

Change My Insurance Details Form

Please complete and return this form to: NESS Super, Locked Bag 20, Parramatta NSW 2124
Complete in pen using CAPITAL letters or type directly into this form and print it out.
Use (X) to mark boxes. This request must be signed and dated.

-  Website: www.nesssuper.com.au
-  Email: nessadmin@aas.com.au
-  Freecall: 1800 022 067

The purpose of this form is to enable you to increase, reduce or cancel your insurance cover with NESS Super following your application to join and the allocation of Default insurance cover (conditions apply).

Before completing this form, we encourage you to familiarise yourself with the rules and terms relating to NESS Super insurances, including the cost of premiums, by reading the “**NESS Super – Insurance Guide for Employed Members**”, “**NESS Super – Insurance Guide for Spouse Members**” or “**NESS Super – Insurance Guide for Self-Employed Members**” (all documents are available at www.nesssuper.com.au),

in conjunction with the current NESS Super PDS. Any term which is defined in the Insurance terms and glossary sections of the “**NESS Super – Insurance Guide for Employed Members**”, “**NESS Super – Insurance Guide for Spouse Members**” or “**NESS Super – Insurance Guide for Self-Employed Members**” is indicated in this form in *Italics*.

If you require assistance with completing this form, just call us on 1800 022 067.

If you wish to transfer insurance cover from your other superannuation fund, please complete a **Transfer My Insurance Form** available from the website.

1. Your personal details (Please complete in full)

Member Number (This can be found on your Member Statement)

Date of birth (ddmmyyyy)

Male/Female

Mr/Mrs/Ms/Miss

Surname

Given names

Telephone (daytime)

Mobile

Email address

Residential address

Street number

Street name

Suburb/Town

State

Postcode

Postal address (if different to residential address)

PO Box

Suburb/Town

State

Postcode

2. Your duty of Disclosure

Before you enter into a life insurance contract with the Insurer, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure and the terms of that insurance. This duty of disclosure continues after you have completed this statement until the cover has been issued by us.

The same duty applies before you extend, vary or reinstate the contract.

You do not need to tell us anything that:

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


If you fail to comply with the duty of disclosure

In exercising the following rights, we must consider whether different types of cover can constitute separate contracts of life insurance. If they

do, we may apply the following rights separately to each type of cover. If you do not tell us something that you are required to tell us, and we would not have insured on the same terms if we had been told, we may avoid the cover within 3 years of issuing it.

If we choose not to avoid the cover, we may, at any time, reduce the amount for which you have been insured. This would be worked out using a formula that takes into account the premium that would have been payable if you had told us everything you should have. However, for death cover, we may only exercise this right within 3 years of issuing the cover.

If we choose not to avoid the cover or reduce the amount for which you have been insured, we may, at any time vary the cover in a way that places us in the same position we would have been in if we had been told everything we should have been told. However, this right does not apply to death cover. If the failure to tell us is fraudulent, we may refuse to pay a claim and treat the cover as if it never existed.

 Please turn over

3. Insurance changes requested (Spouse Members and Self-Employed Members please complete Section 5)

To the NESS Super Trustee

I request the changes to my NESS Super insurance cover as authorised by me below.

3 (a) Please increase my insurance cover. Select (X) to indicate your choice.

I wish to apply for an increase in my insurance cover as follows:

- Death** – Please increase my Death cover from units to units at an additional cost per unit of \$1.27 per week.
- Total and Permanent Disablement (TPD)** – Please increase my TPD cover from units to units at an additional cost per unit of \$1.59 per week. Please note that the number of TPD units cannot exceed the number of Death units.
- Temporary Salary Continuance (TSC)** – Please increase my TSC cover from units to units at an additional cost per unit of \$0.64 per week.
- Long Term Salary Continuance (SCI)** – Please increase my SCI cover from units to units. Please refer to the “**NESS Super – Insurance Guide for Employed Members**” for the cost of premiums. If you have selected SCI cover, the number of units must be the same as the TSC units, above.

! NB The Insurer will require evidence of health when the Default Insurance Cover allocated to you at the time of joining NESS Super is subsequently increased. Please complete a **Personal Statement** and submit it with this form. (The **Personal Statement** is available on the NESS Super website.) This does not apply if you are eligible for additional Default Insurance Cover of 2 units of Death and TPD and you apply and your application is received within 180 days of being *First Eligible* (generally the date you commenced employment with your NESS Super employer) and you are in *Active Employment* at the date you joined NESS Super. Please refer to the “**NESS Super – Insurance Guide for Employed Members**” to determine if you are eligible.

Maximum cover is \$5 million for Death and \$3 million for TPD. TSC maximum cover is \$25,000 per month but cannot exceed a monthly income of 75% of your *Pre Disability Income* plus a maximum 10% employer superannuation contribution. *Other Disability Income* that you receive may reduce the level of your maximum TSC benefit. Cover may also be limited by your age and you must be able to pay premiums from your NESS Super account.

3 (b) Please reduce my insurance cover. Select (X) to indicate your choice.

Death cover

- I wish to reduce my level of Death cover from unit/s to unit/s. I understand that if I reduce my Death cover, my Total and Permanent Disablement (TPD) cover will also be reduced so that the number of units of Death cover does not exceed the number of units of TPD cover.
- I wish to opt out of Death cover. I understand that in event of my death, my dependants will be paid only my account balance. I understand that by opting out of Death cover, my Total and Permanent Disablement (TPD) cover and any Temporary Salary Continuance (TSC) and Long Term Salary Continuance (SCI) cover will also cease.
- I am under age 30 and I am applying to reduce my Death cover to 1 unit within 180 days of being *First Eligible* to join NESS Super (generally the date you first commenced employment with a NESS Super Employer). I understand that upon reaching age 30, my Death cover will be automatically increased to 2 units. (Please refer to the special provisions on page 3 of the “**NESS Super – Insurance Guide for Employed Members**”).

Total and Permanent Disablement (TPD) cover

- I wish to reduce my level of TPD cover from unit/s to unit/s.
- I wish to opt out of TPD cover. I understand that I will no longer have TPD cover, and that in event of my Total and Permanent Disablement, I will be paid only my account balance.

Temporary Salary Continuance (TSC) cover

- I wish to reduce my level of TSC cover from unit/s to unit/s. I understand that if I have been accepted for Long-term Salary Continuance Insurance (SCI), the number of units of SCI cover will be reduced to be the same as the number of TSC units of cover.
- I wish to opt out of TSC Cover. I understand that I will no longer have TSC cover, and that in event of my *Total or Partial Disablement*, I will not receive a TSC benefit from NESS Super. I also understand that if my TSC cover ceases, my Long-term Salary Continuance Insurance (SCI) cover will also cease.
- I am under age 21 and I am applying to reduce my TSC cover to 1 unit within 180 days of being *First Eligible* to join NESS Super (generally the date you commenced employment with your NESS Super Employer). I understand that upon reaching age 21, my TSC cover will be automatically increased to 2 units. (Please refer to the special provisions on page 3 of the “**NESS Super – Insurance Guide for Employed Members**”).

Long Term Salary Continuance (SCI) cover

- I wish to opt out of SCI cover. I understand that in the event of my *Total Disablement*, I will not receive a SCI benefit from NESS Super.

 Please turn over

4. Nominated Life Event insurance changes requested (Not applicable to Spouse and Self-Employed Members)

If you are currently insured under the NESS Super Group Life Policy for Death Only or Death & Total Permanent Disablement cover, you may be eligible to elect an additional unit of the same type of cover without providing health evidence as the result of a nominated Life Event.

To be eligible for an additional unit of the same type of cover under the NESS Super Group Life Policy without providing health evidence as the result of a Life Event, on the date you apply for this increase:

- You must be an insured member of NESS Super with Death Only or Death & Total Permanent Disablement cover in force on the date of the nominated Life Event; and
- You must be aged less than 55; and
- Your Death and TPD cover under the NESS Super Group Life Policy must not be subject to any special conditions, loadings or exclusions, or have been declined; and
- You can only apply to increase your cover once for any Life Event; and
- You can only apply to increase your cover once in any 12 month period; and
- You must apply within sixty (60) days of the Life Event taking place; and
- You must not be applying for or be entitled to be paid a Terminal Illness Benefit or Total Permanent Disablement Benefit from NESS Super or any other superannuation fund or life insurance policy; and
- Your cover must not exceed the maximum benefit under the policy.

I declare that I satisfy the eligibility criteria to apply to increase my insurance cover by one additional unit as a result of the nominated Life Event.

Please select (X) the Life Event, and attach the requested proof shown below:



- You have purchased a home as your permanent residence and have a mortgage on that residence. A copy of your mortgage is satisfactory proof.
- You have married. A copy of your marriage certificate is satisfactory proof.
- You or your partner have given birth or adopted a child/children. A copy of the birth certificate or adoption papers which show you as a parent is satisfactory proof.

Please increase my cover by:

- 1 unit of Death and TPD cover;
or
 1 unit of Death cover.

5. Insurance changes requested (Spouse Members and Self-Employed Members only)

To the NESS Super Trustee

I request the changes to my NESS Super insurance cover as authorised by me below.

5 (a) Please increase my insurance cover. Select (X) to indicate your choice.

I wish to apply for an increase in my insurance cover as follows:

- Death** – Please increase my Death cover from units to units at an additional cost per unit of \$1.27 per week.
- Total and Permanent Disablement (TPD)** – Please increase my TPD cover from units to units at an additional cost per unit of \$1.59 per week. *Please note that the number of TPD units cannot exceed the number of Death units.*
- Temporary Salary Continuance (TSC)** – Please increase my cover from units to units at an additional cost per unit of \$0.64 per week.
- Long Term Salary Continuance (SCI)** – Please increase my (SCI) cover from units to units. Please refer to the **NESS Super – Insurance Guide for Spouse Members** and the **NESS Super – Insurance Guide for Self Employed Members** for the cost of premiums. If you have selected SCI cover, the number of units must be the same as the TSC units above.

When you apply for additional Death, TPD and TSC cover, the Insurer requires evidence of health. Please complete a **Personal Statement** (available on the NESS Super website) and submit with this form. If you are applying for TSC cover and you are a spouse member, please also include evidence that you are in paid employment.

Maximum cover is \$5 million for Death and \$3 million for TPD. Maximum TSC cover is \$25,000 per month but cannot exceed a monthly income of 75% of your *Pre Disability Income* plus a maximum 10% employer superannuation contribution (if applicable). *Other Disability Income* that you receive may reduce the level of your maximum TSC benefit. Cover may also be limited by your age and you must be able to pay premiums from your NESS Super account.

5 (b) Please reduce my insurance cover. Select (X) to indicate your choice.

Death cover

- I wish to reduce my level of Death cover from unit/s to unit/s. I understand that if I reduce my Death cover, my Total and Permanent Disablement (TPD) cover will also be reduced so that the number of units of Death cover does not exceed the number of units of TPD cover.
- I wish to opt out of Death cover. I understand that in event of my death, my dependants will be paid only my account balance. I understand that by opting out of Death cover, my Total and Permanent Disablement (TPD) cover and any Temporary Salary Continuance (TSC) and Long Term Salary Continuance (SCI) cover will also cease.

Total and Permanent Disablement (TPD) cover

- I wish to reduce my level of TPD Cover from unit/s to unit/s.
- I wish to opt out of TPD Cover. I understand that I will no longer have TPD cover, and that in event of my Total and Permanent Disablement, I will be paid only my account balance.

Temporary Salary Continuance (TSC) Cover

- I wish to reduce my level of TSC Cover from unit/s to unit/s. I understand that I have been accepted for Long Term Salary Continuance Insurance (SCI), the number of units of SCI will be reduced to be the same as the number of units of TSC cover.
- I wish to opt out of TSC Cover. I understand that I will no longer have TSC cover, and that in event of my *Total or Partial Disablement*, I will not receive a TSC benefit from NESS Super. I understand that if my TSC cover ceases, my Long Term Insurance (SCI) cover will also cease.

Long Term Salary Continuance (SCI) Cover

- I wish to opt out of SCI cover. I understand that in the event of my *Total Disablement* I will not receive a SCI benefit.

Please turn over

7. Certification of personal documents

All copied pages of ORIGINAL proof of identification documents (including any linking documents) need to be certified as true copies by an authorised person (see below).

The following can certify copies of the originals as true and correct copies:

- a permanent employee of Australia Post with five or more years of continuous service
- a finance company officer with five or more years of continuous service (with one or more finance companies)
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having five or more years of continuous service with one or more licensees
- a notary public officer
- a police officer
- a registrar or deputy registrar of a court
- a Justice of the Peace
- a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia as a legal practitioner
- an Australian consular officer or an Australian diplomatic officer
- a judge of a court
- a magistrate, or
- a Chief Executive Officer of a Commonwealth court.

Have you changed your name or are you signing on behalf of another person?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a certified linking document. A linking document is a document that proves a relationship exists between two (or more) names.

The following table contains information about suitable linking documents.

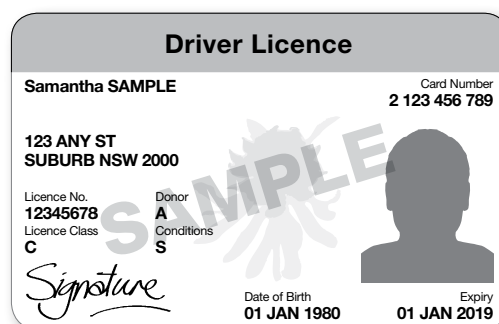
Purpose	Suitable linking documents
Change of name	Marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office
Signed on behalf of the applicant	Guardianship papers or Power of Attorney

Example of how to certify identification

- 1 Take a photocopy of both sides of the original document (see list of documents above).
- 2 Take the photocopy and the original document(s) to an authorised person.
- 3 The authorised person should state on the front side of each copy: 'This is a true and correct copy of the original.'

The authorised person should write on each copy their:

- full name;
- qualification;
- registration number (if applicable);
- date; and
- signature.



This is a true and correct copy of the original

Signature

Sergeant Sam Jones
42 Super Street, Supertown
0123 456 789
10 December 2011
(02) 9876 6432

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