

Your duty to take reasonable care not to make a misrepresentation

About your duty

When you apply for life insurance as a member of Australian Retirement Trust, the insurer may conduct a process called underwriting. It's how the insurer decides whether it will cover you, and if so on what terms and at what cost. If your application is underwritten, you will be asked questions which the insurer needs to know the answers to. These will be about your personal circumstances and may include questions about your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you provide in response to the questions is vital to the insurer's decision.

The duty to take reasonable care

When applying for insurance which is to be underwritten, you have a legal duty to take reasonable care not to make a misrepresentation before your application is accepted by the insurer. A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth. This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced. Please note that there may be circumstances where the insurer later investigates whether the information you provided was true. For example, the insurer may do this when a claim is made.

Guidance for answering questions

When answering questions as part of an application for insurance cover, you should:

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

Changes before your cover starts

Before your application is accepted, the insurer may ask about any changes that mean you would now answer the questions differently. As any changes might require further assessment or investigation, it could save time if you let us or the insurer know about any changes when they happen.

If you need help

It's important that you understand this information and the questions that you are asked. Ask us or the insurer for help if you have difficulty understanding the process of applying for insurance or answering our or the insurer's questions. If you're having difficulty due to a disability, understanding English or for any other reason, we are here to help and can provide additional support for anyone who might need it.

What can the insurer do if the duty is not met?

If you do not take reasonable care not to make a misrepresentation, there are different remedies that may be available to the insurer. These are set out in the *Insurance Contracts Act 1984* (Cth). These are intended to put the insurer in the position they would have been in if the duty had been met.

For example, the insurer may:

- avoid the cover (treat it as if it never existed);
- vary the amount of the cover; or
- vary the terms of the cover.

Whether the insurer can exercise one of these remedies depends on a number of factors, including:

- whether you took reasonable care not to make a misrepresentation (this depends on all of the relevant circumstances);
- what the insurer would have done if the duty had been met for example, whether they would have offered cover, and if so, on what terms;
- · whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before the insurer exercises any of these remedies, they will explain their reasons, how to respond and provide further information, including what you can do if you disagree.

CBA Group Super Plan (Defined Benefit members)						Australian Retirement	
Defined Benefit – Insurance • Trust							
Continuation Application					13 11 84 art.com.au Reply Paid 2924 Brisbane Qld 4001		
Use this form to apply for cover in the Former CBA Group Super Plan within 90 days of leaving employment with the CBA Group or electing choice of fund.					Member number		
Important Before completing this form, please ensure you read and understand your Duty to Take Reasonable Care Not to Make a Misrepresentation located at art.com.au/duty							
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 .					Office use only		
To access information about your plan online, visit art.com.au/cbasp					C59444		
1 Personal details							
Title First name* Middle name							
Last name*				Date of birth (DD	/MM/YYYY)*	Gender*	
Street address/PO Box*	State*	Postcode*	Home phone number	D	Daytime phone numb	er*	
Personal email address				N	Nobile phone numbe	r*	
Note: Where we can we'll provide your documents, includ Member Online. If you would prefer information is poster 2 Eligibility 2A Are your defined benefits payable 1. Leaving employment with the CBA Group - OR - 2. Electing choice of fund	d to you, change						
					Please con	ntinue over page	

2 Eligibility (continued)

2B Please answer yes or no to the following questions:						
1. Are you aged less than 70 years and currently residing in Australia?						
2. Have you requested to transfer some or all of your Defined Benefit lump sum entitlements to the Former CBA Group Super Plan?						
If you answered No to questions 1 or 2 you are not eligible to apply for cover.						
3. As a result of injury, illness or impairment, are any of the following statements true?						
a) You are unable to work 35 hours per week, even if you are not working 35 hours per week prior to completing this Insurance Continuation Application.	YES	NO				
b) You have had your duties or workplace modified in the last two years and you are yet to resume your pre-modified duties or arrangements.	YES	NO				
c) You are working in a role or occupation that has been designed or chosen to accommodate your medical needs.	YES	NO				
4. Have you received or are eligible to receive a payment, or have you lodged or will lodge a claim, for a terminal illness or disability benefit with a super fund, insurance company or any state or federal government body, such as workers' compensation, social security, veterans' affairs, or motor accident scheme?	YES	NO				
5. Have you ever had an application for Death, TPD or Income Protection (also known as salary continuance) cover declined, deferred or accepted with a loading, exclusion or special terms?	YES	NO				
If you answered Yes to any of questions 3, 4 or 5 you are not eligible to apply for cover using this form. You may apply for cover by completing the Change of Insurance Cover form Former CBA Group Super Plan, available at art.com.au/cbasp .						

3 Insurance cover

Important: Before completing this section, please refer to the Super Savings – Corporate Defined Benefit Handbook CBA Group Super Plan (see handbook appropriate for your division) and the Super Savings – Corporate Insurance Guide Former CBA Group Super Plan for insurance details, available at art.com.au/ cbasp. 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. Your complete and valid form must be received by Australian Retirement Trust within **90 calendar days** of you ceasing employment with the CBA Group or electing choice of fund. If outside of the 90-day period, you can still apply for cover by completing the Change of Insurance Cover form Former CBA Group Super Plan available at art.com.au/ cbasp. Change of Insurance Cover applications are subject to acceptance by the insurer and satisfactory evidence of health may be required.

Insurance cover is provided through group life policies issued by AIA Australia Limited ABN 79 004 837 861 AFSL No. 230 043 (AIA) to the Trustee of Australian Retirement Trust.

3A Which type of cover are you applying for? (select one only)					
Death and Total & Permanent Disability (TPD) cover Death only cover					
3B What amount of cover are you applying for? (select one only)					
The maximum amount of cover ¹ available, equal to 4 times my salary ² , subject to a maximum of \$1.5 million					
- OR -					
The following amount of fixed cover ³ , in addition to any existing cover I have in the Former CBA Group Super Plan:	\$				
1 If you do not make a choice, we will apply the maximum amount of cover available. Once you reach age 61, the '4 times salary' used to calculate your Standard TPD cover initia Plan reduces annually by 10% until your 70th birthday.	ally provided in the Former CBA Group Super				
2 The calculation of 'super salary' is defined by the CBA Group for the purpose of calculating your DB super entitlements. Your super salary may not be the same as the cash sala employment or exercised super choice. To clarify your super salary amount, refer to the DB information you received from us when you left employment or exercised super choice.					
3 Death and TPD cover will be provided as fixed cover. From any 51, your Death and TPD cover reduces annually by 5% of your insured benefit at any 50, until your 70th birthday when cover ceases					

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Authorisation and declaration

Sign this application form and return to Australian Retirement Trust:

I acknowledge that:

- If I do not fully complete, sign and date this form, my application won't be considered until such time as I do so and subject to the 90-day application timeframe.
- ii. It's my responsibility to ensure my validly completed form reaches Australian Retirement Trust within 90 days of my leaving employment with the CBA Group or exercising choice of fund. If my form isn't received within this timeframe, I understand that my eligibility to apply for cover with this form will lapse and the insurer's standard application and assessment process will apply if I wish to apply for cover.
- iii. If the insurer accepts this application for cover, I understand that the cover applied in the Former CBA Group Super Plan will be:
 - a. equal to four times my super salary, or the lesser amount that I nominated in section 3 if different, subject to the \$1.5 million automatic acceptance limit (AAL);
 - b. effective from the date of acceptance by the insurer;
 - c. subject to the terms, conditions and applicable premium rates as outlined in the Super Savings – Corporate Insurance Guide Former CBA Group Super Plan, as well as any of the same limitations, restrictions, premium loadings or exclusions that apply to any existing cover I have with Australian Retirement Trust. I acknowledge insurance cover is provided by an external insurance company and premiums will be deducted from my Super Savings – Corporate Insurance Guide Former CBA Group Super Plan.
- iv. Australian Retirement Trust and its insurer may undertake appropriate enquiry and investigation to verify the answers I have provided.
- v. Should it become apparent to Australian Retirement Trust or its insurer that I have not met the eligibility requirements that I confirmed in section 2 of this form, or that I have provided incorrect or incomplete information, then any insurance benefit that may be payable to me, my dependants or my estate from Australian Retirement Trust may be reduced as a consequence of my failure to abide by these requirements. This reduction in benefit will, however, be limited to the extent

that my benefit from Australian Retirement Trust is no less than I would have been eligible to receive under the terms of the policy between Australian Retirement Trust and its insurer had I not made this application.

- vi. I hereby declare that the information contained in this form (whether written by hand or not) is true and correct and that I haven't withheld any information that may affect the insurer's decision to provide insurance to me.
- vii. I have received, read and understood the Super Savings

 Corporate Defined Benefit Handbook CBA Group Super Plan (for my appropriate division) and the Super Savings – Corporate Insurance Guide Former CBA Group Super Plan.
- viii. I acknowledge and have read my Duty to Take Reasonable Care Not to Make a Misrepresentation and all of my details on this form are correct.

Your privacy - Personal information collection notice

We are collecting your personal information to set up and/or to administer your superannuation account. We may also disclose this information to third parties such as our Insurer, medical and health professionals, if we need to, if you have given consent to the disclosure, or if we are required to by law. If you want to know more about our privacy policy, including how we collect, hold, use and disclose personal information, or how individuals can access or correct their information, visit **art.com.au/privacy** or call us to request a copy.

AIA Australia

AIA Australia is bound by the *Privacy Act 1988* and other laws which protect your privacy. Our full Privacy Policy provides more detail about our collection, use (including handling and storage), disclosure of Personal Information and how you can access and correct your Personal Information, make a privacy related complaint and how we will deal with that complaint, and your opt-out rights. You have the right to access the Personal Information we hold about you, and can request the correction of your Personal Information if is inaccurate, incomplete or out of date. Requests for access or correction can be directed to us via our website, aia.com.au or calling 1800 333 613.

We are committed to respecting your privacy and take protecting the privacy of personal information seriously. Our Privacy Policy sets out how we do this including how we collect, hold and disclose personal information. For a copy of the Privacy Policy, please visit **art.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

The information I have given in this application and any separate statements I have given with it are true. I have disclosed everything about me and my health that Australian Retirement Trust and its insurer need to know when deciding whether to accept my application for transfer of cover. I will notify Australian Retirement Trust of any changes to my health before my cover transfer application has been assessed. I have read and understood my Duty to Take Reasonable Care Not to Make a Misrepresentation and accept the above acknowledgements.

I authorise my previous fund or the insurer of my previous policy to provide Australian Retirement Trust and/or its insurer with any information about my current insurance cover. For this authority, a photocopy of this declaration is as valid as the original.

Member to sign here*



Full name (print in BLOCK letters)*

Date (DD/MM/YYYY)*

Please return the form and supporting documentation via art.com.au/contact-us OR Reply Paid 2924 Brisbane Qld 4001