

Step 2 – Choose level of cover

I wish to change my insurance cover I have under the Fund to: **(Select one option only)**

Option 1 – Fixed Benefit

You can choose a fixed dollar amount of cover. Each year the premium will change according to your age.

Please refer to the Elite PDS for premium scales.

Please nominate the amount: \$ _____ (Maximum level is \$2,000,000)

Option 2 – Fixed Premium

You can chose to purchase a number of insurance units, which each cost \$1.00 per week.

Please refer to the Elite PDS for cover scales.

Please nominate the number of units: _____ (Maximum number of units are those that provide \$2,000,000 of cover)

I confirm I am employed as:

- Full-time (15 hours or more per week)
 Part-time/Casual (less than 15 hours per week)

If you are increasing cover you will need to complete the attached health statement, and be accepted by the Fund Insurer, before cover commences.

The cost of cover is deducted from your employer's contribution. Please refer to the Product Disclosure Statement for full details of insurance cover.

Step 3 – Sign the form

If my request is agreed to, I understand that:

- provision of any higher insurance cover will be subject to the provision of satisfactory evidence of good health to the insurer and will not be provided until the Trustee has advised me in writing of its acceptance of the increased insurance cover
- any reduction from my existing insured benefit will take effect from the date the Trustee receives my request
- a total and permanent disablement benefit will be payable if I am assessed as totally and permanently disabled by the Trustee and the Fund's insurer
- this request replaces any previous instruction by me
- the information on this form will be handled by the Trustee to process my insurance choice
- to process my request, the Trustee may disclose or make accessible my personal information to the administrator, insurer, my employer or any other party necessary
- to access my personal information I can contact the Fund's Privacy Officer
- by signing this form I consent to this handling of my personal information.

Signature

Date

/ /

Please return your completed forms including the attached MetLife statement to the Fund Administrator, REI Super, GPO Box 4303, Melbourne, VIC 3001.



Application for Insurance

Please return completed form to:
MetLife Insurance Limited
GPO Box 3319
Sydney NSW 2001
or
aainstitutional@metlife.com



About the Application

- This application needs to be completed by the person to be insured.
- Please complete the application in BLACK ink pen only.
- Any changes made to this application are to be initialled by the person to be insured.
- Please answer all the questions as accurately as possible and provide additional information wherever requested.
- As part of your application, you may be required to undergo additional medical tests.

Name of Scheme or Superannuation Fund: _____

About You

First Name _____ Middle Name _____ Last Name _____

Residential Address _____ City _____ State _____ Postcode _____

Date of Birth (dd/mm/yyyy) _____ Gender _____ Email Address _____
 Male Female

Contact Number Preferred _____ Contact Number Other _____ Preferred Time of Contact _____
 Morning (9am-12pm) Afternoon (12-6pm)

Are you a permanent resident of Australia? Yes No

About Your Insurance Needs

Total Required Cover:

	Death Cover	Total & Permanent Disability Cover	Income Protection
Existing Policy Cover (if known)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/> per month
Additional Policy Cover Requested	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/> per month
Total Cover Requested (= Existing + Additional Policy Cover Requested)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/> per month

About Your Work

1. What industry do you work in? (eg. banking, agriculture, education) _____ What is your current occupation? _____ What is your current gross annual salary? _____
2. Do you work more than **15 hours** per week? Yes No

About Your Insurance History

3. Has an application for Life, Trauma, TPD or Disability Insurance on your life ever been declined, deferred or accepted with a loading or exclusion or any other special condition or terms? Yes No
4. Have you ever made a claim for or received sickness, accident or disability benefits, Workers' Compensation, or any other form of compensation due to illness or injury? Yes No
5. Do you currently have or are you applying for insurance with MetLife (in addition to this application) or any other insurance company or superannuation fund? Yes No

If "Yes", please give details in the table below.

Product/Type	Total Amount of Cover	To be replaced by this cover?
Life Insurance	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total & Permanent Disability	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income Protection	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

About Your Health

6. What is your height? _____ cm What is your weight? _____ kg
7. Have you smoked in the last 12 months? Yes No
8. In the last **3 years** have you suffered from, been diagnosed with or sought medical advice or treatment for any of the following? Please tick all boxes that apply.
- Headache or Migraine (eg. tension or cluster headaches or migraines) Lung or Breathing Conditions (eg. asthma, sleep apnoea) Eyesight Conditions (does not incl. contact lenses or glasses for near or far sightedness)
- Ear or Hearing Conditions (eg. hearing loss, tinnitus or swimmer's ear) Muscle, Tendon or Ligament Problems Trapped Nerves (eg. carpal tunnel syndrome, pinched nerve, tennis elbow)
- Infectious Diseases (excl. cold & flu) Gout
- None of the above conditions**

If you have selected any of the above conditions in question 8, please give details in the table below.

Condition	Details (incl. dates, symptoms, treatment)

9. In the last **5 years** have you suffered from, been diagnosed with or sought medical advice or treatment for any of the following?
Please tick all boxes that apply.

- High Blood Pressure High Cholesterol Chronic Fatigue / Fibromyalgia
 None of the above conditions

If you have selected any of the above conditions in question 9, please give details in the table below.

Condition	Details (incl. dates, symptoms, treatment)

10. Have you **ever** suffered from, been diagnosed with or sought medical advice or treatment for any of the following?
Please tick all boxes that apply.

- Bone, Joint or Limb Conditions Back Pain Digestive Conditions
 Brain or Nerve Conditions (incl. stroke) Psychological or Emotional Conditions Cancer, Cyst, Growth or Tumour
 Thyroid Conditions Skin Disorder Genitourinary Conditions
 Auto Immune Diseases Heart Related Conditions Kidney or Liver Conditions
 Diabetes Blood Conditions
 None of the above conditions

If you have selected any of the above conditions in question 10, please give details in the table below.

Condition	Details (incl. dates, symptoms, treatment)

11. Are you currently pregnant? (Females Only) Yes No

12. What is the name of your usual doctor/medical centre? _____

Address: _____

_____ Contact Number: _____

About Your Family History

13. Has your mother, father, any brother, sister or child been diagnosed under the age of 55 years, with any of the following conditions: Alzheimer’s Disease, Cancer, Dementia, Diabetes, Familial Polyposis, Heart Disease, Huntington’s Disease, Polycystic Kidney Disease, Multiple Sclerosis, Muscular Dystrophy, Stroke or any inherited or hereditary disease? Yes No Unknown

If “Yes”, please give details in the table below.

Relationship to proposed insured	Age at diagnosis	Specific condition(s)

About Your Lifestyle

14. Do you have firm plans to travel or reside in another country **other than** New Zealand, America, Canada, the United Kingdom or Europe? Yes No

If "Yes", please give details in the table below.

Country	Length of stay

15. Do you regularly engage in or intend to engage in any of the following activities? Please tick all boxes that apply.

- Water Sports** (eg. underwater diving, rock fishing)
 Motor Sports (eg. motorcycle, auto, motor boat)
 Sky Sports (eg. skydiving, hang gliding, parachuting, ballooning)
- Aviation** (other than as a fare paying passenger on a commercial airline)
 Horse Sports (eg. polo, horse riding, rodeo, dressage, jumping)
 Combat Sports or Martial Arts (eg. martial arts, boxing, fencing)
- Field Sports** (eg. hockey or football including touch or tag and soccer)
 Hunting (of any kind)
 Any activity not mentioned (eg. base jumping, caving, outdoor rock climbing)
- None of the above activities**

Please provide details for any activities you have selected above:

Activity	Details

16. Have you within the last **5 years** used any drugs that were not prescribed to you (other than those drugs available over the counter)? Yes No

If "Yes", please give details in the table below.

Drug/Medicine	Reason for Use

17. Do you drink 6 or more alcoholic drinks, on four or more occasions per week? Yes No

18. Do you currently have HIV (Human Immunodeficiency Virus) that causes

AIDS (Acquired Immune Deficiency Syndrome)? Yes No

If "No", are you in a high risk category for contracting HIV? Yes No

19. Other than already disclosed in this application, do you presently suffer from any condition, injury or illness, which you suspect may require medical advice or treatment in the future? Yes No

If "Yes", please provide details below.

Condition	Details

YOUR DUTY OF DISCLOSURE

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

You have the same duty to disclose those matters to MetLife before you extend, vary or reinstate a contract of insurance.

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by us;
- that is of common knowledge;
- that we know or, in the ordinary course of business, ought to know; or
- as to which compliance with your duty is waived by us.

Your Duty of Disclosure continues until your application for insurance is accepted.

NON-DISCLOSURE

If you fail to comply with your Duty of Disclosure under the Insurance Contracts Act 1984, and MetLife would not have entered into the contract on any terms if the failure had not occurred, we may avoid the contract within 3 years of entering into it. If your non-disclosure is fraudulent, MetLife may avoid the contract at any time.

If we are entitled to avoid a contract of life insurance we may, within 3 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 us.

DECLARATION

- I have read and understand my Duty of Disclosure and understand that this duty applies until formal notification of acceptance.
- My answers to the questions are true, and I have not deliberately withheld any information or material to the proposed insurance.
- I agree to be bound by the terms and conditions set out in the insurance policy document.
- I consent to the collection, use and disclosure of personal information by MetLife and it's service providers in order to assess my application and any claim under the policy.
- I have read and understood the Privacy Statement and agree to the collection, use and disclosure of personal information as described.
- I consent to MetLife seeking medical information from any doctor/hospital/health care professional whom I have consulted.
- I understand that cover under a policy does not begin until acceptance by the insurer, of which I will be notified in writing.
- I have read the insurance section of the current Product Disclosure Statement.

Signature

Signature of Applicant

Date

▶ _____ / ____ / ____

- Please return completed form to MetLife Insurance Limited, GPO Box 3319, Sydney NSW 2001 or auintitutional@metlife.com
- As part of the overall assessment process MetLife will contact you on your preferred phone number if further information is required.

MetLife Insurance Limited
ABN 75 004 274 882
AFSL No. 238096
www.metlife.com.au

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