there are disclosure obligations to third parties under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

Information required by law

We may be required by relevant laws to collect certain information from you. Details of these laws and why they require us to collect this information are contained in our Privacy Policy at onepath.com.au/insurance/privacy-policy

Privacy consent

Where you wish to authorise any other parties to act on your behalf, to receive information and/or undertake transactions, please notify us in writing.

If you give us personal information about someone else, you must show them a copy of this document or our Privacy Policy available at onepath.com.au/insurance/privacy-policy so that they may understand the manner in which their personal information may be used or disclosed by us in connection with your dealings with us.

Privacy Policy

Our Privacy Policy contains information about:

- when we may collect information from a third party
- how you may access and seek correction of the personal information we hold about you and
- how you can raise concerns that we have breached the Privacy Act or an applicable code and how we will deal with those matters.

You can contact us about your information or any other privacy matter as follows:

In writing: GPO Box 75

Sydney NSW 2001

Email: insuranceprivacy@onepath.com.au

We may charge you a reasonable fee for this.

If any of your personal information is incorrect or has changed, please let us know by contacting Customer Services on 13 36 67.

More information can be found in our Privacy Policy at onepath.com.au/insurance/privacy-policy

Overseas recipients

We may disclose your personal information to recipients (including service providers and related companies) which are (1) located outside Australia and/or (2) not established in or do not carry on business in Australia.

You can find details about the location of these recipients in OnePath Life's Privacy Policy at onepath.com.au/insurance/privacy-policy

Contact us

member hotline: 1800 680 627

email: member@clubplussuper.com.au

website: clubplussuper.com.au