

CBA Group Super Plan Life Event Insurance Options



13 11 84 | australianretirementtrust.com.au
Reply Paid 2924 Brisbane Qld 4001

To be eligible for Life Events cover you must have existing Death only or Death and Total & Permanent Disability (TPD) cover in the plan and apply within 120 days of the event occurring.

Important: Before completing this form please ensure you read and understand your Duty to Take Reasonable Care Not to Make a Misrepresentation located at australianretirementtrust.com.au/duty and in your Super Savings – Corporate Insurance Guide.

Please make sure you've answered all questions. If all questions are not answered, your application may be delayed as the form may be returned. Please tick boxes where appropriate. Use **BLOCK** letters and black or blue ink when completing this form and ensure it is signed and dated. *DENOTES MANDATORY FIELD.

To access information about your plan online, visit art.com.au/cbasp

Member number
if already a member

Office use only

C59450

1 Personal details

Title	First name*	Middle name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last name*	Date of birth (DD/MM/YYYY)*	Gender*
<input type="text"/>	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F
Street address / PO Box*		
<input type="text"/>		
Suburb / Town*	State*	Postcode*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home phone number	Daytime phone number*	
<input type="text"/>	<input type="text"/>	
Personal email address	Mobile phone number*	
<input type="text"/>	<input type="text"/>	

Note: Where we can we'll provide your documents, including statements and notices of changes to your account, electronically. We'll email or SMS you when information is ready to view in [Member Online](#). If you would prefer information is posted to you, change your preferences in [Member Online](#), the [Australian Retirement Trust app](#), or by contacting us.

2 Life Event options

When your life changes the Life Events option gives you the opportunity to increase your Death and Total & Permanent Disability (TPD) cover. You can apply to increase your cover by the lesser of 100% of your current cover and \$250,000. To increase cover you must apply within 120 days following one of the Life Events.

I'd like to apply for Life Events cover for:
(please tick)

Life Event	Evidence required (must be a certified copy - please attach with completed form)
<input type="checkbox"/> Marriage	Marriage certificate
<input type="checkbox"/> Start a de facto relationship	Certificate of registration of the relationship, which is available in NSW, QLD, VIC, ACT or TAS. Or other certified documents acceptable to the insurer such as utility bills, bank accounts or rent/lease agreements in joint names
<input type="checkbox"/> Birth or adoption of a child	Birth certificate or adoption documentation
<input type="checkbox"/> Take out a mortgage for purchase of your primary residence	Stamped front page of the 'contract of sale' and letter on bank letterhead detailing the loan arrangement
<input type="checkbox"/> Your child's first day at compulsory primary or secondary school	Letter on school letterhead confirming the name of the student, school start date and whether the child is starting either compulsory 'Primary' or 'Secondary' school as applicable
<input type="checkbox"/> Divorce	Decree Nisi / Absolute or Certificate of Divorce as applicable
<input type="checkbox"/> Death of spouse or de facto spouse	Death certificate

Note: To be eligible for Life Events cover you must:

- have existing Death only or Death and TPD cover in the plan,
- be 'at work' in Australia. If you're not 'at work', you can still apply under the Life Events option but you may receive 'limited cover', and
- submit your application for Life Events cover, including evidence confirming the Life Event, within 120 days of the Life Event occurring.

For full terms and conditions for the Life Events insurance options refer to your Super Savings – Corporate Insurance Guide, available on your employer plan's microsite.

[➔ Please continue over page](#)

Authorisation and declaration

Sign this application form and return to Australian Retirement Trust:

Privacy

By completing this form you consent to the collection and use of any personal information, including information that may be of a sensitive nature we or the nominated insurer may collect about you, in the normal course of business, being used as in the manner outlined in our and the nominated insurer's respective privacy policies. A copy of our privacy policy can be obtained by visiting australianretirementtrust.com.au/privacy. A copy of the nominated insurer's privacy policy can be obtained by visiting their website directly. These policies are designed to protect your interests and are consistent with the requirements of the *Privacy Act 1988*.

I declare that:


- I understand that the change to my insurance cover through Australian Retirement Trust will commence when the insurer has accepted my application and my account balance is sufficient to cover annual insurance premiums.
- I confirm that I have Death only or Death and Total & Permanent Disability (TPD) cover currently in place through Australian Retirement Trust.
- I confirm that I am applying to increase my cover within 120 calendar days of the Life Event occurring.
- I understand that the Trustee cannot provide me with advice about my insurance options and that I should seek advice from an appropriately qualified adviser for advice that takes into account my personal situation, objectives or needs.
- I acknowledge that I have read the Super Savings – Corporate Product Disclosure Statement for Accumulation Account (PDS), Super Savings – Corporate Insurance Guide and Australian Retirement Trust's Privacy Policy and authorise Australian Retirement Trust to collect, use and disclose my personal information in accordance with their Privacy Policy.
- I acknowledge and have read my Duty to Take Reasonable Care Not to Make a Misrepresentation at australianretirementtrust.com.au/duty and all of my details on this form are correct.

Member to sign here*



Full name (print in BLOCK letters)*

Date (DD/MM/YYYY)*

 Please return the form to
Australian Retirement Trust
Reply Paid 2924 Brisbane Qld 4001 OR
via [australianretirementtrust.com.au](http://australianretirementtrust.com.au/contact-us)
/contact-us

We are committed to respecting the privacy of personal information you give us.
 If you would like a copy of Australian Retirement Trust's Privacy Policy, visit australianretirementtrust.com.au/privacy or call **13 11 84**.

Australian Retirement Trust Pty Ltd ABN 88 010 720 840 AFSL No. 228975 Trustee of Australian Retirement Trust ABN 60 905 115 063