

Application for Life Events Cover



Complete Parts 1 to 5 below of this *Application for Life Events Cover*, and send it to: REI Super, GPO Box 4303, Melbourne VIC 3001.

If you are an Employer sponsored member with Default Cover (ie. you are a Covered Person) you may use this form to increase your existing cover for Death, Death and Total and Permanent Disablement or Income Protection within 90 days of specified life events occurring. You may only be accepted for Life Events Cover once every 12-month period and on no more than 4 separate occasions.

Please refer to the Product Disclosure Statement (including Insurance Guide) for full details. In considering your insurance needs you may wish to seek the advice of a licensed or appropriately authorised financial adviser.

If you need help

If you need help call the Helpline on **1300 134 433** or refer to **www.reisuper.com.au**.

Please print in black or blue pen, in uppercase, one character per box.

▶ PART 1: YOUR DETAILS

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	<input type="checkbox"/> Other	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname												
<input type="text"/>												
Given names												
<input type="text"/>												
Residential address												
<input type="text"/>												
Suburb								State		Postcode		
<input type="text"/>								<input type="text"/>		<input type="text"/>		
Email												
<input type="text"/>												
Daytime phone number						Mobile						
(<input type="text"/> <input type="text"/>) <input type="text"/>						<input type="text"/>						
Membership number												
<input type="text"/>												
Name of your employer												
<input type="text"/>												



Application for Life Events Cover cont...

> PART 2: INCREASE MY DEATH OR DEATH AND TPD COVER

The eligible Life Events are listed below. If your application is accepted, your Death or Death and TPD cover will be converted to fixed cover. Please choose the life event relevant to you (select only one):

<input type="checkbox"/> Marriage or registration of de Facto Relationship	• a copy of the marriage certificate or a copy of the registration certificate
<input type="checkbox"/> Divorce or registration of a Separation from a marriage for registered de Facto relationship	• a copy of the divorce order or a copy of the separation order
<input type="checkbox"/> Death of a spouse, de facto or child	• a copy of the death certificate
<input type="checkbox"/> Birth of or adoption of a child	• a copy of the child's birth certificate or a copy of the adoption certificate with the Covered Person appearing as mother or father
<input type="checkbox"/> A child has commenced secondary school	• a copy of the child's enrolment, and a letter from the secondary school to confirm attendance.
<input type="checkbox"/> Taken out a mortgage on the initial purchase of a principal place of residence, or increased an existing mortgage on a principal place of residence	a letter from the lender showing the identity of the lender and confirming: <ul style="list-style-type: none"> • the amount of the loan to purchase their principal place of residence, or to increase an existing mortgage on a primary residence; and • the loan has been drawn-down (not just approved); and • a statutory declaration by the Covered Person declaring that the mortgaged property is their principal place of residence.
<input type="checkbox"/> Attained age 30, 40 or 50.	• a copy of your current driver's licence; or • a copy of your State issued proof of age card; or • a copy of your current passport identification page.
Date of the life event (dd/mm/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>	This application and the associated required evidence listed above, must be received within 90 days of the date of the life event.

Choose type of cover you wish to increase:

Death Cover Death and TPD cover

Choose the amount of additional cover required (maximum of \$200,000 or 25% of your current cover), whichever is less:

\$,

If your application for life events cover is accepted, all your Death and TPD cover will become fixed cover. The cost of fixed cover generally increases with age, as outlined on page 11 of our **Insurance Guide**.

> PART 3: INCREASE MY INCOME PROTECTION COVER

I have received a permanent increase to my salary (please provide evidence such as an original letter from your employer confirming the increase of your and the effective date of the increase salary).

Please confirm the additional annual Income Protection benefit required (maximum increase equal to the amount of the permanent increase in your salary):

\$, This amount will be converted to the nearest number of unit(s), rounded down, as outlined in our Insurance Guide.

> PART 4: LIMITED HEALTH QUESTIONNAIRE

Yes No

Do you have any illness or injury that prevents you from performing any of the duties of your usual occupation in a full-time capacity (even if you're not currently employed on a full-time basis)?

In the last 12 months have you had any illness or injury that:
Caused you to take time off work for more than 10 consecutive working days, or
Required modification to your normal working hours or duties?

Have you been diagnosed with an illness that, in the opinion of a medical professional, reduces your life expectancy to less than 24 months?

Has an application for life, trauma, total and permanent disablement, income protection or disability insurance on your life ever been declined, deferred, accepted with an insurance fee loading or exclusion, or any other special terms or conditions?

Have you ever claimed, or are you considering claiming, any sickness, accident, disability or life insurance benefits, worker's compensation, or any other benefits for illness or injury?

If you have answered yes to any of the above, you are not eligible for Life Events cover.



Application for Life Events Cover cont...

Your Privacy

REI SUPER is administered by us along with our service provider, Mercer Outsourcing Australia Pty Ltd (Mercer). We collect, use and disclose personal information about you in order to manage your superannuation benefits and give you information about your super. We may also use it to supply you with information about the other products and services offered by us and our related companies. If you do not wish to receive marketing material, please contact us on **1300 13 44 33**.

Our Privacy Policies are available to view at reisuper.com.au or you can obtain a copy by contacting us on **1300 13 44 33**.

If you do not provide the personal information requested, we may not be able to manage your superannuation.

We may sometimes collect information about you from third parties such as your employer, a previous super fund, your financial adviser, our related entities and publicly available sources.

We may disclose your information to various organisations in order to manage your super, including your employer, our professional advisers, insurers, our related companies which provide services or products relevant to the provision of your super, any relevant government authority that requires your personal information to be disclosed, and our other service providers used to assist with managing your super.

In managing your super your personal information will be disclosed to service providers in another country, most likely to Mercer's processing centre in India. Our Privacy Policies list all other relevant offshore locations.

Our Privacy Policies set out in more detail how we deal with your personal information and who you can talk to if you wish to access and seek

correction of the information we hold about you. It also provides detail about how you may lodge a complaint about the way we have dealt with your information and how that complaint will be handled.

If you have any other queries in relation to privacy issues, you may contact REI Super on **1300 13 44 33** or write to our Privacy Officer, GPO Box 4303, Melbourne VIC 3001.

Privacy Statement: Use and disclosure of personal information

Your privacy with MetLife Insurance Limited ABN 75 004 274 882 AFSL 238096 ('MetLife' or the 'Insurer')

The personal information you provide in the form is necessary for MetLife to provide you with the products and services you have requested from MetLife. You do not have to provide MetLife with your personal information, but if you do not do so MetLife may not be able to provide you with the products or services. MetLife complies with the Privacy Act 1988 and the principles laid out in its Privacy Policy which details information about the entities that MetLife usually discloses personal information to (including overseas recipients), how you may access or seek correction of your personal information, how we manage that information and our complaints process.

MetLife's Privacy Policy is readily available and can be viewed at www.metlife.com.au/privacy.

> PART 5: SIGN THE FORM

Declaration

I understand and agree that:

- I have read and understand the Duty to take Reasonable Care not to make a Misrepresentation set out in the attached Application for Insurance and understand that this duty applies any time I answer MetLife's questions as part of the application.
 - the answers to the questions on this application and any other relevant personal statement(s) and questionnaires are true, complete and accurate, and answers given form the basis of the insurance contract.
 - I am bound by the terms of the MetLife Group Insurance Policy.
 - at the date of this application I am not absent from work for reasons of injury or illness.
 - my cover may be Limited Cover which means I will not be insured for pre-existing illnesses or injuries.
 - provision of insurance cover under Life Events cover will be subject to the terms and conditions outlined in the fund's Insurance Guide.
 - if any answers to the application questions are not in my handwriting I certify that I have checked them and they are correct.
- I have read the information about insurance in the current Product Disclosure Statement including Insurance Guide.
 - I consent to my information being collected, disclosed and used in the manner set out in this form.
 - If my REI Super account becomes inactive because it has not received any contributions or other amounts for a continuous period of 16 months, superannuation legislation requires REI Super to cancel my insurance cover unless I make an appropriate election.
 - Under superannuation legislation, REI Super cannot provide me with insurance cover if my superannuation account has not had a balance of \$6,000 or more at least once (low balance) and/or I am aged under 25, unless I make an appropriate election.
 - I direct REI Super to treat this application as an election to be provided with insurance cover even if my account is inactive, has a low balance and/or I am aged under 25.
 - This election will apply to all insurance cover through my account, including any cover for death, total and permanent disablement and income protection that I already hold in my account and that I am applying for by this application. I understand that I can withdraw my election at any time. I also understand that I can, at any future time, decrease or cancel my insurance cover by contacting REI Super.

Signature

X

Date

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

