

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.

Hanson Australia Superannuation Plan Change of Insurance Cover

Operation Please read the important information

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**

Please provide us with as much information as possible. 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. If you are under 18 years of age please contact us before completing this form.

To access information about your plan online, visit portal.australianretirementtrust.com.au/hansonau

| 1 | Personal details | | | | | C59295 Managem | ient |
|--------|-------------------|--------|-----------|-------------------|--------------------|--------------------|---------|
| Title | First name* | | | Middle name | | | |
| Last n | ame* | | | | Date of birth (DD/ | MM/YYYY)* | Gender* |
| Street | address/PO Box* | | | | | | |
| Subu | b/Town* | State* | Postcode* | Home phone number | Da | ytime phone number | * |
| Perso | nal email address | | | | Mo | bile phone number* | |
| | | | | | | | |

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 Details of your occupation

| 2A | Your occupation | | | | | | | | Degree/trade qualification | | |
|------------|---|------------------------|-------------|------------------------|-------------|---------------------|-----------|-----------------------|---|--|--|
| | Are you currently working? | YES NO | | | | | | | YES NO | | |
| Industry | e (e.g. mining, manufacturing, co | nstruction, agricult | ure, retail |)Name of your emp | oloyer | | | Your annual salary | Refer to your Super Savings – Corporate | | |
| | | | | Hanson Australia | à | | | \$ | Insurance Guide for the definition of 'salary'. | | |
| List the J | orincipal duties of your occup | ation and the per | centage | of time at work spe | ent doing o | each (e.g. office w | ork 20%, | site inspection 80% | | | |
| 1 | | % | 2 | | | % | 3 | | % | | |
| List the J | primary locations of your occu | upation, and the p | percenta | ge of time at each lo | ocation (e | .g. office 20%, ho | me 30%, s | uburban driving 50 | %) | | |
| 1 | | % | 2 | | | % | 3 | | % | | |
| 2B | Employment status: | Permanent full time | | Permanent part time | | asual | | | | | |
| 2C | Hours that you work a week (on average): | Under 15 hours | | 15 hours or more | | | | | | | |
| | | | | | | | | Please c | ontinue over page | | |



13 11 84 | australianretirementtrust.com.au

Reply Paid 2924 Brisbane Qld 4001

Member number if already a member

Office use only

3 Insurance cover

Important: Before completing this section, please refer to your Super Savings – Corporate Product Disclosure Statement for Accumulation Account (PDS) and Super Savings – Corporate Insurance Guide for insurance details, available on your employer plan'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.

| 3A Would you like to change your level of Standard Death and Total & Permanent Disability (TPD) cover? |
|---|
| Level 1 Level 2 Level 3 Level 4 (7.5%) (12.5%) (17.5%) (22.5%) |
| If you'd like more than Level 4 cover, please complete section 3B to apply for Additional cover. |
| Note: If you're increasing your cover within 120 days of joining your employer, or reducing your cover, you do not need to complete the entire form; simply tick the appropriate box and go to the last page to sign and date. |
| OR |
| 3B Would you like to apply for Additional cover? Death and Total & Permanent Disability (TPD) |
| I would like to apply for the following amount of fixed cover ¹ : |
| Death cover \$ TPD cover \$ |
| The amount you specify will be in addition to your Standard 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? YES NO |
| 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 Super Savings – Corporate |

The maximum Income Protection amount available is 75% of your 'salary' up to a maximum of \$50,000 per month. Refer to your Se Insurance Guide for the definition of 'salary'.

Please continue over page

Personal health statement

4

| a) Are you an Australian or New the Department of Immigrati | | | | | | | stralia (as approved by | YES |) |
|--|----------------------|-----------------------------------|---------------------|-----------------|-------------|---------------------|---------------------------|----------------|---|
| b) How many standard drinks c One standard drink = approxim | | | | or 10 oz/285 m | I full-stre | ength beer | Standard dr | rinks per weel | k |
| c) In the last 12 months, have yo other nicotine products? (If ye | | | | | ttes, cig | jars, pipes or used | l e-cigarettes or | YES |) |
| | | | | | | | | | |
| d) Have you ever used illicit dru (If yes, provide details including | | | | | | | | YES |) |
| | | | | | | | | | |
| e) What is your height and weig | ht? | | cm | | kg | Due Date (DD/M | IM/YYYY) | | |
| f) If female, are you pregnant? I | if yes, p | lease provide estimate | ed due date | YES | NO | | | | |
| g) Do you have definite plans to | travel | or reside overseas? (| If yes, please prov | ide details) | | | | YES |) |
| Cities/Countries | Durati | on of travel | Frequency of t | ravel | Rea | son for travel | Date of departu | re | |
| h) Do you engage in or intend to football (all codes), long distant martial arts or any other hazard | e sailin | g, hang gliding, scuba | diving, motor raci | | | | | YES |) |
| Activity | | Frequency | | Professiona | I or Ama | teur | Maximum height, speed | and/or deptn | |
| i) Have any of your immediate fa breast cancer, ovarian cancer, disease? You are only required (If yes, please provide details) | colon (| bowel) cancer, polycy | stic kidney diseas | se, diabetes, s | troke, H | untington's chore | a or any hereditary | YES |) |
| Relationship | | Condition | | Approximat | e age of | onset | Age of death (if applicab | le) | |
| j) Have you ever injected yoursel | f with a | any illicit drugs not p | rescribed by a me | dical practitio | oner? | | Υ | YES NO | |
| k) 1. In the last 5 years, have yo i. Someone who might have | expose | d you to the human in | nmunodeficiency | virus (HIV) inf | ection. | | cicumkneur to | res NO | |
| (This may include unprotec ii. Someone who injects non-J | | | | , , | • | | s is ulikilowil to you.) | res NO | |
| iii. Someone who is a sex work | | | | | | | | YES NO | |
| iv. Someone who is infected w | /ith hur | nan immunodeficienc | y virus (HIV) infec | tion | | | Ŷ | YES NO | |
| v. Someone who is infected w (You may answer 'No' if you | /ith hep u are va | oatitis B ccinated and have im | munity for hepati | tis B.) | | | | | |
| vi. Someone who is infected w | | | | | | | Y | res NO | |
| 2. In the last 5 years, have you b sexually transmitted infection | | | | | | | Υ | res NO | |

. . .

| I) | Hav | e 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, COVID-19 (do not include a negative test result, or if never diagnosed) 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 | | |
| | Hav | e 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 |
| n | · · | y other illness, disease or disorder: (do not include: colds, flu, hay fever, dental related matters, uncomplicated pregnancies cluding caesarean sections, miscarriage], abortions and menopause.) | YES | NO |
| n | | e you had any medical examinations, consultations, x-rays, pathology tests or procedures in the last 5 years relating to a ter not previously disclosed in this application? | YES | NO |
| 0 | · | ot previously disclosed in this application, have you occasionally or regularly taken any stimulants, sedatives, medications | YES | NO |

| or presented anagement and the four formation of presented and the state of an age sate of a national state of the state o | | | |
|--|-----|----|--|
| p) If not previously disclosed in this application, are you currently considering or have you been advised/referred to | VEC | | |
| undergo further treatment, investigation or procedure? | YES | NO | |

For every "Yes" answer in questions I 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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| | | | | | | | |

Medical practitioner details

Type of Insurance:

7

Death

cover

Have you ever been declined, deferred or accepted on

special terms for life, disability or trauma insurance?

Have you ever claimed benefits from any source (excluding unemployment), e.g. accident, sickness,

workers compensation, social security, disability

insurance or disability pension?

Insurance history

Trauma

| Name of | Name of doctor | | | | | | | | |
|--|--|-------------------|----------------------|------------|--|-----------------------|--------|--|--|
| | | | | | | | | | |
| Street ad | dress/PO Box | | | | | Subur | b/Town | | |
| | | | | | | | | | |
| State | Postcode | Phone numbe | er Fax i | number | Email addre | 255 | | | |
| | | | | | | | | | |
| What was (DD/MM/\ | the date of your YYY) | last consultation | ? | | How long have you been atte | ending this practice? | | | |
| | | | | | any life insurance company or un uthority should be considered as | | | | |
| 6 E | 6 External insurance Write the details of your existing policy | | | | | | | | |
| Do you have any existing insurance, or applications in progress (with any insurer) including life, disability or trauma insurance. | | | | | | | | | |
| Existing | policy number | | Year of commencement | Policy own | er | Insurer | | | |
| | | | | | | | | | |

Income

cover

If yes, please provide benefit type and reason

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

Protection

Business

expenses

Will you be retaining your existing policies?

YES

NO

8 Authorisation and declaration Sign this application form and return to Australian Retirement Trust:

YES

YES

Total &

Permanent

NO

NO

Disability (TPD)

| 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 australianretirementtrust.com.au/ privacy and aia.com.au. These policies are consistent with the requirements of the <i>Privacy Act 1988</i> . | I declare that: I acknowledge and have read my Duty to Take Reasonable Care Not to Make a Misrepresentation and all of my details on this Change of Insurance Cover form are correct. I have received and read the Super Savings – Corporate Product Disclosure Statement for Accumulation Account (PDS) and Super Savings – Corporate Insurance Guide. I understand all the conditions I must meet to be eligible to obtain Additional cover, I agree that my Additional cover will not commence until my application for Additional cover is provided by an external insurance company. I understand the cost of cover will be based on the applicable premium rates applying under the relevant membership division of Australian Retirement Trust and will reflect your occupation category, any employer funded arrangements (if applicable), and any premium loadings or exclusions that may apply. 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* |
|--|---|---|
| If you would like a copy of Australian Retirement Trust's Privacy P | committed to respecting the privacy of personal information you give us. olicy, visit australianretirementtrust.com.au/privacy or call 13 11 84 . 10 720 840 AFSL No. 228975 Trustee of Australian Retirement Trust ABN 60 905 115 063 | Please return the form to Australian Retirement Trust Reply Paid 2924 Brisbane Qld 4001 OR via australianretirementtrust.com.au /contact-us |
| | | |