APPLICATION TO

Increase Life and/or TPD insurance – Life Events

Complete this form in BLACK ink with a ballpoint pen using BLOCK letters | Any request will be invalid if not signed and dated. Please mail this form to: Australian Food Super, Locked Bag 5390, Parramatta NSW 2124 | Member Hotline: 1800 808 614

Use this form to apply to increase your Life and/or TPD insurance cover when a specific life event has occurred. You can apply for one life event increase per year and up to three times in total.



DUTY TO TAKE REASONABLE CARE - IMPORTANT INFORMATION BEFORE YOU BEGIN THIS APPLICATION

You have a duty to take reasonable care not to make a misrepresentation when applying for insurance. If you do not comply with your duty to take reasonable care, AIA Australia Limited (AIA), the insurer, may avoid or vary your cover. This means you may not be able to claim your benefit or the amount you will receive may be reduced. Before answering the questions contained in this application form it is important that you carefully read the Duty to Take Reasonable Care section on page 3 of this form which explains your duty, including the effect if you don't comply.

1. MEMBER DETAILS																		
Australian Food Super member r	no:																	
			(This	informa	tion will	be used	l to upa	ate ou	ır rec	ords whe	ere nece	ssary.)					
Mr/Mrs/Ms/Miss/Other	Surna	ime																
Given Names																		
Residential Address	Ctroot	t Name																
Street Number	Sileei	i Name																
Suburb/Town											Stat	e		F	Posto	code		
Postal Address (if different from	n resid	ential ad	ldress))														
Street Number / PO Box		t Name	ŕ															
Suburb/Town											Stat	е		F	Post	code		
Date of Birth (ddmmyyyy)		Telepho	ne (da	ytime)						Mobile	!							
Email																		
Employer Name																		
Employer Name																		
2. LIFE EVENT:																		
Please provide details of the	life eve	ent und	er whi	ich you	ı are a	pplyin	g to ir	ncrea	ase y	our in	suranc	ce co	ver:					
Marriage Mortagag	ae on i	primary	reside	ence														
Birth or adoption of a ch	ııld	Upor	n turnii	ng 30	or 50 y	years (of age											
Date of life event:					The I	ife eve	ent mi	ust h	ave	occurr	ed wit	hin t	he las	st 12	: mc	onths	S.	
Please attach evidence of this	is life e	event –	see Im	nporta														

3. INCREASE AMOUNT REQUESTED:							
Select the amount of extra cover you are requesting:							
Death cover 1 unit							
TPD cover 1 unit							
4. ELIGIBILITY QUESTIONS:							
Please answer the following questions:							
 Are you restricted, due to illness or injury, from carrying out the identifiable duties of your current and normal occupation on a full-time basis (even if you are not currently working on a full-time basis)? Full-time basis is considered to be at least 30 hours per week. 							
If you answered 'yes' to the above question, you will not be eligible to increase your insurance cover by submitting this form. Instead, please complete an Application to Change Life and/or TPD Insurance, which can be obtained online from ausfoodsuper.com.au or by contacting Australian Food Super.							
5. DECLARATION AND SIGNATURE:							
By signing this form I am making the following statements:							
I have fully read and understood this form including the Important Information.							
I have read Australian Food Super's Product Disclosure Statement and Insurance Guide.							
I declare that the answers to the questions in this application are true and correct.							
• I have read and understood the Duty to Take Reasonable Care on page 3 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.							
 I have read the Privacy section on page 3. I understand that Australian Food Super and its insurer may undertake appropriate enquiry and investigation to verify the answers I have provided. 							
I understand that insurance cover will not commence until I am notified of acceptance by Australian Food Super.							
I agree to the deduction of the additional premium applicable for this increased level of insurance cover.							
Signature Date							
IMPORTANT INFORMATION Providing Evidence of Life Event:							

The below table shows the required documentation you need to attach to this request:

Life Event	Certified Documentation Required
Marriage	Marriage certificate
Birth of a child	Birth certificate of child
Adoption of a child	Order effecting an adoption or an entry in an official public record of the adoption of the child
New mortgage	Written confirmation of the new mortgage from the mortgage provider and a Statutory Declaration confirming the mortgage is on a property that is or will be your primary place of residence
Upon turning 30 or 50 years of age	Nil evidence required

YOUR DUTY TO TAKE REASONABLE CARE

When you apply for insurance through Australian Food Super, the insurer conducts a process called underwriting. It's how they decide whether they can cover you, and if so, on what terms and at what cost.

You may be asked questions the insurer needs to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you provide in response to these questions is vital to the insurer's decision.

When answering questions as part of your application, you have a legal duty to take reasonable care not to make a misrepresentation to 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 applies to initial applications for insurance cover and also applies when increasing or making changes to existing insurance, and to 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. 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. Your cover could be avoided (treated as if it never existed), or its terms may be varied. 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 given to them was true. For example, they may do this when a claim is made. Before the insurer exercises any of these remedies, they will explain their reasons and what you can do if you disagree.

Guidance for answering questions

You are responsible for the information provided when you apply for insurance. When answering the questions, please:

- 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, please include it.

review your application carefully before it is submitted.
If someone else helped prepare your application (for
example, your adviser), please check every answer
(and if necessary, make any corrections) before the
application is submitted.

Changes before your cover starts

Before your cover starts, we or the insurer may ask about any changes that mean you would now answer any of 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 we and the insurer ask. Ask us, the insurer, or a person you trust, such as your adviser, for help if you have difficulty understanding the process of applying for insurance or answering the questions. If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help and can provide additional support for anyone who might need it.

Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please contact us or the insurer immediately and we'll let you know whether it has any impact on the cover.

YOUR PRIVACY

Personal information is protected by the Australian Food Super Privacy Policy. The Privacy Policy outlines the approach that Australian Food Super takes to the personal information which is collected in the course of work. Australian Food Super and its insurers are bound by the National Privacy Principles contained in the Privacy Act 1988 (and subsequent amendments). For more information, please contact Australian Food Super or obtain a copy of the Privacy Policy from ausfoodsuper.com.au.

CONTACT AUSTRALIAN FOOD SUPER

Telephone: 1800 808 614

Facsimile: 1300 855 378

Website: ausfoodsuper.com.au

Australian Food Super products are issued by Australian Meat Industry Superannuation Pty Limited (Trustee) ABN:25 002 981 919 RSE Licence: L0000895 AFSL: 238829 as Trustee for Australian Meat Industry Superannuation Trust (the Fund) ABN: 28 342 064 803 Registration No. R1001778.







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