Adjusting your insurance cover

REI Super | 50 YEARS

COMPLETE SECTIONS 1 TO 6 BELOW OF THIS *ADJUSTING YOUR INSURANCE COVER*, AND SEND IT TO: REI SUPER, PO BOX 832, NEWCASTLE NSW 2300.

You can adjust the insurance cover you have with REI Super to suit your personal circumstances. Please refer to your Product Disclosure Statement and Insurance Guide for details on your insurance options. In considering your insurance needs you may wish to seek the advice of a licensed or authorised financial adviser.

You can use this form to opt into, apply for, increase, decrease, or cancel your death and total and permanent disablement (TPD) or income protection (IP) cover.

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

Member number

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr Other

Given names

Surname

Date of Birth (DD-MM-YYYY) – –

Residential address

Suburb State Postcode

Postal address. If the same as your residential address, mark ✗ in this box. ☐

Suburb State Postcode

Mobile phone

Home phone ( )

Email

The insurance cover offered by the Fund is provided under a policy of insurance issued to the Trustee by MetLife Insurance Limited (MetLife) (ABN 75 004 274 882 AFSL No.238096).

As part of the assessment process, additional requirements may be requested. A representative from MetLife may contact you directly by telephone.

Issued by REI Superannuation Pty Ltd ABN 68 056 044 770, AFSL No. 240569, RSE L0000314,
MySuper unique identifier 76641658449129, as Trustee of REI Super ABN 76 641 658 449, RSE R1000412.

REIS 10184

Adjusting your insurance cover cont...

PART 2: CHANGE MY DEATH AND TPD COVER

Death and TPD cover apply automatically when you meet REI Super's eligibility and cover conditions unless you have opted out of it previously. Below you can choose to opt in to, opt out of, or change your level of cover in REI Super.

I would like to change my cover

The maximum amount of cover you can apply for is 20 units (option 1), according to your age, or the equivalent sum insured applicable to your age, as fixed cover (option 2).

Death and TPD insurance can be purchased in units of cover with the value of the unit decreasing as you get older. Alternatively, you can fix your cover at a set amount and the cost of cover will increase with age.

You can apply for a different amount of Death cover to TPD cover. The amount for TPD cover cannot exceed the amount for Death cover.

Refer to the Insurance Guide for maximum amounts of sum insured.

Option 1- Unitised cover

Please indicate the number of units you require in total including any existing cover:

Death: ☐☐ units

TPD: ☐☐ units

Option 2 – Fixed cover

Please indicate the total level of cover you require including any existing cover:

Death: $ ☐, ☐☐☐, ☐☐☐

TPD: $ ☐, ☐☐☐, ☐☐☐

If accepted by the Insurer, this application will replace any existing level and type of cover you currently hold in REI Super and will be converted to a fixed sum insured (fixed cover).

All your Death and TPD cover will become fixed cover.

If you are applying for more cover than you have now, please refer to the **PART 4 NEXT STEPS** section below.

I would like to opt in for default cover within 180 days of joining REI Super

Default death and TPD cover ☐

The level of default cover you may be eligible for is outlined in the Insurance guide.
By ticking this box you are making the following statements:

- I choose to opt in to have default cover in REI Super, even if I am under age 25, and/or my account balance in the Fund is less than $6000.
- I declare I have read and understood the commencement of cover rules, eligibility criteria and restrictions detailed in the Insurance Guide.

I would like to convert my existing cover to:

☐ Fixed cover — If you have unitised default cover, you can convert this to fixed cover and keep the same amount of cover over time. Once you have fixed cover, the cost of your cover will change each year to reflect your age.

I would like to cancel my existing cover

☐ no Death and TPD cover

☐ no TPD cover

If you decide to apply for cover in future, you'll need to complete underwriting and be approved by the Insurer.

PART 3: CHANGE MY INCOME PROTECTION COVER

Below you can choose to amend, reduce the waiting period, or opt out of Income Protection (IP) cover in REI Super. Refer to the Insurance Guide for more details. Please complete the *Apply for Income Protection Insurance form* if you wish to apply for Income Protection.

I would like to amend my IP cover to:

☐☐ Units

A unit is equivalent to $5,200 per annum. A minimum of 2 units is required. The maximum monthly benefit is the equivalent in units of $20,000 or the insured percentage of your monthly income, whichever is less.

If you are applying for more IP cover than you have now, please refer to the **Next Steps** section below.

I would like to decrease my waiting period to:

☐ 60 days

☐ 30 days

If you are applying to decrease the waiting period than you have now, please refer to the **Next Steps** section below.

I would like to increase my waiting period to:

☐ 60 days

☐ 90 days

I would like to cancel my existing cover

☐ no Income Protection cover

If you decide to apply for cover in future, you'll need to complete underwriting and be approved by the Insurer.

Notification of Leave without Pay (LWOP)

Period of leave without pay (maximum of 12 months):

From ☐☐ – ☐☐ – ☐☐☐☐

To ☐☐ – ☐☐ – ☐☐☐☐

Reason or purpose of leave without pay:

You must also provide a letter from your employer approving the LWOP when submitting this form.

Note: Income Protection cover will continue whilst you are on LWOP for a maximum of 12 months and premiums will continue to be deducted. Cover will cease if you have not provided the employer approval, or 12 months has been reached and you do not return to employment, or you cease employment during LWOP.

PART 4: NEXT STEPS

You'll need to complete the attached Application for Insurance and Personal Statement and return it to us with this form if you've requested:

- An increase in your death, TPD, IP cover or
- A shorter waiting period for your IP cover.

If you've applied for higher levels of cover, our Insurer may also request you to supply further health evidence (such as blood tests, or a medical examination by your own doctor). Any change in your cover will apply from the date we notify you in writing.

If you don't need to complete the attached application, simply complete Parts 5 and 6, and return this form to us and the change will be effective from the date that we receive your request.

PART 5: PRIVACY STATEMENTS

REI SUPER is administered by us along with our service provider, SS&C Bluedoor Pty Limited (SS&C). 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/privacy-policy** 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 SS&C'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, **PO Box 832, Newcastle NSW 2300.**

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.

Adjusting your insurance cover cont...

PART 6: SIGN THE FORM

Declaration

- 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
- I have read and understood the current Product Disclosure Statement (PDS) and Insurance Guide
- this request replaces any previous instruction by me
- I consent to my information being collected, disclosed and used in the manner set out in this form
- if I don't provide all or part of the necessary information my insurance coverage may not be able to be obtained
- understand that where I have elected to decrease or cancel any cover, I will need to apply, complete underwriting, and be approved by the Insurer should I wish to increase or reinstate cover in future
- I have attached all necessary information as required.
- I understand that if my REI Super account has not received any contributions or other amounts for a continuous period of 16 months (inactive), superannuation legislation will prohibit REI Super from providing me with insurance cover 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 or has a low balance.
- I understand 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

✗

Date

/ /

READY TO SEND US YOUR FORM?

Please return your completed forms including the attached MetLife statement to the Fund Administrator:

Post: REI Super, PO Box 832, Newcastle NSW 2300
Email: admin@reisuper.com.au.

WE'RE HERE TO HELP

If you need any assistance with filling out this form, or have any questions about super, please feel free to call us on **1300 13 44 33**.

Application for Insurance

- MetLife will be treating this contract as a 'consumer insurance contract'.
- Please answer all the questions accurately and provide additional information wherever requested.
- The person to be insured must complete this application and initial any changes.
- As part of your application, you may be required to undergo additional medical tests.
- As part of the overall assessment process MetLife will contact you if further information is required.

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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.

Duty to take reasonable care not to make a misrepresentation - Important information before commencing this application

There is a duty to take reasonable care not to make a misrepresentation when applying for insurance. Before answering the questions in this application form it is important that the person answering the questions carefully reads the 'Duty to take reasonable care not to make a misrepresentation' section on page 8 of this form which explains the duty, the consequences of not complying with the duty, and guidance for answering the questions. If the duty is not complied with, MetLife may be able to avoid or change cover; this means a benefit may not be able to be claimed or the amount we pay may be reduced.

Section 1. Your details

Name of policy/fund	Member number

Title	Given name(s)	Surname

Date of birth *(dd/mm/yyyy)*	Gender	Email address
	☐ Male ☐ Female	

Residential address	Suburb	State	Postcode

Postal address	Suburb	State	Postcode

Preferred contact number	Preferred time of contact		
	☐ Morning (9am-12pm)	☐ Afternoon (12pm-6pm)	☐ Any Time

Section 2. Your insurance needs

Total cover required.

	Life Cover	Total & Permanent Disability (TPD) Cover	Income Protection (IP) Cover	
Existing Policy Cover (if known)	$	$	$	per month
			Wait period:	
			Benefit period:	
Additional Policy Cover Requested	$	$	$	per month
			Wait period:	
			Benefit period:	
Total Cover Requested (= Existing + Additional Policy Cover Requested)	$	$	$	per month
			Wait period:	
			Benefit period:	

Section 3. Your occupation

1. What industry do you work in?
   e.g. finance, agriculture, education

2. What is your current occupation?

3. What are your usual daily duties?
   e.g. office administration, manual labour, retail customer service

4. Do you work at least **15 hours** per week?

   ☐ Yes ☐ No

5. What is your annual income before tax (excluding mandated superannuation guarantee contributions)?
   Note: If you are self-employed this means income after business expenses but before tax.
   $

6. In the last 6 months have you been stood down, placed on unpaid leave, been made redundant, or have there been any changes to your occupation duties, hours worked or income? ☐ Yes ☐ No

   If Yes, please provide details.

7. Have you been made aware of any changes to your employment status, usual occupation duties, hours worked or income that may occur within the next 6 months? ☐ Yes ☐ No

   If Yes, please provide details.

Section 4. Your insurance history

8. Has an application for Life, Trauma, Total & Permanent Disability (TPD), Income Protection (IP) or Disability Insurance on your life ever been declined, deferred, accepted with a premium loading or exclusion, or any other special terms or conditions? ☐ Yes ☐ No

   If Yes, please provide details.

Section 4. Your insurance history (continued)

9. 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? ☐ Yes ☐ No

   If Yes, please provide details.

10. Do you currently have, or are you applying for, any other insurance cover with MetLife or any other life insurance company or superannuation fund? ☐ Yes ☐ No

    If Yes, please give details.

Product/Type	Total amount of cover	To be replaced by this cover?
☐ Life cover	$	☐ Yes ☐ No
☐ Total & Permanent Disability (TPD) cover	$	☐ Yes ☐ No
☐ Trauma cover	$	☐ Yes ☐ No
☐ Income Protection (IP) cover	$ per month Wait period: Benefit period:	☐ Yes ☐ No

Section 5. Your lifestyle

11. Are you a citizen or permanent resident of Australia?
    ☐ Yes ☐ No

12. Are you currently living in Australia?
    ☐ Yes ☐ No

13. Do you intend to travel to any country outside Australia in the next 12 months? ☐ Yes ☐ No
    If Yes, please give details.

Country	Intended dates of travel

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

☐ Water sports or activities *e.g. snorkelling, scuba diving, free diving*	☐ Motor sports or activities *e.g. motorcycle, motorcar, motor boat*	☐ Snow/winter sports or activities *e.g. skiing, snowboarding, ice skating, ice hockey*
☐ Aerial sports or activities or aviation *e.g. skydiving, hang gliding, parachuting, ballooning*	☐ Combat sports or martial arts *e.g. taekwondo, boxing, fencing*	☐ Field sports or team sports *e.g. hockey, football including touch or soccer, roller derby*
☐ Horse riding or equestrian activities *e.g. polo, rodeo , dressage, jumping*	☐ Rock climbing, abseiling or other adventure sports or activities *e.g. mountain biking, parkour*	☐ Any other hazardous sport or activity not mentioned
☐ **None of these activities**		

Section 5. Your lifestyle (continued)

If Yes to any of the sports or activities in Q14, please provide details.

Activity	Details

15. Have you smoked tobacco or any other substance, used e-cigarettes, vaping or any nicotine replacement products in the last 12 months? ☐ Yes ☐ No

If Yes, please provide details.

16. Have you within the last **5 years** used any drug(s) that were not prescribed to you (other than over-the-counter medication), or have you exceeded the recommended dosage of any medication? ☐ Yes ☐ No
If Yes, please provide details.

Drug/Medicine	Frequency of use

17. On average, how many standard alcoholic drinks do you consume each week? / week
Note: A standard drink is equivalent to either a schooner of light beer, a middy/pot of full-strength beer, a shot of spirits or a standard serve of wine.

18. Have you **ever:** ☐ Yes ☐ No
- required treatment, advice or counselling for alcohol or substance misuse,
- attended an alcohol or drug support group, or
- been told to reduce or stop drinking alcohol or using drugs?

If Yes, please provide details.

Section 6. Your family history

19. Has any immediate family member (your mother, father, any brother or sister) been diagnosed **under the age of 60** with any of the following conditions? ☐ Yes ☐ No ☐ Unknown

- Parkinson's Disease
- Cancer
- Multiple Sclerosis
- Polycystic Kidney Disease
- Muscular Dystrophy
- Huntington's Disease
- Motor Neurone Disease
- Dementia (including Alzheimer's Disease)
- Cardiomyopathy
- Familial Polyposis (FAP)
- Heart Disease or Stroke
- Diabetes
- Any other inherited or hereditary disease or disorder

If Yes, please provide details.

Relationship to you	Age at diagnosis	Specific condition(s)

Section 7. Your health

20. What is your height (cm)?

21. What is your weight (kg)?

22. Has your weight changed by more than 10kg in the last 12 months? ☐ Yes ☐ No

If Yes, please provide details, including former weight and reason for weight change.

23. Are you currently pregnant? ☐ Yes ☐ No

If Yes, please provide details.

a) How many weeks pregnant are you?

b) Is the pregnancy progressing normally with no complications?

☐ Yes ☐ No

24. In the last **3 years** have you experienced symptoms of, sought medical advice, investigations or treatment for, or been diagnosed with any of the following?
Please tick all boxes that apply.

☐ Headache *e.g. tension or cluster headaches, migraines*	☐ Ear or hearing condition *e.g. partial or total deafness, tinnitus, Meniere's disease, vertigo*	☐ Eye or eyesight condition (not corrected by glasses or contact lenses) *e.g. partial or total blindness, glaucoma, keratoconus*
☐ Infectious diseases (excluding ordinary cold and flu) *e.g. COVID-19, tuberculosis, glandular fever, malaria, Ross River fever*	☐ Sexually transmitted infection *e.g. syphilis, chlamydia, gonorrhoea*	☐ Lung, respiratory or sleep condition *e.g. asthma, bronchitis, pneumonia, emphysema, insomnia, sleep apnoea*
☐ Trapped or injured nerve *e.g. carpal tunnel syndrome, tennis elbow, pins and needles, numbness, repetitive strain injury (RSI)*	☐ **None of these conditions**	

If you have selected any of the above conditions, please provide details (including dates, symptoms, treatment) on the next page.

Section 7. Your health (continued)

25. Have you **ever** experienced symptoms of, sought medical advice, investigations or treatment for, or been diagnosed with any of the following?
Please tick all boxes that apply.

☐ Back, neck or spine condition *e.g. pain or injury, scoliosis, disc disorder, arthritis, sciatica*	☐ Bone, joint, ligament or any other musculoskeletal condition *e.g. pain or injury, gout, arthritis, bone density disorder*	☐ Mental or behavioural condition *e.g. anxiety, depression, stress, attention-deficit disorder (ADD/ADHD), eating disorder, bipolar disorder*
☐ Chronic pain or fatigue *e.g. myalgic encephalomyelitis, fibromyalgia*	☐ Cancer (including pre-cancerous changes), tumour, cyst, lump, or growth of any kind *e.g. breast lump, melanoma, leukemia, lipoma*	☐ Diabetes, impaired fasting glucose, gestational diabetes or abnormal blood sugar
☐ High blood pressure or high cholesterol	☐ Heart or vascular condition *e.g. heart attack, irregular heartbeat, angina, heart murmur, heart valve condition, varicose veins*	☐ Brain or head condition *e.g. stroke, aneurysm, head injury, fainting, epilepsy, seizures, dementia*
☐ Neurological condition *e.g. multiple sclerosis (MS), Parkinson's, muscular dystrophy, motor neurone disease, optic neuritis*	☐ Gland or hormone condition *e.g. thyroid conditions, polycystic ovarian syndrome (PCOS), pituitary adenoma*	☐ Blood condition *e.g. anaemia, deep vein thrombosis (DVT), haemochromatosis, blood clotting disorder*
☐ Stomach, bowel or digestive condition *e.g. Crohn's, ulcerative colitis, reflux, polyps, diverticular disease*	☐ Kidney, urinary or genital condition *e.g. kidney stones, cystitis, endometriosis, abnormal cervical screening or prostate screening test*	☐ Liver, pancreas or gallbladder condition *e.g. fatty liver, hepatitis, pancreatitis, gall stones*
☐ Skin condition *e.g. dermatitis, psoriasis, eczema, sunspots, skin lesions*	☐ Autoimmune or inflammatory condition *e.g. rheumatoid arthritis, immunodeficiency, lupus*	☐ **None of these conditions**

If you have selected any of the above conditions, please provide details (including dates, symptoms, treatment).

Section 7. Your health (continued)

26. Are you infected with Human Immunodeficiency Virus (HIV)?

☐ Yes ☐ No

27. Have you been referred for or are you waiting on the results of an HIV test?

☐ Yes ☐ No

28. Apart from what you've already told us, are you considering, or have you been told to have any investigations, treatment, or ongoing prescribed medication? ☐ Yes ☐ No

Note: You do not need to tell us about oral contraceptives or over-the-counter medications.

If Yes, please provide details.

29. Apart from what you've already told us, have you had any surgery in the last 5 years, or are you awaiting surgery? ☐ Yes ☐ No

If Yes, please provide details.

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

Name	Contact number		
Address	**Suburb**	**State**	**Postcode**

How long have you been a patient with this doctor/medical centre ?

Section 8. The duty to take reasonable care not to make a misrepresentation

When you apply for life insurance, we will ask you a number of questions.

Our questions will be clear and specific. They will be about things such as your health and medical history, occupation, income, lifestyle, pastimes, and other insurance.

The answers given in response to our questions are very important. We use them to decide if we can provide cover to you and, if we can, the terms of the cover and the premium we will charge.

Care must be taken to answer all questions we ask as part of your insurance application honestly and accurately.

Otherwise, you may not be able to rely on your insurance when it's needed the most.

The duty to take reasonable care

When applying for insurance, there is a duty to take reasonable care not to make a misrepresentation.

A misrepresentation could be made if an answer is given that is false, only partially true, or that does not fairly reflect the truth. This means when answering our questions, you should respond fully, honestly and accurately.

The duty to take reasonable care not to make a misrepresentation applies any time you answer our questions as part of an initial application for insurance, an application to extend or make changes to existing insurance, or an application to reinstate insurance.

You are responsible for all answers given, even if someone assists you with your application.

We may later investigate the answers given in your application, including at the time of a claim.

Consequences of not complying with the duty

If there is a failure to comply with the duty to take reasonable care not to make a misrepresentation, it can have serious consequences for your insurance, such as those explained below:

Potential consequences	Additional explanation	Impact on claims
Your cover being avoided	This means your cover will be treated as if it never existed	Any claim that has been made will not be payable
The amount of your cover being changed	Your cover level could be reduced	If a claim has been made, a lower benefit may be payable
The terms of your cover being changed	We could, for example, add an exclusion to your cover meaning claims for certain events will not be payable	If a claim has been made for an event that is now excluded, it will not be payable

If we believe there has been a breach of the duty to take reasonable care not to make a misrepresentation, we will let you know our reasons and the information we rely on and give you an opportunity to provide an explanation.

In determining if there has been a breach of the duty, we will consider all relevant circumstances.

The rights we have if there has been a failure to comply with the duty will depend on factors such as what we would have done had a misrepresentation not been made during your application process and whether or not the misrepresentation was fraudulently made.

If we decide to take some action on your cover, we will advise you of our decision and the process to have this reviewed or make a complaint if you disagree with our decision.

Guidance for answering our questions

When answering our questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question that we ask you.
- Do not assume that we will contact your doctor for any medical information.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it or check with us.
- Review your application carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and make corrections if needed) before the application is submitted.

Other important information

Your application for cover will be treated as if you are applying for an individual 'consumer insurance contract'. For this reason, the duty to take reasonable care not to make a misrepresentation applies.

Before your cover starts, we may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

If after the cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has any impact on the cover.

It's important that you understand this information and the questions we ask, so if you have any queries please contact us on 1300 134 433.

Section 9. Declaration

- I have read and understand the Duty to take reasonable care on page 8 and understand that this duty applies any time I answer MetLife's questions as part of an application for insurance.
- I declare the answers to the questions are true, complete and accurate, and I have not deliberately withheld any information relevant to this application.
- I agree to be bound by the terms and conditions set out in the MetLife Group Insurance Policy.
- I have read and understood the Privacy Disclosure Statement entitled 'Privacy - Use and Disclosure of personal information'. I consent to the collection, use and disclosure of my personal (including sensitive) information in accordance with these terms.
- 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 *(dd/mm/yyyy)*

Full name

REI Super

Please return completed form to
Fund Administrator, REI Super, PO Box 832, Newcastle NSW 2300

As part of the overall assessment process MetLife will contact you on your preferred phone number if further information is required.

metlife.com.au

MetLife

MetLife Insurance Limited | GPO Box 3319 | Sydney NSW 2001
ABN 75 004 274 882 AFSL NO. 238 096