

# Insurance variation form

Please use **BLOCK LETTERS** and **black ink**.

Complete this form to notify us of a change to your financial adviser or to start or amend an adviser service fee arrangement.

## Send your completed form to:

Australian Ethical Super, Locked Bag 20013, Melbourne VIC 3001.

## Important notes

Please use this form if you wish to:

- decrease, cancel or fix the amount of your Death or Death and TPD insurance cover
- apply for additional Death and TPD units under automatic acceptance, upon provision of Default Cover
- apply for an increase in cover upon the occurrence of a life event
- decrease or cancel your Income Protection insurance cover
- alter your Income Protection waiting period or benefit payment period
- vary the occupation or smoking category we have recorded for you

Certain eligibility requirements apply if you are varying your existing Death, Death and TPD or Income Protection insurance cover. For details of these requirements and all other information about the cover for which you may be applying, please refer to the Insurance Guide available from our website. Insurance is provided by MetLife Insurance Limited ("MetLife" or the "Insurer") (ABN 75 004 274 882, AFSL 238096).

If you are applying to increase your existing cover (other than for a life event) or applying for new cover, you will need to complete the Insurance Application Form available from our website and provide information that the insurer requires.

## Step 1: Personal details (the applicant)

Member number

Title

Mr

Mrs

Ms

Miss

Other, please specify

Surname

Date of birth

D	D	M	M	Y	Y	Y	Y
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Male

Female

Full given name(s)

## Residential address

Street number and name

Suburb

State

Postcode

Country

## Step 1: Personal details (the applicant) continued

### Postal address

Same as residential address

Street number and name

Suburb

State

Postcode

Country

Work phone number

Home phone number

Mobile phone number

Email

Smoking status

Smoker

Non smoker

## Step 2: Default cover

When you join Australian Ethical you automatically receive three (3) units of Death & TPD cover.

Complete this section to opt out of Default Cover, reduce your cover, apply for additional units of cover under automatic acceptance or transfer to Fixed Cover. Your Death cover must be equal to or greater than your TPD cover.

I wish to opt out of all unitised cover.

If you are opting out within 90 days of cover first commencing, then your cover will cease from the date the cover started and all premiums that were deducted will be refunded. If you are opting out after 90 days of cover first commencing, cover will cease from the date the Fund receives your correctly completed form and premiums will be charged up to the date your cover ceases. Should you wish to apply for insurance cover at a later date, this will be subject to acceptance by the Insurer.

I wish to reduce my Death and TPD units to:

Death units; and

TPD units (Note: You cannot hold more units of TPD cover than Death cover)

I wish to transfer my existing unitised cover to a fixed sum insured:

Transfer my existing level of unitised Death and TPD cover; or the lesser amount of:

Death sum insured \$

TPD sum insured \$

You may be eligible to apply for up to two additional units of Death and TPD cover under automatic acceptance. Automatic acceptance for additional units is only available to employer-sponsored members who have their first superannuation guarantee contribution received by the Fund within six months of being first eligible. The application for additional units must be received within 60 days of your first superannuation contribution being received by the Fund. Eligibility criteria and exclusions may apply. Please refer to the Insurance Guide for additional information.

I wish to apply for an additional  one (1) unit or

two (2) units of Death and TPD cover under automatic acceptance.

### Step 3: Fixed death or death and TPD cover

Complete this section to cancel or decrease your existing fixed Death or Death and TPD cover.

- I wish to cancel my fixed Death or Death and TPD cover
- I wish to reduce my level of cover

My new fixed Death cover is \$

My new fixed TPD cover is \$  (Note: You cannot hold TPD cover higher than your Death cover.)

### Step 4: Income protection

Complete this section to cancel or amend your existing Income Protection cover. Nominating a shorter waiting period, or longer benefit period will be subject to acceptance by the insurer and you may be required to provide additional medical information.

- I wish to cancel my Income Protection cover
- I wish to change my waiting period to  30 days  60 days  90 days
- I wish to change my benefit payment period to  2 years  5 years  to age 65

### Step 5: Life events additional cover

Complete this section to apply for additional insurance cover upon the occurrence of one of the following life events:

- you get married
- you become a parent, including adopting a child
- your spouse dies
- you obtain a mortgage on a newly purchased property or parcel of land where you intend to reside immediately after the purchase, or immediately after building a house on the land

To be eligible for life events cover, you will need to apply to increase your cover within 60 days of the life event occurring or within 30 days of the first issue of a member statement following the occurrence of the life event. You can only apply to increase your cover due to a life event once.

An increase in insurance cover upon a life event is limited to the lesser of:

- \$200,000
- 25% of your insurance cover with the Fund at the date of the life event
- the amount of the mortgage (where relevant)

Where you have unitised cover, the increased insurance cover amount will be rounded up to the next highest full unit of cover.

I wish to apply for the  maximum additional cover or  the lesser amount of \$

due to the occurrence of the following life event

Certified evidence of the life event is required to validate your application. Please provide the following documentation with your completed form (see following page).

## Step 5: Life events additional cover continued

Life event	Documentation requirements
Marriage	Certified copy of the marriage certificate which must be recognised as valid under the Marriage Act 1961 (Cth)
Becoming a parent	Certified copy of the birth certificate or adoption papers
Death of a spouse	Certified copy of the death certificate
Obtaining a mortgage on a primary residence	Certified copy of: <ul style="list-style-type: none"> <li>statement of loan (if applicable);</li> <li>stamped front page of the contract of sale; and</li> <li>statutory declaration confirming the purchased property will be the primary place of residence.</li> </ul>

## Step 6: Occupation category

When you join Australian Ethical you automatically receive three (3) units of Death & TPD cover.

Complete this section to opt out of Default Cover, reduce your cover, apply for additional units of cover under automatic acceptance or transfer to Fixed Cover. Your Death cover must be equal to or greater than your TPD cover.

The category of occupation that we record for you will directly impact on the amount you pay for insurance, or the level of insurance cover you receive. It is in your best interest to ensure that we have your occupation correctly recorded.

The following table can be used to determine your occupation category. Please review the table and then advise us of your correct occupation category. In addition to the table we will consider your actual occupation and the industry in which you are employed, and in some circumstances, your earnings to finalise your occupation category. If you don't tell us your occupation, you will be classified under Standard.

<p>Do you work wholly in an office performing duties of a clerical or administrative nature?</p> <p>Do you hold tertiary qualifications relevant to your current occupation or are you a member of the executive leadership team at your employer?</p> <p>Do you earn over \$100,000 per annum?</p>	<p>If you answered yes to all three questions, your occupational category may be Professional.</p>
<p>Do you work wholly in an office performing duties of a clerical or administrative nature?</p>	<p>If you answered yes to this question, your occupational category may be White Collar.</p>
<p>Do you perform light manual work only or supervise other manual workers?</p>	<p>If you answered yes to this question, your occupational category may be Standard Plus.</p>
<p>Do you hold tertiary qualifications relevant to your current occupation?</p> <p>Do you spend more than 20% of your time working outside of the office?</p>	<p>If you answered yes to both of these questions, your occupational category may be Standard</p>
<p>Do you perform heavy manual work or operate heavy machinery?</p> <p>Do you hold tertiary qualifications relevant to your current occupation?</p>	<p>If you answered yes to both of these questions, your occupational category may be Standard.</p>
<p>Do you perform heavy manual work or operate heavy machinery?</p> <p>Do you work in a very high risk job such as interstate bus/truck driver?</p>	<p>If you answered yes to this question, your occupational category may be Basic.</p>

## Step 6: Occupation category continued

Occupation

Industry

Suggested occupation category

Brief description of your duties

## Step 7: Duty of disclosure

### Duty of disclosure

A person who enters into a life insurance contract in respect of your life has a duty, before entering into the contract, to tell the insurer anything that he or she knows, or could reasonably be expected to know, which may affect the insurer's decision to provide the insurance and on what terms.

The person entering into the contract has this duty until the insurer agrees to provide the insurance.

The person entering into the contract has the same duty before he or she extends, varies or reinstates the contract.

The person entering into the contract does not need to tell the insurer anything that:

- reduces the risk the insurer insures him or her for; or
- is common knowledge; or
- the insurer knows or should know as an insurer; or
- the insurer waives his or her duty to tell them about.

If the person does not tell the insurer something that he or she knows, or could reasonably be expected to know, this may affect the insurer's decision to provide the insurance and on what terms, and may be treated by the insurer as a failure by the person entering into the contract to tell the insurer something that he or she must disclose to the insurer.

### If the person entering the contract does not tell the insurer something

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, the insurer may apply the following rights separately to each type of cover.

If the person entering into the contract does not tell the insurer anything he or she is required to, and the insurer would not have provided the insurance if he or she had disclosed the information, the insurer may avoid the contract within 3 years of entering into it.

If the insurer chooses not to avoid the contract, the insurer may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if the person had told the insurer everything he or she should have.

However, if the contract has a surrender value, or provides cover on death, the insurer may only exercise this right within 3 years of entering into the contract.

If the insurer chooses not to avoid the contract or reduce the amount of insurance provided, the insurer may, at any time vary the contract in a way that places the insurer in the same position the insurer would have been in if the person had told the insurer everything he or she should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If the failure to tell the insurer is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

## Step 8: Declaration & signature

### I declare that I:

- Have read and carefully considered the questions and statements in Step 2 on page 2 and that I undertake to abide by these requirements. All answers provided are true and correct.
- Have read and understood the Duty of Disclosure above and I have not withheld any information that may affect MetLife's decision as to whether or not to accept my application to vary my existing insurance cover.
- Consent to the collection, use and disclosure of personal information by the Australian Ethical Retail Superannuation Fund and MetLife in order to assess my application and any claim under the policy.
- Consent to MetLife seeking medical information from any doctor/hospital/healthcare professional whom I have consulted.
- Will provide the Australian Ethical Retail Superannuation Fund and MetLife access to the health evidence I provided to any other regulated superannuation fund and its Insurer in application for this cover and acknowledge that any non-disclosure to another regulated superannuation fund or Insurer may be acted upon by Australian Ethical Retail Superannuation Fund or MetLife.
- Agree to be bound by the terms and conditions set out in the insurance policy document.

### Additionally I acknowledge that:

- If I do not fully complete this application, or I do not sign and date it, I will not be eligible to vary my existing insurance cover to my account with the Australian Ethical Retail Superannuation Fund.
- The variations to my existing insurance cover will not commence until MetLife have accepted my application of which I will be notified in writing.
- The Australian Ethical Retail Superannuation Fund and MetLife may undertake appropriate enquiry and investigation to verify the answers I have provided. These enquires and investigations may be made at any time including, but not limited to, when the Australian Ethical Retail Superannuation Fund and MetLife are considering this application or in the event of a claim at that time.
- If I have chosen to opt out of insurance cover, I will no longer be insured and will need to apply and be accepted for cover by The Insurer.
- If I have chosen to reduce my cover, any request to increase my cover in the future will be subject to acceptance by The Insurer.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Signatory's full name (please print)

### Contact us

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