

Life Events Application Form

INTRUST SUPER

PLEASE COMPLETE AND RETURN TO INTRUST SUPER WITHIN 31 DAYS

Section 1 – Duty of Disclosure

Before you enter into or become insured under a life insurance contract, you have a duty to tell us anything that you know or could reasonably be expected to know that may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you. You have the same duty before you extend, vary or reinstate your Insured Cover. You do not need to tell us anything that reduces the risk we insure you for, or is common knowledge, or we know or should know as an insurer, or we waive your duty to tell us about.

Non-disclosure (If you do not tell us something)

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

If you do not tell us a matter you are required to, and we would not have insured you on the same terms if you had told us, we may avoid The Policy or Insured Cover within 3 years of issuing it.

If we choose not to avoid The Policy or Insured Cover, we may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the Premium that would have been payable if you had told us everything you should have.

If we choose not to avoid The Policy or your Insured Cover or reduce the amount you have been insured for, we may, at any time vary your Insured Cover in a way that places us in the same position we would have been in if you had told us everything you should have.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat your Insured Cover as if it never existed.

Section 2 – Your Details

Please provide the following information:

Intrust Super Member No: _____ Full Name: _____

Residential Address: _____

State: _____ Postcode: _____ Email _____

Telephone: (Home) _____ (Mobile) _____

Occupation: _____ Date of Birth: _____ Salary \$ _____ per annum

Section 3 – Nominated Life Event Details

If you are currently insured under the Intrust Super group life policy for death only or death & total permanent disablement cover, you may be eligible to elect an additional unit of the same type of cover currently held without providing health evidence as the result of a Nominated Life Event. Please select the Life Event, and attach the requested proof shown below:

- You have purchased a home as your permanent residence and have a mortgage on that residence of \$100,000 or more.
A copy of your mortgage is satisfactory proof.

- You have married.
A copy of your marriage certificate is satisfactory proof.
- You have divorced.
A copy of your divorce is satisfactory proof.
- You or your partner have given birth or adopted a child/children.
A copy of the birth certificate or adoption papers which show you as a parent is satisfactory proof.

Section 4 – Eligibility for a Life Event Increase

To be eligible for an additional unit of the same type of cover currently held under the Intrust Super group life policy without providing health evidence as the result of a Life Event, on the date you apply for this increase:

- (a) You are an insured member of Intrust Super with death only or death and total & permanent disablement cover in force on the date the nominated life event occurred; and
- (b) You must be aged less than 55; and
- (c) You have not been declined for cover, or have had any special terms, conditions, restrictions, exclusions or premium loading applied to your cover; and
- (d) You must not be applying for, entitled to, or have been paid a total and permanent disablement benefit or terminal illness benefit from Intrust Super or any other superannuation fund or life insurance policy; and
- (e) You are At Work on the date the Nominated Event occurred and At Work on the date the insurer accepts your application.

Section 5 - Declaration

Furthermore, I acknowledge that:

- I can only apply to increase my cover once for any Life Event; and
- I can only apply to increase my cover once in any 12 month period; and
- My cover will not exceed the maximum benefit provided under the policy; and
- If I do not fully complete this application or I do not sign and date it, I will not be eligible for an additional unit of cover within Intrust Super; and
- My insurance cover will not commence until the Insurer has accepted my application. The additional unit of cover will commence from the date that Intrust Super advises me in writing, subject to the payment of premiums; and
- Limited Cover will apply to the additional unit of cover for the first 24 months after the insurer has accepted your cover. At the end of this 24 month period you must be in Active Employment for 30 consecutive days. The 30 consecutive days will commence on the anniversary date 24 months after the date the additional unit of cover was provided. If you do not meet this requirement, Limited Cover will continue to apply until you have met this requirement; and
- The Insurer may undertake appropriate inquiry and investigation to verify the answers that I have provided. These inquiries and investigations may be made at any time including, but not limited to, when the Insurer is considering this application or at the time of the claim.

I declare that:

- The information I have given on this form and the accompanying supporting information is true and correct; and
- The Life Event nominated in this application form has occurred within 60 days of completing this form; and
- I satisfy the eligibility criteria to apply to increase my cover by one additional unit as the result of nominated Life Event; and
- I have read and understood the Duty of Disclosure above and I have not withheld any information that may affect the Insurer's decision as to whether or not to accept my application for cover.

Signature: _____

Date : _____

Important

Please ensure that you have completed all sections of the Life Events Application Form and attached the satisfactory proof required.

Please ensure that you have signed and dated this Life Event Application Form.

Please return this form within 31 days to:

Intrust Super
GPO Box 1416
BRISBANE QLD 4001