

Insurance - information update and variation for Group Life and Group Salary Continuance/Income Protection

Please complete this form in CAPITAL letters.

Use this form to update any personal member details, or occupation and employer details, or to change your existing insurance cover by cancelling, reducing or increasing the cover.

We will send you written confirmation within 30 days of receiving your completed form. If you do not receive confirmation, please contact the fund. Before you complete this form, you should read the fund Product Disclosure Statement (PDS) and Insurance Guide which explain the specific insurance cover options available to you.

1. Update your member contact details

Member number			<input style="width: 100%;" type="text"/>		
Title	Given name(s)		<input style="width: 100%;" type="text"/>		
<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 600px; height: 20px;" type="text"/>				
Surname	Date of birth (DD/MM/YYYY)		<input style="width: 100%;" type="text"/>		
<input style="width: 400px; height: 20px;" type="text"/>	<input style="width: 350px; height: 20px;" type="text"/>				
Postal/Residential address					
<input style="width: 100%; height: 20px;" type="text"/>					
Suburb	State	Postcode			
<input style="width: 550px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>			
Phone (home)	Phone (work)	Mobile			
<input style="width: 200px; height: 20px;" type="text"/>	<input style="width: 200px; height: 20px;" type="text"/>	<input style="width: 200px; height: 20px;" type="text"/>			
Email					
<input style="width: 100%; height: 20px;" type="text"/>					

I authorise the fund to update my address and contact details if the details provided above differ to the details currently held.

2. Update your occupation and employment details

The premium you pay for your insurance coverage may be impacted by your occupation category. Update your occupation category by nominating one of the following options. *The applicable occupation options noted in your insurance policy will be applied.*

Update of occupation

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Professional | <input type="checkbox"/> White collar | <input type="checkbox"/> Light blue collar |
| <input type="checkbox"/> Blue collar | <input type="checkbox"/> Heavy blue collar | |

Note: For more information on occupational categories and their impact on your premiums please download the Insurance Guide for your super fund at www.onesuper.com. Alternatively, you can contact us for further information on definitions of occupation categories.

Update of employer

Commencement date

Current salary p.a.

<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
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3. Change my insurance – options and instructions

Cancel my existing:

- Group life insurance cover – Death only or death and total & permanent disablement (TPD) cover
- Group salary continuance/income protection insurance cover³ (if applicable to my super account in the fund)

Note: By cancelling my cover, I understand I will no longer have group life insurance cover and/or group salary continuance/income protection insurance cover with the fund. If I wish to have insurance cover with the fund in the future I will need to apply, provide medical evidence and be accepted by the Insurer.

Reduce my existing:

- Group life insurance cover to: \$ Death only or \$ Death and TPD
- Salary continuance/income protection insurance cover to: \$ per month (if applicable to my super account in the fund)

I wish to apply for additional insurance cover:

- Group life insurance cover of: \$ Death only or \$ Death and TPD¹
- Salary continuance/income protection insurance cover to: \$ per month (if applicable to my super account in the fund, up to the maximum allowed under the insurance policy)

- I wish to vary the terms of my existing salary continuance insurance cover (if applicable to my account in the fund)²:

Note: To increase or vary insurance cover, a personal health statement from the Insurer must be completed in addition to this form and is available on the Secure Online Portal. I understand I may be required to supply medical evidence and I understand this must be confirmed as accepted by the insurer before the additional cover commences. (Terms and conditions apply).

- I wish to apply to transfer other insurance currently held into the fund from another super fund (if applicable to my super account in the fund)

Note: An Insurer transfer of insurance application form must be completed and is available on the Secure Online Portal. Further information on the terms and conditions can be found in the Insurance Guide. (Terms and conditions apply).

4. Member declaration

I declare that:

- ▶ I have received a copy of the fund PDS and Insurance Guide and if I received a copy from the internet or other electronic means, I received a complete copy of it personally or a printout of it.
- ▶ I have read, understood and agree to be bound by any terms and conditions contained in the PDS, Insurance Guide and the Trust Deed as amended from time to time, including any documents incorporated by reference.
- ▶ I have read the Duty of Disclosure in the Insurance Guide 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 the fund and the Insurer.
- ▶ I declare that all of the information provided in my insurance variation form is true and correct.

I understand that:

- ▶ the information contained in this form may be shared with staff and service providers of the fund and by providing email addresses, I agree that the fund may use this address to provide me with information about the fund (such as transaction confirmations, statements, reports and other material).
- ▶ if I cancel my cover, I will not be insured by the fund and will not be entitled to claim an insurance benefit. In choosing to cancel or reduce my cover, the changes will take effect from the date the fund receives the form and I will no longer be insured for that amount and type of cover. If I decide I require insurance cover in the future, I understand that I will need to apply to the fund and provide medical evidence.

¹ Additional insurance cover can be applied for up to the maximum allowed under the insurance policy.

² Vary my insurance cover refers to your new total insurance cover i.e. any increase or decrease or variation to insurance cover plus any existing insurance cover.

³ salary continuance/income protection – refer to the insurance guide of your fund for details of the benefit available to you.

- ▶ in choosing to increase my cover, I will need to provide a personal statement and medical evidence, and understand that this will have to be accepted by the Insurer before the additional cover begins.
- ▶ if this application is signed under Power of Attorney, the Attorney declares that s/he has not received notice of revocation of that power (certified copy of that Power of Attorney must be submitted with this application unless we have already sighted it).

5. Signature

Member signature

Date (DD/MM/YYYY)

6. Checklist

- I have signed and dated the member declaration.
- I have completed all of the necessary sections of this form.

On receipt of the completed form, we will update and/or commence your requested changes. A confirmation of your request will be forwarded to you within 30 days.

Please return completed and signed form via email to super@onevue.com.au or via mail to the fund postal address.

Privacy Policy

The collection of your personal information (PI) in this form is governed by the Privacy Act 1988 (Cth). OneVue Wealth Services uses your PI to administer your superannuation account (including insurance, if any), improve our products and services and keep you informed. If we cannot collect this information, we may not be able to do these tasks. We may collect your PI from you, or from third parties such as your employer. We will only share your PI where necessary to perform our activities with our administrator, other 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. For full details of how we use your PI, the countries where your PI may be accessed, how you can access and change your PI, and the privacy complaints process please read our Privacy Policy on the Secure Online Portal, or at onesuper.com.

The fund is a superannuation product within OneSuper ABN 43 905 581 638 RSE R1001341 (formerly Smartsave Members Choice Superannuation Plan). Diversa Trustees Limited ABN 49 006 421 638, AFSL 235153 RSE Licence L0000635 (referred to as the Trustee, we, our, us) is the Trustee of OneSuper and the product issuer. The information in this document has been prepared by OneVue Wealth Services Pty Ltd ABN 70 120 380 627, AFSL 308868 as the Promoter. It is intended to provide you with general information only and does not take into account your personal objectives, financial situation or needs. Before making any financial decisions about the fund, it is important that you read the current Product Disclosure Statement (PDS) and Target Market Determination (TMD) and consider your particular circumstances and whether the particular financial product is right for you. The current PDS and TMD for the product is available at onesuper.com. You should consult a financial adviser if you require personal advice.