

Application to Increase Cover Due to a Life Event

INSTRUCTIONS

You should use this form if you wish to increase your death or Total and Permanent Disablement (TPD) cover upon the occurrence of any of the following Life Events:

- Birth or adoption of a child;
- Marriage or divorce;
- Entering into a new or increase an existing mortgage for the purchase of your primary residence (home) in Australia.

You will need to attach a photocopy of the relevant document(s) outlined in the section entitled "Attachments", confirming the occurrence of the Life Event.

Please note that your application will not be accepted if:

- You are over 55 at the time of the application
- The application is received by Equity Trustees Superannuation Limited (ETSL) after 60 days have passed since the Life Event;
- You have successfully applied for an increase in cover for any Life Event in the previous 12 months as at the date of the more recent Life Event.

Please refer to the Freedom of Choice Insurance Options Product Disclosure Statement for more information

Any increase in cover does not commence until you receive confirmation in writing that your Life Event Application has been accepted.

SECTION 1. APPLICANT DETAILS

Fund membership number

Amount of existing cover

Title Given name (s)

Surname

Date of birth

Gender

Female Male

Postal address

Preferred contact number (business hours)*

* To save unnecessary delays, ETSL or TOWER Australia Limited may contact you by telephone to clarify any answers you have provided.

SECTION 2. LIFE EVENT

For which of the following Life Events are you applying for increased cover and when did the Life Event occur?

| Life Event | Date of Life Event |
|----------------------------------|----------------------|
| Birth of a child | <input type="text"/> |
| Adoption of a child | <input type="text"/> |
| Marriage or divorce | <input type="text"/> |
| New mortgage for Australian home | <input type="text"/> |

SECTION 3. ADDITIONAL COVER REQUIRED

What is the additional amount of death, TPD or death and TPD cover you require?

| Type of cover | Amount required |
|---------------|-------------------------|
| Death only | \$ <input type="text"/> |
| Death and TPD | \$ <input type="text"/> |

*Each application cannot exceed
 (a) 25% above the original sum insured OR
 (b) The total mortgage value or the increase of the mortgage the member is taking out; OR (c) \$200,000
 The total of all applications cannot exceed the original sum insured; or \$1,000,000, subject to the total cover under the policy not exceeding \$3,000,000

SECTION 4. ELIGIBILITY QUESTIONS

At the date of this application:

1. Are you, due to sickness, accident or injury, off work, or unable to perform your full and normal duties on a full-time basis (for at least 30 hours per week) even though your actual employment may be full-time, part-time or casual?

Yes No

2. Have you been diagnosed with a sickness that reduces your life expectancy to less than 12 months?

Yes No

3. Has any Death, TPD or IP cover you have or have applied for been declined or had a loading, limitation or exclusion added?

Yes No

4. Have you ever made, or are you entitled to make, a claim for any injury or sickness (lasting more than four weeks) through Workers' Compensation, sickness benefit, invalid pension or any insurance policy providing Total & Permanent Disablement cover, accident or sickness cover?

Yes No

Note: If you answered "Yes" to any of the above questions, you are **not** eligible to receive increased cover for a Life Event using this Application. If you are not eligible to make a Life Event Application, you may still apply to increase cover by completing an Application for Insurance Cover, which can be obtained by contacting Equity Trustees Superannuation Limited on 1800 806 013.

SECTION 5. ATTACHMENTS

The table below outlines the documents you need to attach to this Application confirming the Life Event.

| Type of Life Event | Evidence 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 | For legal marriages: <ul style="list-style-type: none">Australian marriage certificate or an equivalent overseas marriage recognised in Australia |
| | For de facto/domestic relationships: <ul style="list-style-type: none">Written Cohabitation or Personal or Domestic Relationship Agreement |
| Divorce | For legal marriages: <ul style="list-style-type: none">Divorce order |
| | For de facto/domestic relationships: <ul style="list-style-type: none">Order made by court relating to separationWritten termination agreement |
| New mortgage of an Australian home | All of the following: <ul style="list-style-type: none">Any loan documents including loan application and credit contract; andStamped front page of the contract of sale |

SECTION 6. DUTY OF DISCLOSURE

YOUR DUTY OF DISCLOSURE

Before you enter into a contract of life insurance with an insurer, you have a duty under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you extend, vary or reinstate a contract of life insurance. Your duty however, does not require disclosure of a matter:

- That diminishes the risk to be undertaken by the insurer;
- That is of common knowledge;
- That the insurer knows or, in the ordinary course of its business, ought to know; or
- Disclosure of which is waived by the insurer.

The duty of disclosure applies even after this Application is completed until the insurer advises acceptance of insurance is issued in writing.

NON DISCLOSURE

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

All questions on this Application are relevant as to whether or not the insurer accepts the risk and, if so, on what terms.

SECTION 7. PRIVACY STATEMENT

Privacy laws protect your privacy. The way in which we collect, use, disclose and handle your information is described in respective Privacy Statements of TOWER Australia Limited & ETSL. Please be aware that the duty of disclosure explained above applies to the information you have submitted. If you fail to comply with this duty you may be in breach of it. The consequences of this are above.

We may collect and use or disclose your personal information (including health and sensitive information) to assess, verify and process your application.

We may collect or disclose information relating to you or your application to or from a range of services including: reinsurers, superannuation trustees, past or present medical practitioners, health professionals, hospitals, government department(s) which retain health records or as part of our regulatory requirements, personal accountants or current or former employers or lawyers.

You have a right of access to any personal information held about you unless we are legally entitled to deny access. If you want to know more about our approach to privacy or you want to know more about your application, you can contact TOWER Australia Limited (the insurer) on **1800 221 142, or ETSL on 1800 806 013.**

SECTION 8. DECLARATION AND SIGNATURE

- I acknowledge that I have read the notice of my duty of disclosure above and understand that this duty also applies until formal notification of acceptance.
- I have read and checked any answers not completed in my handwriting and to the best of my knowledge and belief all the answers to the questions in this application and any supplementary application or personal statement which relate to me are true and correct and no information material to the assessment of this insurance has been withheld.
- I, the Applicant, authorise and direct any medical or other practitioner to divulge at any time to TOWER Australia Limited and ETSL or to any lawfully constituted tribunal any and all information concerning my state of health and medical history, acquired in the course of professional attendance or consultation. A photocopy of this authority is as valid as the original. To this extent, all professional confidence and privilege is waived.
- I confirm that I have not been diagnosed as having been infected with the (AIDS) virus, and am not carrying antibodies to that virus, nor am I suffering from any other illness, injury, operation, abnormality, disease or disorder that is likely to cause my death or permanent inability to work before 65 years of age.
- I consent to my personal information (including health and sensitive information) being collected, used or disclosed by TOWER Australia Limited or its external service providers/contractors as contemplated in this form (such as ETSL), including collecting it from or disclosing it to any medical practitioner or third party as required to assess, verify or process my application. This consent applies to any health and sensitive information TOWER Australia Limited collects on this form or future forms in relation to this insurance.

Signature _____

Date _____

Return completed form to:

Equity Trustees Superannuation Limited
PO Box 398
North Sydney, NSW, 2059

Please call us on 1800 806 013 if you have any questions.

Office Use Only

Existing cover amount confirmed by: _____