

Before a superannuation fund trustee like Sunsuper Pty Ltd enters into a life insurance contract in respect of your life, it has a duty to tell the insurer anything that it knows, or could reasonably be expected to know, that may affect the insurer's decision to provide the insurance and on what terms.

The trustee entering into the contract has this duty until the insurer agrees to provide insurance. The trustee has the same duty before it extends, varies or reinstates the contract. The trustee does not need to tell the insurer anything that reduces the risk of the insurance, or is common knowledge, or the insurer knows or should know as an insurer, or where the insurer waives the duty to tell them.

If you as a member of Sunsuper do not tell us or the insurer something

If you, as the person whose life is to be insured under the life insurance contract, do not tell us or the insurer something that you know, or could reasonably be expected to know, may affect the insurer's decision to provide insurance and on what terms, this may be treated as a failure by us to comply with our Duty of Disclosure. This could affect the insurance cover provided to you as described below.

If we do not tell the insurer something (because you didn't tell us or otherwise)

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

If we do not tell the insurer anything we are required to, and the insurer would not have provided the insurance if it had been told, the insurer may avoid the contract within three years of entering into it.

If the insurer chooses not to avoid the contract, it 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 we had told the insurer everything we were required to. However, if the contract has a surrender value, or provides cover on death, the insurer may only exercise this right within three years of entering into the contract.

If the insurer chooses not to avoid the contract or reduce the amount of insurance provided, it may, at any time, vary the contract in a way that places the insurer in the same position it would have been in if we had told the insurer everything we were required to. However, this right does not apply if the contract has a surrender value, or provides cover on death. If the failure to comply with the Duty of Disclosure is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed. For further information please contact us.

APN Superannuation Plan

Change of insurance cover

👉 **Please read the important information**

Important: Please provide us with as much information as possible. Please tick boxes where appropriate. Use **BLOCK** letters and dark ink when completing this form and ensure it is signed and dated. *DENOTES MANDATORY FIELD.
If you are under 18 years of age please contact us before completing this form.

To access information about your plan online, visit sunsuper.com.au/apnsuper99

Member number

if already a member

Office use only

C59323

1 Personal details

Title First name* Middle name

Last name* Date of birth (DD/MM/YYYY)* Gender* M F

Street address/PO Box*

Suburb/Town* State* Postcode* Home phone number Daytime phone number*

Personal email address Mobile phone number*

Note: Unless you have elected to receive printed information, Sunsuper will confirm this change electronically if we can. We'll email or SMS you if you have information to view in *Member Online*. If you would prefer information is posted to you in the future, change your preferences in *Member Online*, the Sunsuper app or contact us.

Look for other super for me Tick and we'll use your Tax file number (TFN) to search for any other super you may have with other funds or the ATO, to the extent the law allows. If we find money with the ATO, this will normally be transferred automatically to your Sunsuper account. If we find money with other funds, we'll be in touch with the results. Also, to help you keep track of your super, we'll complete an annual search on your behalf. To opt out, please call **13 11 84**.

2 Details of your occupation

2A Are you at work? YES NO Note: This means you must be performing your normal paid duties for your employer. Your occupation Degree/trade qualification YES NO

Industry (e.g. Mining, Manufacturing, Construction, Agriculture, Retail) Name of your employer Annual Salary Refer to your Insurance guide for the definition of 'Salary'

List the principal duties of your occupation and the percentage of time at work spent doing each (e.g. office work 20%, site inspection 80%)

1 % 2 % 3 %

List the primary locations of your occupation, and the percentage of time at each location (e.g. office 20%, home 30%, suburban driving 50%)

1 % 2 % 3 %

2B Employment status? Permanent full time Permanent part time Casual

2C Hours that you work a week (on average): Under 15 hours 15 hours or more

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3 Insurance cover

Important: Before completing this section, please refer to your *Sunsuper for life Corporate Product Disclosure Statement (PDS)* and *Insurance guide* for insurance details, available on your employer's microsite. Any increase in insurance cover will be subject to acceptance by the insurer and will apply from the date your cover is accepted by the insurer.

Would you like to apply for Additional insurance cover?

Death and Total & Permanent Disability

I would like to apply for the following amount of fixed cover¹:

Death cover \$

Total & Permanent Disability cover \$

The amount you specify will be in addition to your Standard insurance cover, if any.

¹ Fixed cover means your amount of insurance stays the same but your premiums will generally increase as you get older.

Income Protection

Are you applying for Income Protection?

Monthly benefit required \$

Note: To be eligible for Income Protection you must be employed on a full-time or part-time permanent basis and working an average of 15 or more hours per week.

The maximum Income Protection amount available is 75% of your 'Salary' up to a maximum of \$50,000 per month. Refer to your *Sunsuper for life Corporate Insurance guide* for the definition of 'Salary'.

Please refer to your *Sunsuper for life Corporate Product Disclosure Statement (PDS)* and *Insurance guide* for insurance details, available on your employer's microsite.

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a) Are you an Australian or New Zealand citizen or do you hold a visa that entitles you to reside permanently in Australia (as approved by the Department of Immigration and Citizenship)? (If 'No' please advise what type of visa you hold)

YES NO

b) How many standard drinks do you consume per week on average?

One standard drink = approximately: one nip (30 ml) spirits, or 100 ml wine, or 10 oz/285 ml full-strength beer

Standard drinks per week

c) Have you smoked tobacco or any other substance during the last 12 months? (If yes, please provide details E.g. 30 cigarettes per day)

YES NO

d) Have you ever used illicit drugs or received advice, treatment or counselling for the use of alcohol or illicit drugs?

(If yes, provide details including (i) substance used, (ii) dates, (iii) details of the advice, treatment or counselling received)

YES NO

e) What is your height and weight?

 cm

 kg

Due Date (DD/MM/YYYY)

f) If female, are you pregnant? If yes, please provide estimated due date

YES

NO

g) Do you intend to travel or reside overseas? (If yes, please provide details)

YES NO

| Cities/Countries | Duration of travel | Frequency of travel | Reason for travel | Date of departure |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

h) Do you engage in or intend to engage in any of the following: abseiling, aviation (other than as a passenger on a recognised airline), football (all codes), long distance sailing, hang gliding, scuba diving, motor racing, parachuting, powerboat racing, mountaineering, martial arts or any other hazardous activity? (If yes, please provide details)

YES NO

| Activity | Frequency | Professional or Amateur | Maximum height, speed and/or depth |
|----------------------|----------------------|-------------------------|------------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

i) Have any of your immediate family (father, mother, brother, sister), prior to the age of 60, (living or dead) ever suffered from heart disease, breast cancer, ovarian cancer, colon (bowel) cancer, polycystic kidney disease, diabetes, mental disorder, stroke, Huntington's chorea or any hereditary disease? You are only required to disclose family history information pertaining to first degree blood related family members. (If yes, please provide details)

YES NO

| Relationship | Condition | Approximate age of onset | Age of death (if applicable) |
|----------------------|----------------------|--------------------------|------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

j) Have you ever injected yourself with any illicit drugs not prescribed by a medical practitioner?

YES NO

k) In the past 5 years have you:

i. Engaged in male to male sexual activity **without** a condom (except in a relationship between you and only one other person where neither of you has had sex **without** a condom with anyone else in the past 5 years)?

YES NO

ii. Had sex **without** a condom:

- with someone you know or suspect to be HIV positive or
- with someone who injects non prescribed drugs or
- with a sex worker or as a sex worker?

YES NO

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l) Have you ever suffered symptoms of, or had, or been told you have, or received any advice, investigation or treatment for any of the following:

- i) High blood pressure, chest pains, high cholesterol, heart murmurs, rheumatic fever, any heart complaint or stroke YES NO
- ii) Asthma, chronic lung disease, sleep apnoea or other respiratory disorder YES NO
- iii) Indigestion, gastric or duodenal ulcer or any bowel disorder YES NO
- iv) Diabetes, abnormal blood sugar, gout or thyroid disorder YES NO
- v) Depression, anxiety/stress state, fatigue, panic attacks, psychiatric treatment/counselling, mental illness or nervous disorder YES NO
- vi) Epilepsy, fits of any kind, paralysis, migraines, tinnitus, dizziness or recurrent headaches, or any neurological disorder including multiple sclerosis YES NO
- vii) Arthritis, repetitive strain injury (RSI), chronic fatigue syndrome, fibromyalgia YES NO
- viii) Back or neck complaint, whiplash, sciatica or any other disorder of joints (excluding arthritis), bones or muscles YES NO
- ix) Psoriasis or eczema, skin disorder, defect in hearing or sight YES NO
- x) Cancer, cyst, mole or tumour of any kind YES NO
- xi) Liver, kidney or bladder disorder, renal colic or stone YES NO
- xii) Blood disorder, anaemia, haemochromatosis, haemophilia or leukaemia YES NO
- xiii) Hepatitis B or C or are a Hepatitis B or C carrier, Acquired Immune Deficiency Syndrome (AIDS) sufferer or infected with the HIV virus YES NO

For completion by females only

Have you ever had or been advised to have treatment for:

- xiv) Any breast lump (even if you have not seen a doctor) or any abnormal mammogram or breast ultrasound? YES NO
- xv) An abnormal cervical smear (pap smear) test including the detection of Human Papilloma Virus (HPV) or any abnormality of the ovaries? YES NO
- xvi) Abnormal vaginal bleeding within the last 12 months? YES NO

m) Any other illness, disease or disorder: (do not include: Colds, flu, hay fever, dental related matters, uncomplicated pregnancies [including caesarean sections, miscarriage], abortions and menopause.) YES NO

n) Have you had any medical examinations, consultations, X-rays, pathology tests or procedures in the last 5 years relating to a matter not previously disclosed in this application? YES NO

o) If not previously disclosed in this application, have you occasionally or regularly taken any stimulants, sedatives, medications or prescribed drugs in the last 5 years? (Do not include non prescription medications or drugs such as Panadol.) YES NO

p) If not previously disclosed in this application, are you currently considering or have you been advised/referred to undergo further treatment, investigation or procedure? YES NO

For every "Yes" answer in questions l to p above, please provide full details in the table below.

| Question number | Illness, Injury or Tests | Date of Injury/Illness | Date of last symptoms | Time off work | Degree of recovery (%) | What treatment did you receive? (e.g. medication, operation) | Name and address of doctor, physiotherapist, chiropractor or hospital |
|-----------------|--------------------------|------------------------|-----------------------|---------------|------------------------|--|---|
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5 Medical practitioner details

Name of Doctor

Street address/PO Box

Suburb/Town

| | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| State | Postcode | Phone number | Fax number | Email address |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Date of consultation

Patient of this Doctor or Medical Practice since

Reason for last consultation

If your last consultation was not with your usual Doctor OR you've been attending your usual Doctor for less than 2 years, please provide the following details:

Name of Doctor

Street address/PO Box

Suburb/Town

6 Insurance history

Have you ever been declined, deferred or accepted on special terms for life, disability or trauma insurance?

 YES NO

If yes, please provide type of cover and reason for decision

Have you ever claimed benefits from any source (excluding unemployment), e.g. accident, sickness, workers compensation, social security, disability insurance or disability pension?

 YES NO

If yes, please provide benefit type and reason

7 Authorisation and declaration Sign this application form and return to Sunsuper:

Privacy

By completing this form you consent to the collection, use and disclosure of any personal information, including information that may be of a sensitive nature we or AIA Australia may collect about you and exchange with third parties located in Australia and overseas, in the manner outlined in our and AIA Australia's respective privacy policies as updated from time to time. Policies are available by visiting sunsuper.com.au/privacy and aia.com.au.

These policies are consistent with the requirements of the *Privacy Act 1988*.

I declare that:

- I acknowledge and have read my Duty of Disclosure and all of my details on this *Change of insurance cover* form are correct.
- I have received, read and accept the *Sunsuper for life Corporate Product Disclosure Statement (PDS)* and *Sunsuper for life Corporate Insurance guide*.
- I understand all the conditions I must meet to be eligible to obtain Additional insurance cover, I agree that my Additional insurance cover will not commence until my application for Additional insurance cover has been accepted by the Insurer. I acknowledge insurance cover is provided by an external insurance company.
- By signing this *Change of insurance cover* form, I consent to the collection and disclosure of information about me for the purposes shown above.

Member to sign here*

Full name (print in BLOCK letters)*

Date (DD/MM/YYYY)*

 Please return the form to Sunsuper via sunsuper.com.au/contactus OR Reply Paid 2924 Brisbane Qld 4001