

SECTION 4 – YOUR INSURANCE OPTIONS

When you join Prime Super you automatically receive two (2) units of default death and TPD cover. **This section allows you to increase your level of cover, apply for income protection and apply for an occupational rating.**

Please note – If you are applying to increase your level of death only or death & TPD cover, or you are applying for income protection insurance, you must complete the questionnaire in Part C.

Part A - Increase your level of cover.

Default cover consist of two units of death & TDP or death only insurance.

1. I want to increase my level of cover.

Please note that you must complete the questions in Part C.

- I want to increase my cover from 2 units to _____ units of death only cover.
- I want to increase my death & TPD cover from 2 units to _____ units.

You can apply for up to six units of cover using this application form. If you require cover in excess of this amount you must complete the Insurance Application/Variation form and the Insurance Personal Statement.

2. I want to convert my default death only or death & TPD cover from unitised to fixed cover.

- I want to convert my two default units of death & TPD cover to fixed cover.
- I want to convert my additional units of cover to fixed cover.

3. I have previously been paid a TPD benefit Yes No

(If yes death only cover will be provided as default cover)

Part B - Apply for Income Protection Cover

Income Protection provides you with a regular income of up to 85% of your monthly salary (10% is paid as Superannuation Contributions) for up to two years if you are unable to work in your usual occupation due to illness or injury.

You can use this form to apply for Income Protection cover if you are applying for \$5,000 or less cover per month. If your income means you would like a cover amount in excess of this amount you will need to complete an Insurance Application/Variation Form and an Insurance Personal Statement.

What is your current gross monthly income? \$ _____
(Please refer to page 27 of the PDS for the definition of income)

What is your current gross annual income? \$ _____

How much cover do you require? \$ _____
(You can only insure up to 85% of your monthly income)

What waiting period would you like to apply for? 30 days 60 days 90 days

Part C – Questionnaire (must be completed if you are increasing your cover or applying for Income Protection Cover)

- 1 Are you, at the date of this application, due to accident, illness or injury restricted from being capable of carrying out on a full-time basis all the identifiable duties of your current employment?
(Full-time means more than 35 hours per week on an ongoing basis. It is not necessary that you actually work full-time but only that you have the mental and physical capability to do so.) Yes No
- 2 Have you been unable to work due to accident, illness or injury for a total of 2 weeks (10 days) or more in the last 12 months or been on a workers' compensation claim for 4 or more weeks in the last 3 years? Yes No
- 3 Have you previously had an application for life insurance cover (Death, TPD, Trauma or IP) declined, deferred, had an exclusion or loading applied or accepted on terms other than requested? Yes No
- 4 Are you currently receiving medical treatment or advice for any condition other than a cold or the flu? Yes No
- 5 Have you ever received medical treatment or advice for one of the following conditions: Yes No
- cancer
 - chest pain
 - high blood pressure, high cholesterol or a heart/vascular complaint
 - respiratory disorder
 - a psychological or emotional problem
 - paralysis or stroke
- 6 Have you, in the last twelve months, received medical treatment or advice for a back or joint disorder? Yes No
- 7 Have you ever been diagnosed with a terminal illness? Yes No

Important Note – If your application is accepted your cover will commence on the day we receive your first employer contribution. Self-employed members should refer to the PDS for terms and conditions.

SECTION 4 – OCCUPATIONAL RATINGS

If you are in a low risk occupation, you may be entitled to white collar or professional insurance rates. These rates offer a higher level of cover than the standard default rates. If you do not complete this section your occupational rating will be standard.

Part A – Occupation Details

What is your current occupation?

Please provide a brief description of your duties.

Part B – Occupational ratings

White Collar

- Are your work duties of a clerical, administrative or management nature? Yes No
- Are your duties undertaken entirely within an office environment (excluding travel time between offices)? Yes No
- Do your work duties require you to perform duties of a manual nature? Yes No

Professional

In addition to the requirements set out in White Collar, do you:

- Hold a tertiary qualification relevant to your current occupation, are you a member of a professional institute, or are you a senior member of your organisation's executive team? Yes No
- Earn in excess of \$100,000 per annum from your profession? Yes No

If you are accepted for white collar or professional rates your insurance premium benefit will automatically be adjusted. We will contact you as to your acceptance of an Occupational Rating.

SECTION 5 – NOMINATION OF BENEFICIARIES

Please nominate who you would prefer to receive your benefits in the case of your death.

Full Name	Address	Date of Birth	Relationship	Benefit Proportion % (must be a whole number)
			Total	100%

The Trustee will consider your preferred nomination when distributing your benefit but is not legally bound to follow your nomination. If you would like more certainty over who will receive your benefit when you die, please complete a Binding Nomination of Beneficiary form.

SECTION 6 - CONSOLIDATION

If you have accounts with other superannuation funds and would like to consolidate them into your Prime Super member account, please complete a Rollover your Super form.

SECTION 7 – DUTY OF DISCLOSURE & MEMBER DECLARATION

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, that is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you 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 your insurer knows or, in the ordinary course of the insurer's business as an insurer, ought to know;
- Where compliance with your duty is waived by the insurer.

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.

Please note: that your Duty of Disclosure continues until you have been accepted in writing by the insurer.

Member Declaration

- I apply to the Trustee to participate in Prime Super as described in the PDS and agree to be bound by the Trust Deed as amended from time to time (governing the Fund)
- I declare I have received and read the Prime Super PDS dated 1 May 2010.
- I have read and understood the Duty of Disclosure.
- I declare that the information given in this application form is complete and correct and information relevant to the insurer's decision to accept the risk has not been omitted.
- I understand that persons with multiple memberships are entitled to receive the benefit of no more than one allocation of default insurance in total unless accepted by the insurer and Prime Super otherwise through an Application of Additional Insurance.
- I understand that once I have indicated that I wish to vary my insurance cover, the premium will be adjusted and if I wish to re-apply I will be required to provide health and other information that is subject to acceptance by the insurer.
- I acknowledge that if I am fixing my cover or increasing it through occupational scales that I am in Active Employment.

Member signature: _____

Full name: _____

Date:

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Prime Super
ABN 60 562 335 823
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Trustee
Prime Super Pty Limited
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