

FIRSTCHOICE

INSURANCE

Personal Super – Wholesale Personal Super

Issue No 2019/2 dated 18 November 2019

Investments in FirstChoice Personal Super and FirstChoice Wholesale Personal Super are offered from the Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557 by Colonial First State Investments Limited ABN 98 002 348 352 AFS Licence 232468

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i Throughout this booklet, important insurance terms are introduced in **bold** in each section. Please see the **Definitions** section on page 20, where these terms are explained in detail.

About this document

This booklet forms part of the Product Disclosure Statement (PDS) for FirstChoice Personal Super (closed to new accounts) and FirstChoice Wholesale Personal Super. These products are collectively referred to as FirstChoice Super products in this booklet.

This booklet contains statements and information incorporated by reference and must be read in conjunction with the FirstChoice Super products PDS. References to 'the PDS' refer to the PDS, the Investment Options Menu and information incorporated by reference as described in the FirstChoice Super products PDS.

Important information

This booklet contains general information only and does not take into account your individual objectives, financial situation or needs. You should read the booklet carefully and assess whether the information is appropriate for you and consider talking to a financial adviser before making an investment decision.

All monetary amounts referred to in the booklet are in Australian dollars.

FirstChoice is a trademark of Colonial First State Investments Limited.

Investments in FirstChoice Personal Super and FirstChoice Wholesale Personal Super are offered from the Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557 ('FirstChoice' or 'the fund') by Colonial First State Investments Limited ABN 98 002 348 352 AFS Licence 232468 ('the trustee'). The trustee or its licensed related entities to which it has delegated investment management or administration functions in relation to this product are referred to in the PDS as 'Colonial First State', 'we', 'our' or 'us'.

FirstChoice is a resident, regulated superannuation fund within the meaning of the Superannuation Industry (Supervision) Act 1993 and is not subject to a direction not to accept contributions.

An interest in FirstChoice Super products cannot be issued to you unless you use the application forms attached to or accompanied by either a paper or an electronic copy of the PDS. The offer made in the PDS is available only to persons receiving the PDS within Australia.

If you are printing an electronic copy of the PDS, you must print all pages including the application forms. If you make the PDS available to another person, you must give them the entire electronic file or printout, including the application forms.

A paper copy of the PDS (and any supplementary documents) can also be obtained free of charge on request by calling Investor Services on 13 13 36 or by contacting your financial adviser.

The trustee may change any of the terms and conditions contained or referred to in the PDS, subject to compliance with the trust deed and laws and, where the change is material, the trustee will notify you in writing within the timeframes provided for in the legislation. The Insurance in Superannuation Voluntary Code of Practice (the Code) applies to superannuation trustees. Colonial First State Investments Limited (CFSIL) supports the Code and its objectives and intends to adopt the Code.

The transition plan for adoption of the Code will be published on the website by 31 December 2018.

Code Explanatory Statement

The Insurance in Superannuation Voluntary Code of Practice (the Code) is a voluntary code of practice for superannuation trustees. The Code was produced by a cross-industry working group and sets out the superannuation industry's commitment to high standards when providing insurance to members of superannuation funds. It does this by creating standard practices particularly in relation to insurance offered on an automatic basis, insurance communications and claims processes.

If any part of the PDS (such as a term or condition) is invalid or unenforceable under the law, it is excluded so that it does not in any way affect the validity or enforceability of the remaining parts.

The insurance provider is The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFS Licence 235035 ('CommInsure' or 'the insurer').

The insurance cover is provided under policies issued to the trustee by CommInsure. You can only apply for insurance cover by completing the insurance application form attached to this document.

The trustee is a subsidiary of the ultimate holding company, Commonwealth Bank of Australia ABN 48 123 123 124 AFS Licence 234945 ('the Bank'). The Bank or its subsidiaries do not guarantee the performance of FirstChoice Super products, or the repayment of capital by FirstChoice Super products.

Investments in FirstChoice Super products are not deposits or other liabilities of the Bank or its subsidiaries. Investments in FirstChoice Super products are subject to investment risk, including loss of income and capital invested.

As at 18 November 2019, the Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 (CMLA), trading as CommInsure, is a wholly owned but non-guaranteed subsidiary of the Bank. The Bank has agreed to divest CMLA to the AIA Group, with the transaction due to complete in 2020. Prior to divestment, the Bank and AIA Australia Limited (which is part of the AIA Group) will have entered into a Joint Cooperation Agreement, under which AIA Australia Limited will have an appropriate level of direct management and oversight of the CMLA business. 'CommInsure' is a registered business name of CMLA.

Introducing insurance through FirstChoice Super products

Insurance through FirstChoice Super products is a convenient and cost-effective way to help protect the financial security of you and your loved ones – no matter what lies ahead.

What insurance is available through FirstChoice Super products?

Depending on the cover you apply for, you can be protected if you die, become **disabled** or are unable to work due to illness or injury.

To apply for cover, you must complete the insurance application form at the back of this booklet. Cover will only start if the insurer accepts your application for insurance.

Understanding life insurance

Life insurance can provide a lump sum benefit to you or your family if you die, are diagnosed with a **terminal illness**, or become totally and permanently disabled.

You can choose the type of life insurance that best suits your needs and budget, either:

- death only cover, or
- death and total and permanent disablement (TPD) cover.

i Find out more: See **Life insurance: the basics** on page 2.

Understanding salary continuance insurance

Salary continuance insurance (SCI) can provide a regular monthly payment if you are unable to work due to illness or injury.

The benefit is based on your usual **monthly income** immediately prior to your disability. It is paid to you:

- while you continue to be disabled
- until you reach the end of your agreed **benefit period**, or
- until another event occurs that ends your cover.

i Find out more: See **Salary continuance insurance: the basics** on page 5.

Who is the insurer?

Insurance through FirstChoice Super products is provided under insurance policies issued by the Colonial Mutual Life Assurance Society Limited to the trustee. Any benefit paid under the policies will be paid to the trustee. The trustee will only pay a benefit in accordance with superannuation law and the trust deed.

The trustee will not make a payment greater than the amount it receives from the insurer.

The insurer and trustee may agree to vary the insurance arrangements at any time. You will be notified of any change which affects you.

Key features of FirstChoice Super products insurance

Here's a summary of the insurance cover available through FirstChoice Super products:

Death cover	Total and Permanent Disablement (TPD) cover	Salary Continuance Insurance (SCI) cover
COVERS YOU IF YOU ...		
Die or if you are diagnosed with a terminal illness and have less than 24 months to live	Become totally and permanently disabled	Are off work for an extended period because you are totally or partially disabled from an illness or injury
WITH A PAYMENT OF UP TO ...		
\$5 million	\$3 million	\$25,000 a month ¹
PAID TO ...		
Your chosen beneficiaries or your estate	You	You and your super fund
TO HELP WITH THINGS LIKE ...		
Your funeral, outstanding debts, your family's living expenses	Your living expenses, additional medical costs, carer fees	Your rent or mortgage, bills, groceries, rehabilitation costs

¹ Your maximum salary continuance cover limit is 75% of your usual monthly salary and up to 10% for your super contributions. This is subject to the product maximum of \$25,000 per month.

Why insure through FirstChoice?

Insurance through FirstChoice Super products can offer essential financial security for you and your family, plus the convenience of taking out cover within your super fund.

Here are some of the benefits of taking out insurance through FirstChoice Super products:

- **Affordability.** Your premiums are deducted from your super balance, so you can get the cover you need without it affecting your day-to-day budget.
- **Potential tax advantages.** Since premiums don't come out of your take-home pay, you can potentially pay less for your cover than if you took out a policy outside super.
- **Convenience.** You don't have to deal with a separate insurer, which means you can save time and avoid extra paperwork.
- **Worldwide cover.** You're covered 24 hours a day, no matter where you are in the world (subject to conditions).
- **Flexibility.** If your personal needs change, you have the option to increase your cover (subject to the insurer's acceptance) or decrease your cover.

Life insurance: the basics

By taking out life insurance through FirstChoice Super products, you can help ensure that your loved ones receive the financial support they need, even if you're no longer around.

At a glance		Find out more
Am I eligible to apply for cover?	You must be a FirstChoice Super products member and meet the relevant age restrictions: <ul style="list-style-type: none">• Death cover: at least 14 years of age and less than 75 years of age.• Total and permanent disablement (TPD) cover: at least 14 years of age and less than 60 years of age (more conditions apply).	See below
How much cover can I apply for?	<ul style="list-style-type: none">• Death cover: Up to \$5 million.• TPD cover: Up to \$3 million (must not exceed the amount of your death cover).	See below
What's covered?	<ul style="list-style-type: none">• Death cover: pays a benefit if you die or become terminally ill.• TPD cover: pays a benefit if you become totally and permanently disabled.	See below
What's not covered?	There are circumstances in which we won't pay a death, TPD or terminal illness benefit, including in cases of war, illegal activity and some instances of self-harm (more conditions apply).	See page 4
When does my cover start and end?	Your cover starts from when your application is approved and you have enough funds available for your premiums. It continues until an end-of-cover event takes place – for example, if you cancel your insurance.	See page 4
Who receives the benefit?	<ul style="list-style-type: none">• Your death benefit will be paid to your nominated beneficiaries or estate, or to you, in the case of terminal illness.• Your TPD benefit will be paid into your super account, which can be accessed if you meet a condition of release.	See page 4

Am I eligible to apply for cover?

To be eligible to apply for death cover, you must:

- be a FirstChoice Super products member (or applying to become a member), and
- be aged at least 14 and less than 75.

To be eligible to apply for TPD cover, you must:

- be a FirstChoice Super products member (or applying to become a member)
- be aged at least 14 and less than 60, and
- either be:
 - employed on a **permanent basis** (or on a fixed term contract of no less than 12 months) for at least 15 hours per week, or
 - engaged in full-time domestic duties or child rearing.

How much cover can I apply for?

You can apply for as much cover as you need up to a maximum of:

- \$5 million for death cover
- \$3 million for TPD cover (must not exceed your death cover amount).

There is no minimum cover amount.

What's covered?

You can apply for death only cover, or combined death and TPD cover – whichever best suits the needs of you and your family.

Death cover

If you die, your beneficiaries or your estate may be entitled to a lump sum benefit payment. If you are diagnosed as having less than 24 months to live, you may receive a **terminal illness** benefit.

To receive a terminal illness benefit, at least two **medical practitioners**, one of whom specialises in the illness you suffer, must certify that despite reasonable medical treatment you will die from the illness within 24 months.

Find out more: Refer to page 21 for further details on **terminal illness**.

Death and TPD cover

This combined cover offers the same entitlements as death only cover, as well as providing a potential payout if you become totally and permanently disabled.

If you receive a TPD benefit, your death benefit and terminal illness benefit will be reduced by the amount of the TPD benefit.

What does total and permanent disablement (TPD) mean?

Depending on your circumstances, we have different definitions of TPD. TPD means disablement which satisfies one of the following TPD definitions at the date of disablement:

Any occupation	<p>Disablement where the insurer is satisfied, on medical or other evidence, that as a result of illness or injury:</p> <ul style="list-style-type: none"> • you have been absent from your usual work for a period of three consecutive months, and • you have throughout that time been: <ul style="list-style-type: none"> • unable to engage in (whether or not for reward) any occupation, and • under the regular treatment, and following the advice, of a medical practitioner, and • you are likely to be so disabled for life.
Permanent loss	<p>Disablement where the insurer is satisfied, on medical or other evidence, that as a result of illness or injury, you have suffered:</p> <ul style="list-style-type: none"> • the permanent loss of use of two limbs, or • blindness in both eyes, or • the permanent loss of use of one limb and blindness in one eye (each as defined in the policy) <p>and the insurer considers, on the basis of medical and other evidence satisfactory to the insurer, you are unlikely ever to be able to engage in any occupation, whether or not for reward.</p>
Day 1 TPD	<p>Disablement where the insurer is satisfied, on medical or other evidence, that as a result of illness or injury:</p> <ul style="list-style-type: none"> • you are absent from all work as a result of suffering cardiomyopathy, primary pulmonary hypertension, major head trauma, motor neurone disease, multiple sclerosis, muscular dystrophy, paralysis, dementia and Alzheimer's disease, Parkinson's disease, blindness in both eyes, loss of speech, loss of hearing, chronic lung disease or severe rheumatoid arthritis (each as defined in the policy), and • you are unlikely ever to be able to engage in any occupation, whether or not for reward.
Domestic duties or child rearing	<p>Disablement where the insurer is satisfied, on medical or other evidence, that as a result of illness or injury you:</p> <ul style="list-style-type: none"> • have been unable to perform domestic duties or child rearing and have been confined to the home for a period of six consecutive months, and • are under the regular treatment, and following the advice, of a medical practitioner, and • continue to be so incapacitated to the extent that you are unable to engage in (whether or not for reward) any occupation, and • will be so disabled for life.
Activities of daily living	<p>Disablement where the insurer is satisfied, on medical or other evidence, that as a result of illness or injury, you have a permanent and irreversible inability to perform without the assistance of another person any two of the following activities of daily living:</p> <ul style="list-style-type: none"> • dressing – putting on and taking off clothing • toileting – using the toilet, including getting on and off • mobility – getting in and out of bed and a chair • continence – controlling bowel and bladder function • feeding – getting food from a plate into the mouth • bathing – the ability to wash or shower <p>and the insurer considers, on the basis of medical and other evidence satisfactory to the insurer, you are unlikely ever to be able to engage in any occupation, whether or not for reward.</p>

 **Find out more:** See **Definitions** on page 20.

The TPD definitions that are available to you depend on your circumstances at the date of your disability, which are set out in the table below:

At the date of your disablement the definitions that are available to you are ...
<ul style="list-style-type: none"> • You are engaged in regular remunerative employment, or • You are not in regular remunerative employment but you have been in regular remunerative employment at any time in the six months prior to the date of disablement 	<ul style="list-style-type: none"> • Any occupation • Permanent loss • Day 1 TPD
<ul style="list-style-type: none"> • You are engaged in full-time domestic duties or child rearing (but have been doing this for less than six months) 	<ul style="list-style-type: none"> • Domestic duties or child rearing • Permanent loss
<ul style="list-style-type: none"> • You are not engaged in regular remunerative employment, and have not been in regular remunerative employment, at any time in the six months prior to the date of disablement, or • You are engaged in full-time domestic duties or child rearing (and have been doing this for a continuous period of six months or more) 	<ul style="list-style-type: none"> • Activities of daily living

Meaning of words and expressions used in the TPD definition

In the TPD definition:

- **Occupation** means an occupation that you can perform, on a full time or part time basis, based on the skills and knowledge you have acquired through previous education, training or experience.
- **Regular remunerative employment** means, in the six months prior to the date of disablement, you have worked on average at least 15 hours per week over a three month period in any employment, business, profession or occupation, for reward or hope of reward. A person who is on employer approved leave (including leave without pay) for reasons other than illness or injury will be considered to be in regular remunerative employment for a maximum period of 24 months from the day on which their employer approved leave commenced.

What's not covered?

We won't pay a benefit if your death, **terminal illness** or total and permanent disablement:

- is due to suicide, attempt at suicide or intentional self-inflicted injury within 12 months of your cover commencing, recommencing or increasing (and, in the case of an increase, only the increased portion won't be paid), or
- arises, directly or indirectly, as a result of your participation, or intention to participate, in illegal activity, or
- an act or activity of war which occurs within Australia after your cover started or your participation in an act or activity of war which occurs after your cover started. These exclusions will apply regardless of whether the war or act of war is declared or not, and do not apply to death while on war service for Australia (where 'war service' has the same meaning the expression has under the Life Insurance Act 1995 (Cth)).

We won't pay a total and permanent disablement benefit for any condition which arises, directly or indirectly, as a result of a permanent or temporary banning, deregistration or disqualification, which:

- arises solely from disciplinary action undertaken against you, and
- prevents you from pursuing, practising or engaging in your occupation or profession.

We won't pay a benefit if:

- you die or become terminally ill, directly or indirectly, because of a **pandemic/epidemic illness** or any other condition caused by, or related to, the pandemic/epidemic illness in any way, and
- your death or terminal illness occurs within 30 days of your cover commencing, recommencing or increasing (and, in the case of an increase, only the increased portion won't be paid),

but this exclusion only applies 14 days from the date the insurer either advises the trustee or makes a public notification that it applies.

No payment will be made if it would cause the insurer to be in breach of the Health Act 1973 (Cth) and/or the National Health Act 1953 (Cth).

Cover indexation

Your death cover and TPD cover (up to \$1 million) are automatically indexed each year on your **policy anniversary**. Indexation is based on the percentage increase in the Consumer Price Index (up to a maximum of 5% pa).

As your cover increases with inflation, your premiums will also increase. If you do not want your insurance cover automatically indexed each year, please advise us in writing.

When does my cover start?

Your cover starts when:

- the insurer accepts your application for insurance, and you have enough money invested in your FirstChoice Super products account to cover the monthly premiums.

If your application is accepted, you'll be given written confirmation of the date your cover starts. Any increase to your cover will also be confirmed in writing.

When does my cover end?

Your cover will end when one of the following events takes place:

- the end of the month after your 75th birthday (for death cover)
- the end of the month after your 65th birthday (for TPD cover)
- 90 days have passed with your account balance in FirstChoice Super products being too low to cover the monthly premiums
- you cease to be a member of your FirstChoice Super product
- we receive a request from you to cancel your cover
- you die
- you receive a terminal illness benefit or TPD benefit that reduces your death benefit to nil
- the policy ends
- the date the law requires your cover to be cancelled.

In some circumstances cover that has been cancelled due to 16 continuous months of inactivity can be reinstated.

Find out more: See **What happens if I leave the fund?** on page 14.

Reinstating cover

Your insurance cover may be cancelled if your account is inactive for 16 continuous months. If this happens, you can request to have your insurance cover reinstated. This request must be received by us within 90 days of the cancellation date. If your insurance cover is reinstated, your premiums will be deducted to cover the period from the date your cover was cancelled (to ensure there is no gap in cover) and your cover will continue with the same policy terms. You'll need to make sure there is enough money in your account to cover this amount.

Inactive accounts

If we don't receive a contribution or rollover to your super account for a continuous period of 16 months (inactive account), we are required by law to cancel your insurance cover before your next premium is due, unless you tell us you would like to keep your cover. You can elect to keep your insurance cover by contacting us. We will cancel insurance cover for inactive accounts from 1 July 2019.

Who receives the benefit?

The type of claim determines who the benefit will be paid to, provided that the trustee is satisfied you meet a **condition of release**:

- Death cover benefits are paid to your nominated beneficiaries or to your estate.
- Terminal illness and TPD benefits are paid to you, provided you meet a condition of release under superannuation law.

What happens if I go overseas?

If you are claiming a total and permanent disablement benefit or a terminal illness benefit and are travelling or residing outside Australia, the insurer will require you to return to Australia for assessment, at your expense (unless you are unable to return to Australia for reasons that are acceptable to the insurer).

Salary continuance insurance: the basics

Salary continuance insurance can provide a regular payment if you're unable to work due to illness or injury, so you can focus on getting better – without worrying about how to make ends meet.

At a glance		Find out more
Am I eligible to apply for SCI cover?	You must be a FirstChoice Super products member aged at least 14 and under 60, and must meet the relevant work conditions.	See below
How much cover can I apply for?	You can get cover up to the lesser of \$25,000 a month and 75% of your before-tax monthly income plus 10% for super contributions.	See below
What's covered?	Salary continuance cover pays a monthly benefit if you're totally or partially disabled .	See below
What's not covered?	There are circumstances in which we won't pay a salary continuance benefit, including in cases of war, wilful taking of drugs, illegal activity, professional misconduct, self-harm and normal pregnancy and childbirth.	See page 7
How long do benefit payments last?	You can choose a benefit period of two years, five years or until you turn 65.	See page 8
When does my cover start and end?	Your cover starts from when your application is approved and you have enough funds available for your premiums. It continues until an end-of-cover event takes place – for example, if you cancel your insurance.	See pages 8 and 9
What's the waiting period?	You can choose a waiting period of 30 or 90 days.	See page 9
How are benefits paid?	Once the waiting period is over, we'll generally pay your benefit to you each month until you are no longer totally or partially disabled and can return to work, or until your maximum benefit period ends or you die (more conditions apply).	See page 9

Am I eligible to apply for SCI cover?

To be eligible to apply for salary continuance insurance, you must be:

- a FirstChoice Super products member (or applying to become a member)
- aged at least 14 and less than 60
- employed to carry out identifiable duties, and actually performing those duties at least 15 hours a week and being capable of performing those duties for at least 35 hours a week
- employed for an indefinite duration or for a fixed term of 12 months or more
- required to work a regular number of hours each week
- in employment that provides for paid annual leave and sick leave, and
- an Australian citizen or permanent resident within the meaning of the Migration Act 1958.

You cannot apply for salary continuance insurance cover if you are a casual employee.

How much cover can I apply for?

The maximum monthly amount that you can apply for is 85% of your before-tax **monthly income** (including up to 10% for superannuation contributions), up to a maximum of \$25,000 a month.

There is no minimum monthly amount.

What's covered?

SCI cover provides the following benefits:

- a total disability benefit, and
- a partial disability benefit.

Total disability benefit

When we pay the total disability benefit

We pay the total disability benefit if you are **totally disabled** and have been:

- **disabled** for the whole **waiting period** (although an attempted return to work during this period may be permissible – refer to page 9 for further details)
- totally disabled for at least 14 out of the first 19 consecutive days of the waiting period, and
- continuously disabled after the end of the waiting period (unless you suffer a recurrent disability – refer to page 9 for further details).

The total disability benefit will start to accrue after the waiting period ends and will be paid monthly in arrears.

What does totally disabled mean?

You are totally disabled if, as a result of a sickness or an injury, you:

- cease to be employed or self-employed for reward (including where you have ceased to receive any reward from your employer because of the sickness or injury but remain employed by the employer)
- are unable to perform at least one income producing duty of your **normal occupation**
- are not working, and
- are under the regular care of a **medical practitioner**.

An income producing duty is a duty of your normal occupation which produces at least 20% of your **monthly income**.

If you are on employer approved leave for 12 months or more immediately preceding a claim, then the second bullet point above is replaced with 'are unable to perform any occupation for which you are reasonably suited by education, training or experience'.

We may treat the total disability as having occurred no earlier than the date a medical practitioner examines you and certifies you are totally disabled.

Amount we pay

The monthly amount we pay is the monthly benefit.

The monthly benefit is the lesser of:

- \$25,000 per month
- the level of cover the insurer has agreed to and for which premiums are being deducted, and
- your **insured percentage** multiplied by your **pre-disability income**.

Benefits payable for a period of less than one month are calculated on the basis of 1/30th of the total disability benefit for each day the benefit is payable.

The monthly benefit may be reduced in some circumstances (refer to page 8 for further details).

When the total disability benefit ends

Total disability benefit payments will end on the earliest of the following:

- you are no longer **totally disabled**
- your **benefit period** ends
- the first premium due date after your 65th birthday
- you die.

Partial disability benefit

When we pay the partial disability benefit

We pay the partial disability benefit if you are **partially disabled** and have been:

- **disabled** for the whole **waiting period** (although an attempted return to work during this period may be permissible – refer to page 9 for further details)
- totally disabled for at least 14 out of the first 19 consecutive days of the waiting period, and
- continuously disabled after the end of the waiting period (unless you suffer a recurrent disablement – refer to page 9 for further details).

The partial disability benefit will start after the waiting period ends and will be paid monthly in arrears.

What does partially disabled mean?

You are partially disabled if you are not **totally disabled** but as a result of a sickness or an injury are:

- unable to work in your **normal occupation** at full capacity
- working in your normal occupation in a reduced capacity, or working in another occupation
- earning less than your **pre-disability income**, and
- under the regular care of a **medical practitioner**.

If you become unemployed or go on leave without pay while a partial disability benefit is payable, then for the purpose of determining whether you are partially disabled, we must be satisfied that you are not totally disabled and as a result of the sickness or injury that caused the partial disability:

- you are only capable of working in your normal occupation in a reduced capacity, or working in another occupation
- the **monthly income** that you are capable of earning from any occupation for which you are reasonably suited by education, training or experience would be less than your pre-disability income, and
- you are under the regular care of a medical practitioner.

We may treat the partial disability as having occurred no earlier than the date a medical practitioner examines you and certifies you are partially disabled.

Amount we pay

The amount we pay for each month of partial disability is calculated as follows:

$$\frac{(D - P)}{D} \times \text{monthly benefit}$$

D is your **pre-disability income**

P is the **monthly income** you earn from any occupation while you are **partially disabled**.

If you are not earning any income from any occupation, then we will treat P as the monthly income that you could reasonably have been expected to earn from your **normal occupation** unless we consider that:

- you have made reasonable attempts to engage in that occupation
- those attempts were unsuccessful, and
- you are otherwise disabled.

If you become unemployed or go on leave without pay while a partial disability benefit is payable, the maximum partial disability benefit payable will be 60% of the total disability benefit that would have been payable had you been **totally disabled**.

If you have been totally disabled for at least the **waiting period** and then:

- return to work in a reduced capacity
- as a result your monthly income is 20% or less than your pre-disability income, and
- are otherwise partially disabled,

we will, as long as these conditions continue to apply, pay the total disability benefit instead of the partial disability benefit for up to three months. If, after we stop paying the total disability benefit, you are still partially disabled, we will pay the partial disability benefit until it ends.

The monthly benefit may be reduced in some circumstances (refer to page 8 for further details).

The partial disability benefit is payable monthly in arrears. Benefits payable for a period of less than one month will be calculated based on 1/30th of the partial disability benefit for each day the benefit is payable.

When the partial disability benefit ends

Partial disability benefit payments will end on the earliest of the following:

- you are no longer **partially disabled**
- your **benefit period** ends
- the first premium due date after your 65th birthday
- you die.

What's not covered?

We won't pay a benefit if your sickness or injury is directly or indirectly caused by:

- intentional self-inflicted injury or attempted suicide where the sickness or injury occurs within 12 months of your cover commencing, recommencing or increasing (and, in the case of an increase, only the increased portion won't be paid)
- your participation, or intention to participate, in illegal activity
- war or act of war, whether declared or not, or
- your permanent or temporary banning, deregistration or disqualification, which:
 - arises solely from disciplinary action undertaken against you, and
 - prevents you from pursuing, practising or engaging in your occupation or profession.

We won't pay you a benefit if an illness or injury is directly or indirectly caused by **normal and uncomplicated pregnancy or childbirth** unless, as a result of the illness or injury, you are totally disabled continuously for a 90-day period commencing on the later of:

- the date your pregnancy ended (being the later of the date you gave birth and the date a **medical practitioner** examined you and certified that you are no longer pregnant), and
- the date a medical practitioner examined you and certified that you are **totally disabled** as a result of the relevant illness or injury.

If your **waiting period** is less than 90 days and you were totally disabled throughout the above period, any benefit payable will be treated as being payable from the date after your waiting period ended.

We won't pay a benefit for the same period for which an income protection benefit is payable under FirstChoice Employer Super or another FirstChoice Super product.

No payment will be made if it would cause the insurer to be in breach of the Health Act 1973 (Cth) and/or the National Health Act 1953 (Cth).

Multiple payouts

The insurer will only pay a benefit for one sickness or injury at a time. However, if you have both TPD cover and salary continuance cover, you may be entitled to both benefits if you meet all the conditions.

Find out more: See **When does my cover start and end?** on pages 8 and 9.

What can reduce my benefit?

A benefit will be reduced by any income payment you receive if the payments:

- exceed 10% in total of your **pre-disability income**, and
- are received for the same period as the relevant benefit.

These payments include:

- payments as a result of workers' compensation or motor accident claims or any claims under similar State or Federal legislation, but not including any Centrelink Disability Support Pension payments
- payments from other insurance that provides income payments due to sickness or injury
- those payable under government paid parental leave schemes
- those payable under social security legislation or any other legislation that provides for income benefits, and
- any payments from an employer, including leave payments such as sick, annual and long service leave pay (but such a payment is excluded in calculating a partial disability benefit).

The total disability benefit is also reduced by any amount of **monthly income** you receive from your employer while **totally disabled**.

The reduction in benefits will be made to the extent that the total disability benefit, combined with the relevant payments, exceeds the greater of:

- the **insured percentage** of the dollar amount of your monthly income last agreed to by the insurer
- the insured percentage of your pre-disability income.

The reduction in benefits will be made to the extent that the partial disability benefit, combined with the relevant payments, exceeds 100% of your pre-disability income.

If a payment is received as a lump sum or is exchanged for a lump sum, the payment will have a monthly equivalent value of 1/60th of the lump sum over a period of 60 months.

A benefit will not be reduced by any of the following amounts:

- a lump sum or part of a lump sum that was paid for pain and suffering or for the loss of use of a part of the body, or
- a lump sum paid under an insurance policy for total and permanent disablement.

When should I change my level of cover?

It's important to consider your level of cover if your employment situation changes. For example, if your **monthly income** goes up, your salary continuance benefit entitlement will remain the same unless you apply, and are accepted, for additional cover. Cover indexation may apply (see opposite).

On the other hand, if your monthly income goes down, your benefit entitlement will also be reduced, but your premiums will not reduce.

At any time, you can apply to change your level of cover by writing to us. We recommend that you speak to a financial adviser to ensure that your cover is right for you.

Cover indexation

If you have salary continuance cover, your monthly insured cover will be indexed annually, starting one year after your cover starts. Indexation will be in line with the Consumer Price Index (to a maximum of 5%). Cover amount can not exceed \$25,000 per month. Indexation of your cover will not occur while a disability benefit is payable but benefit indexation may apply (see below).

As your cover increases with inflation, your premiums will also increase. If you do not want your insurance cover automatically indexed each year, please advise us in writing.

Benefit indexation

If your **benefit period** is five years or to age 65, your benefit payment will be indexed annually, starting one year after your benefit commenced. Indexation will be in line with the Consumer Price Index (to a maximum of 5%), up to \$25,000 a month.

How long do benefit payments last?

When you apply for salary continuance cover, you'll need to choose a **benefit period** which is the maximum period for which you'll receive benefit payments if you have to make a claim. The longer your benefit period, the higher the cost of your insurance premiums.

You can apply for one of these benefit periods:

- two years
- five years
- to age 65.

If, however, when you become disabled, you are neither employed on a **permanent basis** nor in **self-employment**, then even if you have chosen and have been paying premiums for a benefit period longer than two years, the benefit period which applies to a claim for your disability is restricted to two years.

What happens if I go overseas?

Your SCI cover provides you with worldwide cover. However, a maximum of six months' benefits will be paid for any one claim while you are outside Australia. To continue receiving a benefit under SCI cover after this period, you must return to Australia, at your expense (unless you are unable to return to Australia for reasons that are acceptable to the insurer).

When does my cover start?

Your cover starts when:

- the insurer accepts your application for this insurance, and
- you have enough money invested in FirstChoice Super products to cover the monthly premiums.

Accidental disability cover starts on the date the application is received by the insurer.

When does my cover end?

Your cover will end when one of the following events takes place:

- the end of the premium month after your 65th birthday
- 90 days have passed with your account balance being too low to cover the monthly premiums
- you cease to be a member of your FirstChoice Super product
- we receive a request from you to cancel your cover
- you die
- the policy ends
- the date the law requires your cover to be cancelled.

In some circumstances cover that has been cancelled due to 16 continuous months of inactivity can be reinstated.

i Find out more: See **What happens if I leave the fund?** on page 14.

Reinstating cover

Your insurance cover may be cancelled if your account is inactive for 16 continuous months. If this happens, you can request to have your insurance cover reinstated. This request must be received by us within 90 days of the cancellation date. If your insurance cover is reinstated, your premiums will be deducted to cover the period from the date your cover was cancelled (to ensure there is no gap in cover) and your cover will continue with the same policy terms. You'll need to make sure there is enough money in your account to cover this amount.

Inactive accounts

If we don't receive a contribution or rollover to your super account for a continuous period of 16 months (inactive account), we are required by law to cancel your insurance cover before your next premium is due, unless you tell us you would like to keep your cover. You can elect to keep your insurance cover by contacting us. We will cancel insurance cover for inactive accounts from 1 July 2019.

What if I become unemployed or go on leave?

In either of these cases, your SCI cover will continue as long as your premiums continue to be paid. However, if you are unemployed immediately prior to your disablement, you will not be able to make a claim.

What's the waiting period?

When you apply for SCI cover, you can choose a **waiting period** of 30 or 90 days. The waiting period you choose affects the cost of your premiums.

To make a claim, you must be **totally** or **partially disabled** for longer than your chosen waiting period, which starts when you become **disabled**.

If the waiting period starts during your period of cover but ends after your cover ends (or less than one month before), and you are eligible to receive a benefit, the insurer will pay one monthly benefit.

Returning to work during the waiting period

If your **waiting period** is 30 days, you can return to work at full capacity for a total of five days before the waiting period starts again. If your waiting period is 90 days, you can return to work at full capacity for a total of 10 days before the waiting period starts again. In either case, the waiting period will be extended by the number of days you worked.

Recurrent disability

If you become **totally disabled** again from the same or a related sickness or injury within six months after you stop receiving benefit payments, there won't be a new **waiting period** in respect of the recurrent disability, provided you are totally disabled. You will then be eligible for the continuation of a total or a partial disability benefit. Your benefit entitlement from your original claim will continue until you are no longer disabled or your **benefit period** ends. During that time, your benefit will be reduced if you become **partially disabled**.

How are benefits paid?

Once your claim is approved and we receive your monthly claim form, we will start paying your benefits into your nominated bank account monthly in arrears.

SCI benefits and tax

Salary continuance benefits are treated as income, and tax is deducted before the monthly benefit is paid to you. This includes the portion paid for your superannuation contributions, which is paid by the insurer to your superannuation fund as a personal (non-concessional) contribution. Refer to the ATO website for details on non-concessional contribution caps or speak to your financial adviser.

Do I keep paying premiums if I make a claim?

We'll stop deducting premiums for SCI cover from your super account while you're receiving SCI benefit payments, starting from the end of your **waiting period**.

What happens after my benefit payments stop?

After your benefit payments come to an end, your salary continuance cover will continue, and we'll start deducting your premiums again provided you are less than 65 years of age.

Additional claims

If you have reached your maximum **benefit period**, you won't be able to make another claim for the same illness or injury. Also, if you have not returned to work, you can't receive a monthly benefit payment under this policy for any other condition.

i Find out more: See **Making a claim** on page 18.

How much does it cost?

FirstChoice Super products insurance is designed to give you the protection you deserve, without costing the earth; and, with your insurance premiums paid straight from your super account, you can relax, knowing you're covered.

At a glance		Find out more
How are my premiums calculated?	Your premiums depend on the type of cover you take out, your age, gender, occupation and whether you're a smoker.	See below
Estimating my premium	Use our handy guide to work out how much you might pay, or use the premium rate tables on pages 22 to 25.	See page 11
How are my premiums paid?	Your premiums are paid each month straight from your FirstChoice Super products account.	See page 11
Will my premiums change?	While your premiums will generally rise each year as you age, they won't change because you switch occupations or alter your lifestyle. If you make changes to your level of insurance, your premiums will change.	See page 11
What happens if I can't pay my premiums?	If you don't have enough money in your super account to cover your premiums, your cover will cease.	See page 11

How are my premiums calculated?

On your **policy anniversary** each year, your annual premium is calculated based on the age you'll be at your next birthday. The total cost of your premium depends on which types and levels of cover you choose.

Your premiums may also be affected by:

- your gender
- your occupation
- the state of your health
- whether or not you smoke
- any sports you play or recreational activities you're involved in
- for SCI cover, your selected **waiting period** and **benefit period**.

Find out more: See the **Premium rate tables** on pages 22 to 25.

How does my occupation affect the cost of my premiums?

Different types of occupations have different levels of risks, and your occupation group may affect the cost of your insurance premium. The following table shows how we categorise different occupations, so you can get an idea of where yours might fit. This table is a guide only, and the criteria may change at any time.

Occupation group	Description
Professional	To qualify in this category, you must: <ul style="list-style-type: none"> • earn \$80,000 or more a year • only work in an office environment • perform an occupation that requires no manual work.
White collar	Occupations that require no manual work but do not otherwise meet the 'Professional' criteria. Examples include: <ul style="list-style-type: none"> • clerical or administrative roles • managerial roles • sales roles that don't involve travelling or making deliveries.
Light blue collar	Occupations that involve up to 20% manual activity. Examples include: <ul style="list-style-type: none"> • retail sales representatives • supervisors of manual workers who do not perform any manual work themselves.
Blue collar	Occupations that involve more than 20% manual work, such as cleaning, carpentry, plumbing, or lifting items weighing over 5kg. Examples include: <ul style="list-style-type: none"> • tradespeople • delivery drivers • mechanics.
Not eligible	Hazardous occupations or any other occupations the insurer won't cover. Examples include: <ul style="list-style-type: none"> • underground miners • explosives handlers • professional sportspeople.

Find out more: Call **Investor Services** on **13 13 36** or speak to your financial adviser.

Estimating my premium

To find out which premium rate applies to you, check the premium rate tables on pages 22 to 25. Take into account your age next birthday, your gender, and whether or not you smoke. Allow for the **occupation loading factors**, if applicable.

Life insurance cover	
[(Death premium rate × death occupation loading factor)	
+	
(TPD premium rate × TPD occupation loading factor)]	
×	
Death and TPD insurance cover	
÷	
\$1,000	

Example: Calculating life insurance cover

Greg is a non-smoker who will turn 36 on his next birthday. He is a light blue collar worker, and would like death and TPD cover valued at \$500,000.

The rate is calculated as (0.57 × 1) + (0.30 × 1.50) = 1.02 (where 1.50 is the TPD occupation loading factor for light blue collar).	\$ (1.02 × 500,000)	
	÷	= \$510 per year
	\$1,000	

Salary continuance cover

Premium rate × insurance cover	
÷	
\$100	
×	
Occupation loading factor	

Example: Calculating salary continuance premiums

Linda is a non-smoker who will turn 40 on her next birthday. She is a white collar worker, and would like:

- \$4,000 of salary continuance cover a month, with a
- 90-day waiting period, and a
- two-year benefit period.

\$(8.15 × 4,000)	
÷	× 1.00 = \$326 per year
\$100	

Note: The above calculations are only estimates. Your premium cost will depend on your personal circumstances, and may include a premium loading, exclusions or other special conditions to your cover. We will notify you if any of these apply when we advise you in writing of your actual premium.

How are my premiums paid?

Your monthly insurance premiums are payable in advance. We deduct your monthly premiums directly from your FirstChoice Super products account.

You can choose which investment option you want us to deduct your monthly premiums from. It's essential that you always have enough money invested in this option to cover your monthly premiums – otherwise, your cover could lapse.

If deducting your monthly premium would cause your investment balance to fall below the required minimum balance of \$1,500, the investment may be transferred to an Eligible Rollover Fund. If this happens, you will no longer be a FirstChoice Super products member, and your insurance cover will cease immediately. You will be advised in writing before this takes place.

If you choose to have your premiums deducted from FirstRate Term Deposit or FirstRate Investment Deposit options, this will be counted as an **early withdrawal** and will reduce the interest you receive.

Find out more: Download the FirstChoice Super and Pension products Reference Guide from colonialfirststate.com.au

What is a default order?

If you don't choose the investment option you want us to deduct your monthly premiums from, or if the option you choose is invalid, we'll usually deduct your monthly premiums from what we consider to be your most conservative investment option. This is known as the default order.

In the case of a default order, special rules may apply if you hold FirstRate Term Deposit or FirstRate Investment Deposit options.

Find out more: Call Investor Services on 13 13 36.

Will my premiums change?

Your premiums will generally increase each year in line with your age.

Once you're covered, the insurer won't increase your premiums because of any changes to your health, occupation or lifestyle. However, if you apply to increase your cover, the insurer will take these kinds of changes into account. If your application is accepted, the insurer may apply a premium loading, exclusion or special condition to the increased portion of your cover.

If the insurer increases its standard premium rates for any reason, we'll notify you in advance.

What happens if I can't pay my premiums?

At all times, you must make sure you have enough money in your nominated investment option to cover your monthly insurance premiums.

If the insurer does not receive your monthly premium within 90 days after its due date, your cover will cease.

You can prevent that happening by keeping track of your super and contributing extra to your super account.

Find out more: You can track your super online using FirstNet. To find out more about tracking your super and making extra contributions, call **Investor Services** on 13 13 36.

Changing your cover

FirstChoice Super products insurance is easy to apply for, but we may need some extra medical or financial information to work out the amount of cover we can give you. It's flexible, so if your life changes, you can increase your cover so you're totally protected.

At a glance		Find out more
Can I cancel or change my cover?	Yes, by applying in writing. You can also reduce or cancel your cover over the phone.	See below
How do I apply?	Simply complete the FirstChoice insurance application form, and provide any extra information we ask for, if needed.	See below
Transferring my cover	You can transfer your cover from another fund to FirstChoice Super products, but the details of the cover may change.	See below
Interim cover for accidents	When you apply for insurance, you may receive interim accident cover while your application is being assessed.	See page 13
What is the 'life events' option?	You can apply to increase your existing life insurance cover if your life changes – for example, if you get married or have a child.	See page 14
What happens if I leave the fund?	If you haven't claimed, you may apply to continue your insurance, by providing some health evidence, but you'll have to take out an individual life insurance policy with the insurer.	See page 14

Can I cancel or change my cover?

You can reduce or cancel your cover over the phone by calling Investor Services on 13 13 36.

If you wish to apply for additional cover or reapply for cover after cancelling or reducing cover, you will need to complete the insurance application form on page 33.

We recommend that you review your insurance arrangements regularly, and speak to your financial adviser before you apply to change your cover.

How do I apply?

To apply for new cover, you will need to complete the FirstChoice insurance application form on page 33.

Depending on your age, occupation, health, medical history and the level of cover you apply for, you may also have to provide further medical evidence or meet other requirements.

Once your application is approved, we'll write to you confirming the amount of cover the insurer has agreed to give you.

The insurer may accept your application for new cover or a change in your cover subject to premium loadings, exclusions or non-standard terms. If this is the case, we'll notify you in writing.

Transferring my cover

If you have insurance cover through another super fund, you may be able to transfer the type of cover and level of cover to FirstChoice Super products. Conditions apply.

Find out more: See **Transferring cover from another super fund** on page 15.

Interim cover for accidents

When you apply for new cover or apply for an increase in your cover, the insurer may provide interim accident cover while your application is being processed. Interim accident cover is not available for applications to transfer cover into FirstChoice Super products.

Life insurance cover (death and TPD cover)

Accidental death or accidental total and permanent disablement must arise as a result of bodily injury caused solely and directly by an unforeseen violent, external and visible event. This interim cover is provided from the date the insurer receives your application until:

- your application is accepted or refused
- you withdraw your application
- 120 days have passed from the date your application is received
- the insurer cancels the cover
- a benefit becomes payable,

whichever happens first.

If you make a claim, the value of the benefit will depend on the level of cover you've applied for, up to a maximum of \$1 million.

The benefit is payable only once, for either accidental death or accidental TPD, but not both. In the case of accidental TPD, we will use the same TPD definition as if you'd already been approved for TPD cover.

We won't pay a benefit if your death or TPD is the result of suicide, intentional self-inflicted injury or infection, any act of war (whether declared or not), or professional misconduct, illegal activity or wilful taking of drugs. No TPD benefit is payable if the TPD is caused directly or indirectly by war (whether declared or not). No death benefit is payable if death is the result of a declared **pandemic or epidemic illness**.

Salary continuance cover

You will be eligible for an **accidental disability** benefit if you become **totally disabled** as a result of a bodily injury which is caused solely and directly by accidental, external and visible means and which you first suffer during the period of accidental disability cover. This interim cover is provided from the date the insurer receives your application until:

- your application is accepted or refused
- your application is withdrawn
- 120 days have passed
- the insurer cancels the cover
- an accidental disability benefit becomes payable
- you die
- you turn 65
- the policy terminates
- you stop being a member of FirstChoice Super products, whichever happens first.

Your monthly benefit entitlement will be based on the level of new or increased cover you've applied for, up to a maximum of \$15,000 per month. Your monthly benefit cannot exceed 75% of your salary with an allowance of up to 10% for super. This benefit is payable if you suffer an accidental total disability that continues beyond the length of the **waiting period** you have nominated in your application.

The benefit will be paid until either:

- you are no longer accidentally disabled
- six months after the end of the applicable waiting period
- you die
- you turn 65,

whichever happens first.

If you are eligible for an accidental disability benefit under this interim cover, your application for standard cover may still be accepted. However, your change in health may be taken into account. As a result, the insurer may decline your application or otherwise accept it with a premium loading or non-standard terms.

Where relevant, the exclusions and benefit offsets that apply to standard salary continuance cover also apply to this interim cover.

What is the 'life events' option?

If you undergo one of the life events listed below, you can apply to increase your existing life insurance cover. You won't need to send us any extra medical evidence, although we will need to see the following documents:

Event	What documents do I need to provide?
Marriage	<ul style="list-style-type: none"> • Certified marriage certificate
Birth or legal adoption of a child (this does not include assuming parental responsibilities for a stepchild or becoming a legal guardian)	<ul style="list-style-type: none"> • Certified birth certificate, or • Certified adoption documentation
The mortgage of your primary residence for the purpose of purchasing the residence	<ul style="list-style-type: none"> • Stamped front page of the contract of sale, and • A letter on your bank's letterhead detailing the loan arrangement
Your child's first day at primary or secondary school	<ul style="list-style-type: none"> • A certified copy of a letter on the school letterhead confirming the name of the student, the school start date and whether your child is starting primary school (kindergarten) or secondary school (Year 7)
Divorce	<ul style="list-style-type: none"> • Decree nisi/decree absolute, or • Certified divorce certificate
Death of your spouse	<ul style="list-style-type: none"> • Certified death certificate

For you to be eligible for an increase in your existing life insurance cover under the life events option, we must receive your application and supporting documentation within 120 days of the event.

You will not be eligible for the life events option if:

- your FirstChoice Super products cover ends
- you die, become terminally ill or totally and permanently disabled
- you do not live and are not in **active employment** in Australia
- you have previously had life cover declined under this policy or any other life insurance policy
- you are eligible to make a claim under this policy.

You cannot increase your salary continuance cover under the life events option.

i Find out more: Download the life events cover form from the Colonial First State forms library at colonialfirststate.com.au

By how much can I increase my cover under the life events option?

Under the life events option, you can apply to increase your existing life insurance cover by up to the lesser of:

- \$250,000, or
- 100% of your existing cover.

If you have combined death and TPD cover, you must apply to increase both components of the cover in the same proportion.

Your approved cover increase will be provided as a fixed dollar amount, on top of your existing level of cover. The increase will come into effect from the date we receive your written notification and supporting documentation, provided it is subsequently accepted by the insurer.

Any exclusions, loadings or other restrictions that apply to your existing cover will also apply to the increased portion of cover. Your monthly premium will change based on your new level of cover, once the insurer accepts the cover.

How often can I increase my cover under the life events option?

You can apply for multiple increases under the life events option, provided there is at least a 12-month gap between your applications. The only exclusion is the mortgage option, which you can only use once as the basis for a cover increase.

What happens if I leave the fund?

If you leave FirstChoice Super products at any time and no benefit has been paid or is payable to you and your premiums are not overdue, you may apply to continue your cover. You may be required to provide health and financial evidence. To do this, you have to take out an individual life insurance policy with the insurer.

Your level of cover under an individual life insurance policy will be the same as that you have on the day you leave FirstChoice Super products. The terms and premium rates will be those that apply when the new policy is issued. However, your new policy will also be subject to any minimum policy requirements, non-standard terms, premium loadings or exclusions that apply under your FirstChoice Super products cover.

To exercise this **continuation option**, you must be aged under 60 and you must apply within 45 days of ceasing to be a member of FirstChoice Super products.

You will not be eligible for future cover under FirstChoice Super products unless you reapply and your application is accepted.

If your life insurance cover ceases and you're eligible to exercise the continuation option for that cover, the insurer will pay a benefit if you die, suffer a **terminal illness** or, if applicable, become totally and permanently disabled. This is subject to the insurer's claims assessment.

This must occur within 45 days of your cover ending and you ceasing to be a member of FirstChoice Super products, but before you obtain cover through a continuation option.

If your salary continuance cover ceases and you're eligible to exercise the continuation option for that cover, the insurer will pay a benefit if you become **totally disabled**, subject to the insurer's claims assessment. This must occur within 45 days of your cover ending and you ceasing to be a member of FirstChoice Super products, but before you obtain cover through a continuation option. The benefit will be payable if you remain **disabled** for longer than the **waiting period**, up to a maximum of two years.

i Find out more: See **What happens if my cover lapses?** on page 19.

Transferring cover from another super fund

At FirstChoice, we've made transferring your cover from your previous fund simple and straightforward, so you can make sure you're covered, no matter what happens.

At a glance		Find out more
Am I eligible to transfer my cover?	You must be under 55 years of age and meet certain conditions in order to be eligible to transfer any cover. This age restriction does not apply when transferring cover between FirstChoice products.	See below
Is there a limit to the amount of cover that can be transferred?	<ul style="list-style-type: none">• Death and TPD cover – your existing cover and transferred cover cannot exceed \$1.5 million.• SCI cover – the cover you transfer cannot exceed a \$10,000 monthly benefit.	See page 16
How do I transfer my cover?	<ul style="list-style-type: none">• Complete the transfer of insurance cover form and attach a statement of existing cover.	See page 16
What will change and what will stay the same?	<p>The type of cover and amount of cover that you had in your previous super fund, subject to the transfer of cover maximums set out below and any individual exclusions that applied under the previous fund will be transferred across to FirstChoice Super products.</p> <p>Any formulas used to calculate your insurance (which will convert to a fixed dollar amount), your premium rates, the terms and conditions of your policy and the occupation group will change.</p>	See page 17

About cover transfers

You can apply to transfer your existing death, death and TPD and/or SCI cover (income protection) from another super fund to FirstChoice Super products.

To do this, you will need to complete the transfer of insurance cover form on page 29. Transfer of cover is subject to the insurer's acceptance, and the insurer may accept only one or all of death, TPD and/or SCI cover.

Transferring cover gives you the ability to consolidate your super without losing the type of cover and amount of cover that you had in your previous super fund, subject to the transfer of cover maximums set out on the following page.

If the insurer accepts your application for the transfer of cover, the insurance terms and premium rates applying to FirstChoice Super products will apply to your transferred cover. Therefore, you should compare the terms of your existing cover with the terms of insurance available through FirstChoice Super products before deciding whether transferring your existing cover is right for you.

Am I eligible to transfer my cover?

You can only transfer insurance cover held within a super fund (excluding self-managed super funds and defined benefit arrangements) and only if you transfer the entire account balance from your previous super fund to FirstChoice Super products.

To be eligible to apply for the transfer of cover, the following eligibility rules apply:

- You must be:
 - less than 55 years of age (but this does not apply if you are transferring cover between FirstChoice products), and
 - for TPD cover you are working at least 15 hours per week, and
 - for SCI cover you are employed on a permanent basis or self employed.

- The cover to be transferred:
 - must have been in place for at least 12 months
 - must not have an individual premium loading
 - for SCI cover, the cover to be transferred cannot have a waiting period greater than 90 days.
- You cannot have previously had an application for death, TPD or income protection/SCI cover declined.
- You must not have been diagnosed with an illness that reduces your life expectancy to less than 24 months.
- No amount can have been paid or be payable by, and no claim can have been lodged with, an insurer, super fund or government body because you have suffered a disability.
- In the last 12 months, you must not have been advised to undergo treatment or to take medication prescribed by a medical practitioner that was intended to last for three months or longer (excluding the contraceptive pill, hormone replacements, inhaled asthma medication or cold, flu or hayfever medication).
- You can't transfer cover if, due to injury, illness or impairment:
 - you are unable to work 35 hours per week
 - you have had your duties or workplace modified in the last two years and you have not resumed your pre-modified duties, or
 - you are working in a role or occupation that has been designed or chosen to suit your needs.

If you are in a high risk occupation, you may not be eligible to transfer TPD and SCI cover.

Is there a limit to the amount of cover that can be transferred?

For death only cover or death and TPD cover – your existing cover in FirstChoice Super products plus the amount of cover you transfer to FirstChoice Super products cannot exceed \$1.5 million.

For SCI cover – the cover you transfer to FirstChoice Super products cannot exceed a \$10,000 monthly benefit. The transferred cover will replace any existing SCI cover.

Transferring cover: how it works

Death and TPD cover

If you have \$150,000 of death only cover within your FirstChoice Super product, and your former cover is \$100,000 death and TPD, your new FirstChoice Super cover will provide \$250,000 death and \$100,000 TPD cover.

SCI cover

If your cover within your FirstChoice Super product is \$4,000 per month (30-day **waiting period** and to age 65 **benefit period**) and your former fund cover is \$7,500 per month (90-day waiting period and two-year benefit period), your new FirstChoice Super cover will be \$7,500 per month (90-day waiting period and two-year benefit period).

Other things you should know

You can transfer like-for-like cover, depending on the product restrictions and eligibility rules. For example, if you have death and TPD cover with your former fund, you must transfer both types of cover into your FirstChoice Super products fund. However, if we decline the TPD cover, the transfer of cover for death only cover may still be accepted.

You can also transfer partial cover, as long as the cover is like-for-like.

How do I transfer my cover?

To transfer cover you already have with another super fund, you will need to complete the transfer of insurance cover form on page 29.

Cancelling your previous cover

It is important that you receive an acceptance confirmation from your FirstChoice Super product before you cancel your previous cover or transfer your superannuation account balance. This will allow for the transferred cover to commence in your FirstChoice Super product. Otherwise, you may be left without any insurance cover. Once you have received an acceptance confirmation, if you do not cancel your transferred cover, you will not be entitled to claim on the portion of cover transferred to your FirstChoice Super product.

Providing proof of cover

You will need to provide proof of existing cover by providing a valid statement from the former fund, which is dated within the last six months, or a Certificate of Currency on company letterhead, or an adviser-generated portfolio report. The statement needs to clearly outline the existing insurance cover held and the acceptance terms of the cover including any loadings, exclusions or special conditions.

What will change and what will stay the same?

When you transfer your death, death and TPD and/or SCI cover to FirstChoice Super products, some things about your old cover will change, while some will stay the same.

What stays the same?

Things that won't change about the cover you are transferring to FirstChoice Super products are:

- the type of cover (eg death cover)
- your sum insured/monthly benefit (as applicable), subject to the maximum transfer cover amounts (although you can select a lesser amount)
- any individual exclusions (as opposed to standard policy exclusions), but the exclusion wording will be on FirstChoice Super product insurance terms.
- for SCI cover:
 - the **benefit period** (if available – see below)
 - the **waiting period** (if available – see below)

Benefit period in former fund	New benefit period
2 years	2 years
5 years and up to age 65	5 years
To age 65 or older	To age 65

Waiting period in former fund	New waiting period
30 days or less	30 days
31–90 days	90 days

What changes?

Here's a summary of the changes to your transferred cover:

What changes?	
Terms and conditions	The FirstChoice Super product insurance terms and conditions will apply to your transferred cover. This includes FirstChoice Personal Super exclusions and definitions, so carefully check both policies to make sure you understand the differences and how they may affect you.
Premium rates	Your premiums will be calculated based on FirstChoice Super products' rates, your smoking status and your occupation classification – see page 22 for further details.
SCI cover	Any SCI cover you have in your FirstChoice Super product will be replaced with any transferred SCI cover (subject to the above changes).

When does my transferred cover start?

Your transferred cover starts on the transfer date, which is the later of:

- the date the insurer accepts the transfer, and
- the date that your cover ends in the previous super fund.

If you are not at work on the last working day immediately before the transfer date, your transferred cover will exclude cover for any disability arising from an illness or injury which prevented you from being at work. This exclusion will apply until you are at work again.

'At work' means you are actively performing all the duties and work hours of your usual occupation, being free of any limitation due to illness or injury and, in the insurer's opinion, capable of performing those duties on an ongoing and prolonged basis.

Making a claim

If you ever need to make a claim, we're here to help. Here's what you need to do and what we'll do to support you at a difficult time.

We understand that a life or salary continuance claim always comes at a difficult time, so we'll do everything we can to make the process easy and stress free. You can help us by getting in touch with us as soon as possible and providing all the information we need.

When should I make a claim?

You must let us know in writing as soon as you need to make a claim. And remember that a **waiting period** may apply. If you delay in notifying us, the insurer may reduce benefits, if your delay has affected its ability to assess your claim.

How will I be paid?

If your claim for a death, **terminal illness** or TPD benefit is accepted, the trustee will pay the amount to the Colonial First State Strategic Cash option within your FirstChoice Super product. You can only be paid a TPD or terminal illness benefit if you meet a **condition of release** as set out in superannuation law.

i The insurer will only pay you a death, terminal illness or TPD benefit once. This also applies to interim accident cover. If you are paid a TPD benefit, your death cover will be reduced by this amount.

If you don't qualify for the 'Day 1 definition', there may be a **waiting period** for TPD benefits from the date of the event. Your claim will also need to be approved by the insurer.

Do I keep paying premiums if I make a claim?

If your claim is accepted, we'll refund premiums that are charged for that cover type from the date of the event.

What information do I need to provide?

You must provide the insurer with any documents or information it needs to properly assess your claim. This may mean that you will need to undertake medical or other examinations.

Are there any other conditions for terminal illness, TPD and salary continuance claims?

If you make a claim, you will need to provide evidence of your medical condition. You will be responsible for the costs of the initial medical test and reports.

If the insurer needs further medical tests or reports to support your claim, the insurer will usually cover these costs. However, you will need to cover any extra costs such as:

- travel costs to attend appointments, including the cost to return to Australia if you are overseas, and
- cancellation fees for any appointments you miss.

i If you meet the conditions for both a TPD benefit and a salary continuance benefit, you may be entitled to receive both.

What happens if I go overseas and I am receiving an SCI benefit?

Your SCI cover provides you with worldwide cover. However, a maximum of six months' benefits will be paid for any one claim while you are outside Australia. To continue receiving a benefit under SCI cover after this period, you must return to Australia, at your expense (unless you are unable to return to Australia for reasons that are acceptable to the insurer).

Other important information

Your cooling-off rights, reapplying if your policy lapses, and other important information.

What if I change my mind?

You have a 28-day cooling-off period to review your cover, where you can choose to cancel your cover in writing, and any premiums paid will be refunded.

The 28 days start from either:

- the day you receive our written confirmation of cover, or
- the end of the fifth day after the day on which our confirmation is issued

whichever comes first.

If your application was for additional cover, the cooling-off period applies to the increased portion of insurance cover only. There is no cooling-off period for cover transferred from another super fund.

Preserved or **restricted non-preserved** amounts cannot be refunded directly to you if you take advantage of the 28-day cooling-off period (unless you satisfy a **condition of release**).

What happens if my cover lapses?

If your death, death and TPD or salary continuance cover lapses because you haven't paid your premiums, it may be reinstated within 12 months of your cover ceasing.

You'll need to complete a new insurance application form and provide health evidence to the insurer. Your cover will only start again after the insurer has accepted your new application.

Special offers

Occasionally, we may agree with the insurer to make special offers available for existing or prospective members. These could include reduced premium rates or changes to the underwriting rules, and may apply only to a limited range of members.

Definitions

Use these definitions to understand the key terms used throughout this booklet.

The following terms are in **bold** text where they first occur in each section in this booklet.

Term	Definition
accidental disability	Total disability as a result of a bodily injury which is caused solely and directly by accidental, external and visible means and which is first suffered during the period of accidental disability cover.
active employment	Means you are: <ul style="list-style-type: none"> employed to carry out identifiable duties and actually performing those duties or on employer approved leave (whether paid or unpaid) other than leave due to illness or injury in the insurer's opinion, not restricted by illness or injury from being capable of performing those duties, or the duties of your normal occupation, on a full-time basis (whether or not you are employed or working on a full-time basis), and in the insurer's opinion, you are capable of satisfying the above on an ongoing and prolonged basis.
benefit period	The maximum period for which you'll receive benefit payments under SCI cover if you have to make a claim.
condition of release	A circumstance in which you may access your super; for example, you reach a certain age or you become terminally ill.
continuation option	If you leave FirstChoice Super products, you may be able to take out an individual insurance policy with the insurer that gives you the same level of cover you had with FirstChoice Super products insurance.
decree absolute	The final court decree in divorce proceedings.
decree nisi	A court order stating the date when a marriage will be legally terminated.
disabled	Means you are partially disabled or totally disabled .
early withdrawal	The removal of funds from a fixed term investment before the maturity date.
insured percentage	The percentage of your monthly income which the insurer agrees to insure, subject to a maximum of 85% (which includes an allowance of up to 10% for employer superannuation entitlements).
medical practitioner	A person, acceptable to the insurer, who is registered and practising as a medical practitioner in Australia, other than: <ul style="list-style-type: none"> you your spouse or partner, parent, sibling or child (step or adopted) your business partners, associates, employer or employees, or a person who practises in the same medical centre or clinic as you.
monthly income	The amount you earn each month from your personal exertion, excluding: <ul style="list-style-type: none"> compulsory employer superannuation entitlements investment income profit distribution bonuses and allowances not included under paragraph (d) below, and any packaged elements that you do not receive directly as taxable earnings. <p>a If you are employed on a permanent basis, your monthly income is limited to the salary you earn from your employer.</p> <p>b If you are in self-employment, your monthly income is limited to the earnings generated by your business as a direct result of your personal exertion (ie business earnings that would stop if you could not work due to illness or injury) less the share of business expenses incurred in generating the relevant earnings, but before the deduction of income tax, for the business for the relevant period.</p> <p>c If you are neither in self-employment nor employed on a permanent basis, your monthly income is limited to salary earned by you from your regular occupation.</p> <p>d If paragraph (a) or (c) applies, your salary includes any bonuses and allowances (including overtime and shift allowances) you receive from your employer, subject to the following: <ul style="list-style-type: none"> bonuses and allowances are averaged over the lesser of three years and the number of complete years for which you have been employed by your employer, and if you have been employed by your employer for less than one complete year, the bonuses and allowances are included on a pro-rata basis based on the number of months out of 12 for which you have been employed by the employer. </p>
normal and uncomplicated pregnancy or childbirth	This includes normal and uncomplicated pregnancy or childbirth, multiple pregnancy, Caesarean birth, threatened miscarriage, post natal depression, participation in IVF or other medically assisted fertilisation techniques, and normal discomforts commonly associated with pregnancy such as morning sickness, backache, varicose veins, ankle swelling and bladder problems.
normal occupation	The work you were doing immediately before your most recent period of disability.
occupation	An occupation that you can perform on a full time or part time basis, based on the skills and knowledge you have acquired through previous education, training or experience
occupation loading factor	A number that is attributed to a group of occupations, which is used to calculate a person's insurance premium based on the level of risk they are likely to be exposed to in their work.
pandemic or epidemic illness	An illness for which the World Health Organisation or a department, authority, minister or officer of the Australian government has issued a pandemic or epidemic alert, advisory, notification, declaration or similar publication.
partially disabled	Refer to page 6 for further details.

permanent basis	<p>You are employed on a permanent basis if:</p> <ul style="list-style-type: none"> • you are employed to carry out identifiable duties and actually performing those duties at least 15 hours per week (and, for SCI cover, are capable of performing those duties for at least 35 hours per week) • your employment is of indefinite duration or is for a fixed term of no less than 12 months • you are required to work a regular number of hours each week • your employment provides for paid annual leave and sick leave, and • for SCI cover, your employment is not self-employment (but this is not an eligibility requirement to apply for cover).
policy anniversary	The anniversary of the date your current insurance cover began.
pre-disability income (if you are employed on a permanent basis immediately before your disability)	<p>Your average monthly income during the 12 months before your most recent period of disability (or over the most recent period of employment, if shorter). (If, during this period, your hours or income are reduced, your monthly income is reduced by the same proportion.)</p> <p>If you have been on employer approved leave without pay that commenced at any time in the 12 months before your most recent period of disability (or you were on employer approved leave without pay when you became disabled), your pre-disability income is your average monthly income earned from your employer during the 12 months immediately before the unpaid leave commenced (or such other period agreed by the insurer, up to 24 months before your disability).</p> <p>If you return to work from leave on a reduced monthly income, your monthly income is reduced by the same proportion as the reduction in your pre-disability income.</p>
pre-disability income (if you are in self-employment immediately before your disability)	<p>Your average monthly income:</p> <ul style="list-style-type: none"> • during the 12 months immediately before your most recent period of disability, or • if you have not been in business for at least 12 months, during the period for which you have been in business (subject to a minimum averaging period of one month).
pre-disability income (if you are neither in self-employment nor employed on a permanent basis immediately before your disability)	<p>The average monthly income you earned during:</p> <ul style="list-style-type: none"> • the 12 months immediately before your most recent period of disability, or • if you have not been in a regular occupation for at least 12 months, during the period for which you have been in regular occupation (subject to a minimum averaging period of one month).
preserved	Super contributions that you can only access once you satisfy a condition of release.
regular remunerative employment	Means you have worked on average at least 15 hours per week over a three month period in any employment, business, profession or occupation, for reward or hope of reward. A person who is on employer approved leave (including leave without pay) for reasons other than illness or injury will be considered to be in regular remunerative employment for a maximum period of 24 months from the day on which their employer approved leave commenced.
restricted non-preserved	Super contributions that you can only access once you meet a condition of release that is specific to those contributions, such as the termination of your employment with a particular employer.
self-employment	For SCI cover, if you are in self-employment it means performing a regular occupation in a business of which you are, in whole or part, the direct or indirect owner.
terminal illness	<p>Means all of the following have occurred:</p> <ol style="list-style-type: none"> a two medical practitioners each certify in writing that the insured member has an illness or injury that, despite reasonable medical treatment is likely to result in their death within a period (the certification period) that ends not more than 24 months after the date of the certification; b at least one of the medical practitioners is a specialist practising in an area related to the insured member's illness or injury; c based on such medical or other evidence the insurer reasonably requires to be provided, the insurer is satisfied with the prognosis reached in each of the certifications; d the date of certification occurs while the insured member is covered under this policy; e for each of the certificates, the certification period has not ended.
totally disabled	Refer to page 6 for further details.
waiting period	The continuous period of either 30 or 90 days for which you must be totally disabled or partially disabled before a benefit starts to accrue.

Premium rate tables

DEATH AND TPD – Annual premium rate table (per \$1,000 sum insured)

Age next birthday	Male Death only (\$)		White collar TPD (\$)		Female Death only (\$)		White collar TPD (\$)	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
≤17	0.79	1.12	0.34	0.51	0.42	0.70	0.57	0.58
18	0.79	1.12	0.34	0.51	0.42	0.70	0.57	0.58
19	0.79	1.12	0.34	0.51	0.42	0.70	0.57	0.58
20	0.79	1.12	0.34	0.51	0.42	0.70	0.57	0.58
21	0.74	1.03	0.33	0.53	0.39	0.69	0.48	0.49
22	0.70	0.98	0.31	0.43	0.37	0.67	0.39	0.42
23	0.64	0.88	0.29	0.43	0.34	0.64	0.34	0.39
24	0.59	0.84	0.28	0.38	0.34	0.63	0.32	0.38
25	0.56	0.79	0.25	0.34	0.34	0.61	0.30	0.39
26	0.53	0.83	0.24	0.31	0.34	0.62	0.29	0.38
27	0.52	0.84	0.23	0.31	0.34	0.63	0.29	0.39
28	0.50	0.88	0.24	0.31	0.34	0.64	0.29	0.38
29	0.50	0.89	0.24	0.32	0.34	0.66	0.30	0.39
30	0.49	0.88	0.24	0.34	0.36	0.67	0.30	0.39
31	0.49	0.90	0.24	0.39	0.36	0.69	0.32	0.40
32	0.51	0.94	0.25	0.41	0.38	0.71	0.32	0.43
33	0.52	0.99	0.26	0.43	0.39	0.74	0.34	0.46
34	0.53	1.03	0.28	0.44	0.40	0.77	0.34	0.51
35	0.54	1.11	0.28	0.49	0.42	0.79	0.37	0.56
36	0.57	1.17	0.30	0.52	0.43	0.80	0.38	0.61
37	0.60	1.24	0.31	0.56	0.46	0.84	0.39	0.68
38	0.66	1.34	0.33	0.58	0.48	0.88	0.42	0.72
39	0.69	1.43	0.34	0.61	0.51	0.96	0.44	0.78
40	0.72	1.53	0.38	0.69	0.52	1.04	0.52	0.83
41	0.78	1.69	0.40	0.75	0.54	1.16	0.62	0.87
42	0.84	1.86	0.46	0.87	0.58	1.25	0.72	0.96
43	0.92	2.03	0.52	1.00	0.63	1.37	0.84	1.10
44	1.02	2.23	0.57	1.11	0.69	1.49	0.99	1.28
45	1.10	2.50	0.67	1.20	0.77	1.61	0.98	1.49
46	1.20	2.79	0.76	1.32	0.86	1.74	1.10	1.72
47	1.32	3.11	0.88	1.48	0.96	1.91	1.29	1.98
48	1.47	3.45	1.02	1.70	1.06	2.12	1.46	2.27
49	1.62	3.80	1.17	1.98	1.19	2.35	1.63	2.60
50	1.79	4.20	1.34	2.38	1.32	2.64	1.84	2.88
51	2.00	4.65	1.49	2.73	1.51	2.97	2.02	3.16
52	2.23	5.15	1.66	3.11	1.70	3.29	2.24	3.54
53	2.50	5.71	1.90	3.52	1.94	3.64	2.54	4.02
54	2.86	6.29	2.25	3.99	2.20	4.02	3.20	4.59
55	3.29	6.96	2.68	4.48	2.50	4.41	3.38	5.18
56	3.88	7.72	3.26	5.32	2.79	4.86	4.02	6.40
57	4.52	8.58	3.90	6.28	3.09	5.31	4.80	7.77
58	5.19	9.59	4.60	7.42	3.42	5.79	5.77	9.16
59	5.89	10.79	5.42	8.61	3.79	6.33	6.96	10.76
60	6.68	12.15	6.39	10.01	4.20	6.87	8.41	12.61
61	7.53	13.56	7.53	11.61	4.65	7.53	10.14	14.79
62	8.59	15.07	8.88	13.50	5.17	8.33	12.23	17.36
63	9.82	16.68	10.47	15.68	5.75	9.35	14.77	20.36
64	11.29	18.40	12.32	18.21	6.40	10.51	17.81	23.89
65	12.98	20.15	14.54	21.15	7.11	11.84	21.50	28.02
66	14.86	23.07			8.15	13.36		
67	16.91	26.25			9.28	15.17		
68	19.17	29.75			10.51	17.34		
69	21.66	33.60			11.87	19.90		
70	24.46	37.96			13.41	22.80		
71	27.47	42.62			15.15	26.04		
72	31.13	48.30			17.17	29.70		
73	35.26	54.71			19.45	33.78		
74	40.32	62.55			22.23	38.37		
75	46.26	71.80			25.51	43.54		

Rates in **bold** are not applicable to new applicants, and are only available for rate renewals. TPD cover is not available past age 65. Premium rates shown include a Colonial First State insurance administration fee of 10% (including the net effect of GST). Premium rates include stamp duty. Actual premiums may vary due to rounding.

Occupation loading factors	Death	TPD
Professionals	0.90	0.90
White collar	1.00	1.00
Light blue collar	1.00	1.50
Blue collar	1.00	2.50

SCI – Annual premium rate table (per \$100 monthly benefit, two-year benefit period)

Age next birthday	Male 30-day wait		Female 30-day wait		Male 90-day wait		Female 90-day wait	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
≤17	5.80	7.60	10.01	12.12	3.65	4.79	6.31	7.64
18	5.80	7.60	10.01	12.12	3.65	4.79	6.31	7.64
19	5.82	8.19	10.48	12.51	3.67	5.15	6.60	7.89
20	5.82	8.77	10.95	12.91	3.67	5.53	6.90	8.13
21	6.12	8.77	10.95	12.91	3.85	5.53	6.90	8.13
22	6.48	8.89	11.05	13.01	4.09	5.61	6.96	8.20
23	6.59	8.88	11.13	13.01	4.15	5.59	7.01	8.20
24	6.79	9.00	11.23	13.11	4.28	5.66	7.08	8.26
25	6.91	9.00	11.30	13.11	4.35	5.66	7.13	8.26
26	6.93	9.02	11.26	13.06	4.37	5.69	7.09	8.23
27	6.96	9.06	11.21	13.01	4.39	5.71	7.06	8.20
28	6.98	9.08	11.17	12.96	4.39	5.72	7.03	8.16
29	6.99	9.11	11.12	12.90	4.40	5.74	7.01	8.13
30	7.02	9.13	11.21	12.85	4.42	5.76	7.06	8.10
31	7.15	9.24	11.04	12.76	4.51	5.82	6.96	8.04
32	7.29	9.34	11.00	12.83	4.59	5.88	6.93	8.09
33	7.52	9.56	11.09	13.02	4.74	6.02	6.98	8.20
34	7.67	9.67	11.11	13.17	4.83	6.09	7.00	8.30
35	7.89	9.87	11.09	13.25	4.98	6.22	6.98	8.35
36	8.07	10.08	11.55	13.79	5.08	6.35	7.27	8.69
37	8.33	10.41	11.89	14.21	5.25	6.56	7.49	8.96
38	8.57	10.73	12.29	14.70	5.41	6.76	7.74	9.26
39	8.83	11.04	12.59	15.05	5.56	6.96	7.93	9.48
40	9.17	11.47	12.93	15.46	5.78	7.23	8.15	9.74
41	9.51	11.90	13.63	16.31	5.99	7.49	8.59	10.27
42	9.93	12.42	14.27	17.07	6.26	7.83	8.99	10.75
43	10.44	13.06	15.00	17.92	6.58	8.23	9.45	11.30
44	10.96	13.70	15.71	18.79	6.91	8.63	9.90	11.84
45	11.55	14.44	16.43	19.65	7.28	9.10	10.36	12.38
46	12.31	15.40	17.80	21.10	7.76	9.70	11.22	13.29
47	13.08	16.36	19.22	22.59	8.24	10.30	12.11	14.24
48	14.02	17.53	20.79	24.23	8.83	11.04	13.10	15.26
49	15.04	18.80	22.50	26.00	9.47	11.85	14.18	16.38
50	16.22	20.28	24.37	27.93	10.22	12.78	15.36	17.59
51	17.66	22.06	26.07	30.66	11.13	13.90	16.42	19.32
52	19.28	24.11	27.95	33.72	12.15	15.19	17.60	21.25
53	21.20	26.52	30.00	37.17	13.36	16.70	18.90	23.42
54	23.33	29.17	32.41	41.23	14.70	18.38	20.41	25.97
55	25.67	32.10	35.10	45.87	16.17	20.22	22.11	28.90
56	28.07	35.09	38.16	49.42	17.68	22.11	24.04	31.14
57	30.83	38.53	41.70	53.52	19.42	24.28	26.27	33.72
58	33.84	42.31	45.92	58.41	21.32	26.66	28.93	36.80
59	37.13	46.42	50.99	64.30	23.39	29.24	32.12	40.51
60	40.86	51.08	56.94	71.19	25.74	32.18	35.87	44.85
61	45.04	56.30	63.52	79.40	28.38	35.47	40.02	50.03
62	49.67	62.08	71.25	89.06	31.29	39.12	44.89	56.11
63	44.60	55.74	65.57	81.95	28.10	35.12	41.30	51.63
64	37.46	46.83	55.07	68.84	23.60	29.50	34.70	43.37
65	23.97	29.97	35.25	44.05	15.10	18.88	22.21	27.75

Premium rates shown include a Colonial First State insurance administration fee of 10% (including the net effect of GST). Rates in **bold** are not applicable to new applicants, and are only available for rate renewals. SCI is not available past age 65. Premium rates include stamp duty. Actual premiums may vary due to rounding.

SCI occupation loading factors

Professionals	0.90
White collar	1.00
Light blue collar	1.90
Blue collar	3.10

SCI – Annual premium rate table (per \$100 monthly benefit, five-year benefit period)

Age next birthday	Male 30-day wait		Female 30-day wait		Male 90-day wait		Female 90-day wait	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
≤17	6.99	9.17	10.29	12.82	4.90	6.42	7.21	8.97
18	6.99	9.17	10.29	12.82	4.90	6.42	7.21	8.97
19	7.00	9.87	10.79	13.23	4.90	6.91	7.55	9.27
20	7.00	10.59	11.27	13.64	4.90	7.41	7.89	9.56
21	7.61	10.59	11.24	13.54	5.33	7.41	7.87	9.48
22	8.00	10.71	11.54	13.93	5.61	7.50	8.08	9.75
23	8.35	10.84	11.88	13.99	5.85	7.59	8.31	9.79
24	8.61	10.84	12.19	14.03	6.02	7.59	8.53	9.82
25	8.77	10.87	12.62	14.16	6.14	7.60	8.82	9.91
26	8.85	10.89	13.02	14.70	6.19	7.62	9.11	10.28
27	8.88	10.94	12.94	14.94	6.22	7.65	9.06	10.46
28	8.87	10.86	12.71	15.10	6.22	7.59	8.90	10.57
29	8.84	10.89	12.32	15.08	6.18	7.62	8.62	10.56
30	8.88	10.92	12.02	15.08	6.22	7.64	8.41	10.55
31	8.85	11.05	12.02	14.94	6.20	7.74	8.41	10.46
32	9.11	11.39	12.36	15.08	6.37	7.97	8.65	10.56
33	9.41	11.73	12.99	15.48	6.57	8.21	9.10	10.84
34	9.67	12.09	13.78	16.01	6.78	8.46	9.65	11.20
35	9.86	12.31	14.73	16.63	6.90	8.61	10.31	11.65
36	10.23	12.77	15.40	17.26	7.16	8.94	10.78	12.08
37	10.59	13.24	16.68	18.62	7.41	9.27	11.68	13.03
38	11.06	13.80	17.92	19.99	7.74	9.67	12.55	13.99
39	11.52	14.38	19.06	21.35	8.06	10.07	13.34	14.95
40	12.16	15.19	19.98	22.57	8.51	10.63	13.99	15.79
41	12.80	15.99	21.26	24.20	8.96	11.19	14.88	16.94
42	13.54	16.92	22.43	25.77	9.48	11.85	15.71	18.03
43	14.46	18.07	23.43	27.09	10.13	12.65	16.40	18.97
44	15.37	19.22	24.38	28.31	10.76	13.45	17.06	19.83
45	16.58	20.71	25.31	29.45	11.60	14.49	17.71	20.61
46	17.86	22.33	27.05	31.44	12.50	15.63	18.93	22.01
47	19.33	24.17	29.03	33.62	13.53	16.93	20.33	23.53
48	20.99	26.25	31.36	36.13	14.70	18.38	21.96	25.30
49	23.02	28.77	34.11	39.10	16.11	20.14	23.88	27.37
50	25.17	31.22	37.34	42.62	17.62	21.86	26.14	29.83
51	27.69	35.09	41.48	47.60	19.39	24.56	29.03	33.32
52	30.41	39.17	46.30	53.54	21.29	27.42	32.41	37.48
53	33.55	43.55	51.71	60.37	23.48	30.49	36.20	42.26
54	37.31	48.44	57.75	68.17	26.12	33.90	40.43	47.72
55	41.71	53.77	63.88	76.88	29.19	37.64	43.89	53.81
56	46.56	60.25	67.18	84.01	32.59	42.17	46.14	58.81
57	51.74	63.40	70.55	88.66	35.50	43.48	48.41	60.81
58	54.40	67.13	73.79	92.57	37.29	46.00	50.58	63.44
59	56.31	69.95	76.57	95.90	38.55	47.88	52.41	65.63
60	59.05	73.59	81.21	101.62	40.90	50.97	56.26	70.38
61	61.79	77.25	85.86	107.32	43.25	54.07	60.10	75.12
62	55.06	68.82	78.51	98.14	38.54	48.17	54.96	68.70
63	44.60	55.74	65.57	81.95	28.10	35.12	41.30	51.63
64	37.46	46.83	55.07	68.84	23.60	29.50	34.70	43.37
65	23.97	29.97	35.25	44.05	15.10	18.88	22.21	27.75

Premium rates shown include a Colonial First State insurance administration fee of 10% (including the net effect of GST). Rates in **bold** are not applicable to new applicants, and are only available for rate renewals. SCI is not available past age 65. Premium rates include stamp duty. Actual premiums may vary due to rounding.

SCI occupation loading factors	
Professionals	0.90
White collar	1.00
Light blue collar	1.90
Blue collar	3.10

SCI – Annual premium rate table (per \$100 monthly benefit, benefit period to age 65)

Age next birthday	Male 30-day wait		Female 30-day wait		Male 90-day wait		Female 90-day wait	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
≤17	7.67	9.75	12.68	15.86	5.37	6.83	8.88	11.10
18	7.67	9.75	12.68	15.86	5.37	6.83	8.88	11.10
19	7.92	10.21	12.68	15.86	5.54	7.15	8.88	11.10
20	8.16	10.68	12.68	15.86	5.71	7.47	8.88	11.10
21	8.24	10.68	12.68	15.86	5.76	7.47	8.88	11.10
22	8.55	10.99	12.99	16.24	5.99	7.69	9.10	11.37
23	8.88	11.30	13.23	16.54	6.22	7.91	9.26	11.58
24	9.21	11.62	13.54	16.93	6.45	8.14	9.47	11.85
25	9.64	12.06	13.78	17.23	6.75	8.44	9.64	12.06
26	9.88	12.36	14.09	17.78	6.92	8.66	9.87	12.45
27	10.03	12.55	14.20	18.10	7.03	8.78	9.94	12.67
28	10.17	12.72	14.37	18.49	7.12	8.90	10.06	12.94
29	10.38	12.97	14.47	18.78	7.26	9.08	10.13	13.15
30	10.58	13.22	14.64	19.17	7.40	9.26	10.24	13.42
31	10.85	13.57	15.21	19.73	7.60	9.50	10.64	13.81
32	11.32	14.14	16.06	20.63	7.92	9.90	11.24	14.44
33	11.79	14.72	17.08	21.75	8.25	10.30	11.96	15.23
34	12.24	15.30	18.14	22.88	8.57	10.71	12.70	16.02
35	12.86	16.07	19.20	23.99	9.00	11.25	13.43	16.80
36	13.47	16.84	20.66	25.82	9.42	11.79	14.46	18.08
37	14.17	17.71	22.10	27.62	9.92	12.40	15.46	19.33
38	14.94	18.67	23.53	29.42	10.46	13.07	16.47	20.59
39	15.79	19.73	24.99	31.24	11.05	13.81	17.49	21.87
40	16.78	20.99	26.37	32.97	11.75	14.69	18.45	23.07
41	17.87	22.33	28.46	35.57	12.51	15.63	19.93	24.90
42	19.09	23.87	30.64	38.31	13.37	16.71	21.45	26.81
43	20.41	25.51	32.77	40.98	14.29	17.86	22.94	28.69
44	21.95	27.44	34.95	43.68	15.36	19.21	24.46	30.58
45	23.72	29.65	37.06	46.33	16.60	20.75	25.94	32.43
46	25.64	32.06	40.24	50.29	17.95	22.44	28.16	35.20
47	27.71	34.65	43.53	54.40	19.40	24.26	30.47	38.08
48	30.03	37.54	46.94	58.67	21.03	26.28	32.86	41.07
49	32.57	40.72	50.48	63.10	22.80	28.51	35.34	44.17
50	35.27	44.09	54.14	67.68	24.69	30.86	37.90	47.38
51	38.88	48.19	58.47	73.09	27.22	33.74	40.93	51.16
52	42.76	52.54	63.11	78.89	29.93	36.78	44.18	55.22
53	46.84	57.06	67.93	84.91	32.78	39.94	47.55	59.44
54	51.11	61.76	73.01	91.26	35.77	43.23	51.10	63.89
55	55.36	66.33	78.27	97.85	38.75	46.43	54.79	68.49
56	59.05	71.37	81.69	102.11	41.34	49.96	57.19	71.48
57	62.19	75.83	84.98	106.23	43.54	53.08	59.48	74.36
58	64.68	79.53	87.72	109.65	45.27	55.67	61.41	76.76
59	65.90	81.71	89.36	111.71	46.12	57.19	62.55	78.19
60	65.29	81.61	89.36	111.70	45.71	57.14	62.55	78.19
61	61.79	77.25	85.86	107.32	43.25	54.07	60.10	75.12
62	55.06	68.82	78.51	98.14	38.54	48.17	54.96	68.70
63	44.60	55.74	65.57	81.95	28.10	35.12	41.30	51.63
64	37.46	46.83	55.07	68.84	23.60	29.50	34.70	43.37
65	23.97	29.97	35.25	44.05	15.10	18.88	22.21	27.75

Premium rates shown include a Colonial First State insurance administration fee of 10% (including the net effect of GST). Rates in **bold** are not applicable to new applicants, and are only available for rate renewals. SCI is not available past age 65. Premium rates include stamp duty. Actual premiums may vary due to rounding.

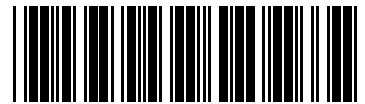
SCI occupation loading factors	
Professionals	0.90
White collar	1.00
Light blue collar	1.90
Blue collar	3.10

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FirstChoice Personal Super products Transfer of Insurance Cover Form



18 November 2019

SAVE FORM

This form is to be completed for applications to transfer insurance from an external superannuation fund and transfers from Essential Super.

PRINT FORM

Do not cancel your existing insurance cover or transfer any funds until you have received confirmation in writing that your request has been accepted by FirstChoice Super products.

Please attach an up-to-date statement from your former fund confirming the type, level and additional terms of your existing cover. Your statement must be dated within the last six months.

You can apply to transfer insurance cover that you have outside of FirstChoice Super products if:

- you are joining FirstChoice Super products for the first time or are an existing member of FirstChoice Super products, and
 - you have insurance cover under an existing superannuation fund ('former fund') and are transferring the account balance of that former fund to FirstChoice Super products, by
- 1 completing PARTS A, B and C of this form, providing all the required details and signing and dating the Duty of Disclosure section of this application form, and**
 - 2 attaching the most recent statement (dated within the last six months) from your former fund confirming the type and level of cover you have with the former fund and any exclusions, premium loadings or restrictions on that cover (if your cover has changed since your most recent statement was issued, you will need to provide an up-to-date statement).**

If FirstChoice's insurer, The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFS Licence 235035 (Commlnsure) accepts your application, you will receive an amount of cover equivalent to the level of cover you currently have with your former fund, subject to product maximums (see below).

Refer to important information about transfer of insurance on pages 15 to 17.

Please note that acceptance of your request is subject to the insurer's acceptance, and some limitations apply.

Please complete this form using **BLACK INK** and print well within the boxes in **CAPITAL LETTERS**. Start at the left of each answer space and leave a gap between words.

PART A – PERSONAL DETAILS – ALL FIELDS ARE MANDATORY

1 INSURED DETAILS

Existing account number (if known)						Date of birth (Maximum entry age is 54)							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Title		Gender											
Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other	<input type="text"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Given name(s)													
<input type="text"/>													
Surname													
<input type="text"/>													
Postal address													
Unit number	<input type="text"/>	Street number	<input type="text"/>	PO Box	<input type="text"/>	Street name	<input type="text"/>						
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>								
Country	<input type="text"/>	Email	<input type="text"/>										
Name of former fund													
<input type="text"/>													
Former fund member number						Former fund USI (if known)							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Please note: You need to complete a separate transfer of insurance cover form for each policy you are transferring.
Please note: Total cover that may be transferred is limited to \$1.5 million for Death and TPD (includes existing cover) and \$10,000 per month for SCI.

PART A – PERSONAL DETAILS (CONTINUED) – ALL QUESTIONS ARE MANDATORY

1 INSURED DETAILS (CONTINUED)

1 What occupation do you currently work in?

Please note: If you are employed for less than 15 hours per week, or unemployed, you will only be able to transfer death cover into FirstChoice Super products.

Main occupation	Industry	Self-employed?	Hours per week?
<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/>

Permanent full-time Permanent part-time Casual¹ Unemployed¹ Contractor Contract end date

Annual salary (including average bonus for last three years) \$

Please select the income producing duties of your main occupation and the approximate percentage of time spent on each duty per week. **Note:** The list below represents the physical nature of duties only. Do not write or add to these descriptions.

Nature of duty	% time
Administrative/Clerical (eg filing, computer work, office duties, etc)	<input type="text"/> %
Light manual work only (eg driving with deliveries, lifting under 5kg, etc)	<input type="text"/> %
Supervisor of manual work (not actual performance)	<input type="text"/> %
Caring for dependants (only for TPD and if occupation is 'home duties')	<input type="text"/> %
Manual work (eg cleaning, lifting over 5kg, carpentry, plumbing, etc)	<input type="text"/> %
Flying (other than as a fare paying passenger) or fly-in fly-out rotation on job site	<input type="text"/> %
Truck driving greater than a distance of 800km from base; working above 15 metres; working underground; working at sea or handling explosives	<input type="text"/> %
Total	100%

2 Have you smoked tobacco, cigarettes, e-cigarettes or any other substance at any time in the last 12 months?

No Yes

2 DEDUCTION OF PREMIUMS

Please select the investment option from which you want your premiums to be deducted. **Please note:** Choosing FirstRate Term Deposit or FirstRate Investment Deposit options for the deduction of insurance premiums will create early withdrawals. We recommend you choose other investment options if available.

Indicate only one option (if you have an adviser service fee, this should be the same option).

If no option or an invalid option is nominated, we will deduct your premium from the more conservative option (with a sufficient balance), as outlined on page 11.

PART B – PERSONAL STATEMENT AND CONFIRMATION OF REQUIREMENTS

In order to apply for a transfer of insurance cover, you must be able to answer 'Yes' to question 1.

1 Do you confirm that the following statements are true and correct and agree to abide by these requirements?

- a** I confirm that my existing cover is arranged through an external superannuation fund (not a self-managed superannuation fund, stand-alone corporate fund or defined benefit fund).
- b** I will cancel my existing insurance cover under my former fund when I receive confirmation from FirstChoice Super products of my successful application.
- c** I will not be transferring the cover under my former fund to any other division or section of the former fund, or to any other fund, other than FirstChoice Super products.
- d** I will not effect a continuation option, or subsequently reinstate cover within the former fund provider or any other division, section or category of the former fund, or within any fund or insurance policy where such reinstatement of cover is available to me.

No Yes

If you answered 'No' to question 1, you will not be eligible for a transfer of insurance in FirstChoice Super products and will not be eligible to make a claim for this portion of cover.

2 Do you have an account balance in the superannuation fund providing the cover to be transferred?

No Yes

If you answered 'Yes' to question 2, you need to transfer your entire balance; otherwise, you will not be eligible for a transfer of insurance in FirstChoice Super products and will not be eligible to make a claim for this portion of cover.

¹ You will not be eligible to transfer TPD cover to FirstChoice Super products if you are employed for less than 15 hours per week or unemployed. You will not be eligible to transfer SCI cover to FirstChoice Super products if you are a casual employee or unemployed.

PART B – PERSONAL STATEMENT AND CONFIRMATION OF REQUIREMENTS (CONTINUED)

3 I confirm that my current level and type of cover under the former fund which I wish to transfer is as follows:

Type of cover	Has this cover been in place for at least 12 months?	Date cover started (dd/mm/yyyy)
a Death cover ¹ \$ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/>
b TPD cover ^{1,2} \$ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/>
c SCI cover ^{1,2} \$ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/>

SCI waiting period, eg 30 days, 60 days, 90 days, 180 days

SCI benefit period, eg two years, five years, to age 60, to age 65

Please note: SCI benefit cannot be greater than 85% (10% allowance for super) of your total income.

I understand that my cover, once accepted, will be subject to the terms and conditions of FirstChoice Super products insurance arrangements.

4 Due to injury, illness or impairment:

- a Are you unable to work 35 hours per week? No Yes
- b Have you had your duties or workplace modified in the last two years and have you not resumed your pre-modified duties? No Yes
- c Are you working in a role or occupation that has been designed or chosen to suit your needs? No Yes

5 Have you been paid, or are you eligible to be paid, or have you lodged or are you going to lodge a claim for terminal illness or disability from a superannuation fund, life insurance company or any State or Federal Government body, such as Workers' Compensation, Social Security, Veterans' Affairs or a motor accident scheme? No Yes

6 In the last 12 months, have you been advised to undergo treatment or to take medication prescribed by a medical practitioner that was intended to last for three months or longer (excluding the contraceptive pill, hormone replacements, inhaled asthma medication or cold, flu or hayfever medication)? No Yes

7 Have you had any application for death, TPD or SCI cover declined? No Yes

If you answered 'Yes' to any of the questions 4 through to 7, you will not be eligible for a transfer of insurance in FirstChoice Super products.

8 Are you currently in the process of applying for insurance cover through Colonial First State or Commlnsure? No Yes

9 Is your cover under the former fund subject to any premium loadings and/or exclusions, including but not limited to pre-existing condition exclusions, or restrictions in regard to medical or other conditions? No Yes

If 'Yes', please provide details of the premium loadings, exclusions or restrictions, including a copy of the advice you received from the insurer or former fund advising you of the acceptance of your cover subject to these additional terms.

10 Additional requirements

The telephone underwriting facility may reduce the need for follow-up information and medical reports, resulting in faster completion. I permit the insurer (Commlnsure) to call me to clarify or gain further information regarding any matter pertaining to the assessment and processing of this application. I understand that the call will form part of my Duty of Disclosure as described in Part C.

Yes No If 'Yes', I am contactable on (phone) between the hours of (note they must be usual business hours).

PART C – DUTY OF DISCLOSURE

ACKNOWLEDGEMENT

I acknowledge that:

- if I do not fully complete, sign and date this application, I will not be eligible to transfer my existing cover to FirstChoice Super products, and
- if the insurer accepts my application, my existing amount of cover as at the transfer date under my former fund will be replaced by an equivalent amount of fixed cover, and
- if the insurer has accepted my application, my cover will commence in FirstChoice Super products on the date this application is completed subject to cancellation of my existing cover as outlined in Part B, and
- FirstChoice Super products and the insurer may undertake appropriate enquiry and investigation to verify the answers I have provided, and
- FirstChoice Super products and the insurer may investigate whether any restrictions that may have applied within the terms of the policy document were applicable to the type and/or level of cover stated on the up-to-date statement from the former fund, and
- I agree to provide FirstChoice Super products or the insurer with access to the health evidence I provided my former fund and its insurer in my application for cover, and any non-disclosure to a former fund or insurer may be acted upon by FirstChoice Super products or the insurer, and

1 **Please note:** Total cover that may be transferred is limited to \$1.5 million for Death and TPD (includes existing cover) and \$10,000 per month for SCI.
 2 You will not be eligible to transfer TPD cover to FirstChoice Super products if you are employed for less than 15 hours per week or unemployed. You will not be eligible to transfer SCI cover to FirstChoice Super products if you are a casual employee or unemployed.

PART C – DUTY OF DISCLOSURE (CONTINUED)

- should it become apparent to FirstChoice Super products or the insurer that I have not undertaken the requirements that I confirmed in Part B above, then any insured benefit that may be payable to me or my estate or my beneficiaries from FirstChoice Super products may be reduced by the insured amount paid or payable from my former fund, an associated section or division of the former fund, or other fund, or any policy issued under any option I exercised, as a consequence of my failure to abide by these conditions; this reduction in benefit will, however, be limited to the extent that my benefit from FirstChoice Super products is no less than I would have been eligible to receive under the terms of the policy between FirstChoice Super products and the insurer had I not applied for a transfer of cover, and

I understand that my cover, if accepted, will be subject to the terms and conditions and premiums of FirstChoice Super products insurance arrangements, as described in the current PDS, and

I have received and read the current PDS explaining the terms and conditions and premiums that will apply to me under the FirstChoice Super products insurance arrangements, and

I elect to hold insurance cover through my superannuation account even if I am under the age of 25 or my account balance is less than \$6,000.

Duty of disclosure

Before a person enters into a life insurance contract in respect of their life or the life of another person, they have a duty to tell the insurer anything that they know, or could reasonably be expected to know, may affect the insurer's decision to provide the insurance and on what terms.

The person entering into the contract has this duty of disclosure until the insurance is provided.

The person who has entered into the contract has the same duty before they extend, vary or reinstate the contract.

The person entering into the contract does not need to tell the insurer anything that:

- reduces the risk of the insurance, or
- is common knowledge, or
- the insurer knows or should know as an insurer, or
- the insurer waives the duty to tell the insurer about.

Original signature of the person to be insured

Date signed

 (dd/mm/yyyy)

If the insurance is for the life of another person and that person does not tell the insurer something that they know, or could reasonably be expected to know, may affect the insurer's decision to provide the insurance and on what terms, this may be treated as a failure by the person entering into the contract to comply with their duty of disclosure.

If the person entering into the contract does not tell the insurer something

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If the insurer does, it may apply the following rights separately to each type of cover.

If the person entering into the contract does not tell the insurer anything they are required to, and the insurer would not have provided the insurance if they had been told, the insurer may avoid the contract within three years of entering into it.

If the insurer chooses not to avoid the contract, it may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if the person entering the contract had told the insurer everything they should have. However, if the contract has a surrender value or provides cover on death, the insurer may only exercise this right within three years of entering into the contract.

If the insurer chooses not to avoid the contract or reduce the amount of insurance provided, it may, at any time, vary the contract in a way that places the insurer in the same position it would have been in if the person entering the contract had told the insurer everything they should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If the failure to comply with the duty of disclosure is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

Print name

Please send the completed form to:
Colonial First State
Reply Paid 27, Sydney NSW 2001

ADVISER USE ONLY

Are you submitting any life insurance applications for this customer through CommInsure? No Yes

Product name (eg Total Care Plan)

Proposal/Policy number

Adviser name

Dealer/Adviser stamp (please use black ink only)

Contact number

Dealer ID

Adviser ID

An address listed here may be used for adviser correspondence relating to the assessment of this application.

FirstChoice Personal Super products Insurance Application Form



18 November 2019

Please complete this application form if you are applying for insurance. Please ensure that all relevant sections of the form are completed. Please complete this form using BLACK INK and print well within the boxes in CAPITAL LETTERS. Start at the left of each answer space and leave a gap between words.

SECTION A – YOUR DETAILS

INSURED DETAILS

Existing account number (if known)

Date of birth

 (dd/mm/yyyy)

Title

Mr Mrs Miss Ms Other

Gender

Male Female

Given name(s)

Surname

Postal address

Unit number Street number PO Box Street name

Suburb State Postcode

Country

Residential address (if different from above)

Unit number Street number Street name

Suburb State Postcode

Country Email

Please provide the following details:

Height cm OR feet/inches

Weight kg OR stone/pounds

1 Have you smoked tobacco, cigarettes, e-cigarettes or any other substance at any time in the last 12 months?

No Yes If 'Yes', please indicate what you smoke

Please include, on average, how much you smoke per week

2 Do you drink alcohol?

No Yes If 'Yes', please provide the average number of units consumed per week

3 Are you a permanent resident of Australia or New Zealand?

No Yes If 'No', please provide details below, including visa type and length of time you have lived in Australia

4 Do you plan to travel, live or work in another country within the next two years?

No Yes If 'Yes', please answer below

a Please provide the date(s) and countries/cities you intend to travel to:

b Duration of your trip(s)?

c Reasons for travel? (Please tick appropriate box.)

Holidays Business Residing/Migrating

OCCUPATION AND INCOME DETAILS

1 What is the main occupation you are currently working in?

Main occupation	Industry	Self-employed?	Hours per week?
<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/>

2 Do you have any recognised trade, professional or tertiary qualifications relevant to your current occupation?

No Yes Please provide details below

3 Please select the income producing duties of your main occupation and the approximate percentage of time spent on each duty per week. Note: The list below represents the physical nature of duties only. Do not write or add to these descriptions.

Nature of duty	% time
Administrative/Clerical (eg filing, computer work, office duties, etc)	<input type="text"/> %
Light manual work only (eg driving with deliveries, lifting under 5kg, etc)	<input type="text"/> %
Supervisor of manual work (not actual performance)	<input type="text"/> %
Caring for dependants (only for TPD and if occupation is 'home duties')	<input type="text"/> %
Manual work (eg cleaning, lifting over 5kg, carpentry, plumbing, etc)	<input type="text"/> %
Flying (other than as a fare paying passenger) or fly-in fly-out rotation on job site	<input type="text"/> %
Truck driving greater than a distance of 800km from base; working above 15 metres; working underground; working at sea or handling explosives	<input type="text"/> %
Total	100%

4 What is your current annual income from your main occupation only (less all business expenses and superannuation, but before tax)?

Base annual salary (inclusive of any salary sacrifice arrangements) \$

Commissions/Bonus (average of last three years) \$

Total income \$

5 Do you work from home?

No Yes If 'Yes', what percentage of time is spent working from home? %

6 Have you ever lost your licence to practise in your profession, had your employment terminated, been placed on performance management, disbarred or deregistered for professional misconduct or fraud?

No Yes If 'Yes', please provide details

PROPOSED INSURANCE COVER

Please read the 'Duty of Disclosure' in Section E before completing this form. Please refer to pages 2 and 5 for limits/maximums.

Type of insurance cover being applied for (in addition to any existing cover):

Death only Amount of cover \$
(amount nominated will be added to any existing cover)

OR
Death and Total and Permanent Disablement (TPD) Amount of death cover \$ Amount of TPD cover \$
(amount nominated will be added to any existing cover)

Note: When applying for death and TPD, the TPD cover amount cannot exceed the death cover amount.

AND/OR
Salary Continuance Percentage of your total income % per month Super contribution component % (max 10%)
(The total of these two figures cannot be greater than 85% of your total income.)

Waiting period 30 days 90 days
Benefit period 2 years 5 years to age 65

SECTION B – PERSONAL STATEMENT

If you answer 'Yes' to any of the following questions, please also complete a corresponding questionnaire in Section C.

Questionnaire

- | | | | | |
|----------|--|-----------------------------|------------------------------|-----------|
| 1 | Do you engage in any hazardous pastimes or pursuits such as, but not limited to, football (other than touch or Oztag), motorised sports, parachuting, hang-gliding, abseiling, mountaineering activities, aviation (other than as a fare-paying passenger), scuba diving or any sport(s) in a professional capacity? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | A |
| 2 | Have you: | | | |
| | a Recently applied for or do you have a policy for life, total and permanent disability, trauma or salary continuance (excluding this application)? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | B |
| | b Ever had an application for life, disability, trauma, accident or sickness insurance on your life declined, deferred or accepted with a loading, exclusion or special terms? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | B |
| | c Ever claimed a lump sum or accident or sickness benefit from any insurance policy, including but not limited to superannuation, Workers' Compensation, disability pension or Veterans' Affairs? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | B |
| 3 | Have you ever experienced symptoms, received medical advice, or been treated for or diagnosed with any back, neck, hip, shoulder, knee or elbow complaints, sciatica, disc or spine complaints, or an injury, complaint or disorder of any joint, bones or muscle, including arthritis, gout or repetitive strain injury (RSI)? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | C |
| 4 | Have you ever received medical advice, or been treated for or diagnosed with depression or a mental illness, including but not limited to stress, anxiety, chronic tiredness or lethargy, panic attacks, post traumatic stress, behavioural or nervous disorder, attention deficit disorder or Asperger's syndrome, myalgia or fibromyalgia or chronic fatigue syndrome? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | D |
| 5 | Have you received medical advice, or undergone any treatment, investigation or operation for, or had: | | | |
| | a High blood pressure or raised cholesterol? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | E |
| | b Cysts, moles, sunspots, skin lesions, skin cancer or melanoma? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | F |
| | c Asthma (other than childhood), chronic bronchitis, emphysema, recurrent pneumonia or any other lung complaint requiring hospitalisation? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | G |
| | d Chest pain, heart complaint, cardiomyopathy, stroke, neurological disorder, multiple sclerosis, muscular dystrophy or blood disorder? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | G |
| | e Cancer, leukaemia, diabetes or chronic kidney complaint? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | G |
| 6 | Have you: | | | |
| | a Taken any illegal or non-prescribed drugs in the last 10 years? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | |
| | b Ever been advised to cease drinking alcohol or received counselling or treatment for alcohol or substance use? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | |
| | c Ever been tested positive for HIV/AIDS, Hepatitis B and/or C or are you awaiting the results of tests for these? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | See below |
| | d In the last five years, worked as or engaged the services of a prostitute or engaged in unprotected anal intercourse (except in a relationship between you and one other person only where that person is not known or suspected to be HIV positive and/or inject non-prescribed drugs)? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | |
| 7 | Apart from anything already stated: | | | |
| | a Are you considering seeking medical advice, treatment, tests or surgery in the future? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | G |
| | b Have you in the last five years received any medical advice, any medical treatment or investigation or had any operation not mentioned above (apart from colds, flu, contraceptive advice)? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | G |
| 8 | To the best of your knowledge, have any of your natural parents, brothers or sisters suffered from or been diagnosed with: | | | |
| | a Heart problems, stroke, high blood pressure, diabetes? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | H |
| | b Depression or any other mental illness? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | H |
| | c Cancer of any type? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | H |
| | d Huntington's disease, muscular dystrophy, multiple sclerosis, polycystic kidney disease or any other hereditary disease? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | H |

Have you answered 'Yes' to any Questions (1 to 5) or (7 to 8) in Section B?

No Go straight to Section E on page 42. Do not complete Sections C or D.

Yes For each 'Yes' answer (except Question 6) you must complete a corresponding questionnaire, as noted in the column beside your 'Yes' answer above. Proceed to the relevant questionnaire in Section C.

If you have answered 'Yes' to Question 6, a confidential questionnaire will be sent to you.

SECTION C – QUESTIONNAIRES

QUESTIONNAIRE A – PASTIME QUESTIONNAIRE

Only complete if you answered 'Yes' to Question 1 of Section B – Personal Statement.

1 Do you currently engage in any of the following hazardous pastimes or pursuits?

- a Flying (other than as a fare-paying passenger on a commercial airline) No Yes
- b Underwater diving No Yes
- If 'Yes', **i** do you dive more than 40 metres in depth or in caves, wrecks or potholes? No Yes
- ii** do you dive alone? No Yes
- c Football of any code (other than Touch or Oztag) No Yes
- d Motorised sports of any kind, eg motor cross, rally driving, ocean racing, car or bike racing No Yes
- e Trail bike or quad bike riding (including off road and dirt bike) No Yes
- f Any other sport or hazardous activities, eg parachuting, hang gliding, body contact sports, paragliding, competitive water sports, horse riding or recreations involving heights No Yes

If you answered 'Yes' to any of the above, please provide further details below.

What is/are the activity(ies) you engage in?

At what level do you participate?

Recreational only (non-competition) Recreational with competition Semi-professional/Professional

Number of times you participate in this/these activity(ies) per annum (eg hours flown, number of dives, events, etc)

Do you receive any income from participating in this/these activity(ies)?

No Yes

QUESTIONNAIRE B – INSURANCE HISTORY QUESTIONNAIRE

Only complete if you answered 'Yes' to Question 2 of Section B – Personal Statement.

1 Other than this application, do you have or have you recently applied for life, total and permanent disability, trauma, or salary continuance insurance on your life with Colonial First State, Commlnsure or any other insurance company?

No Yes Please provide details below

Insurance company name	Type of cover	Insurance benefit	To be replaced?	Date policy commenced
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	\$ <input style="width: 80%; height: 20px;" type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	\$ <input style="width: 80%; height: 20px;" type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input style="width: 95%; height: 20px;" type="text"/>

2 Has an application for life, total and permanent disability, trauma, or salary continuance insurance on your life ever been declined, deferred or accepted with a loading, exclusion or special terms?

No Yes Please provide details below

Insurance company name	Date	Terms offered and reason
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

3 Are you claiming or have you ever claimed a benefit from any source, eg TPD benefit from any superannuation fund, Workers' Compensation, disability pension, Veterans' Affairs or any other insurance policy providing accident or sickness benefits?

No Yes Please provide details below

Benefit type/source/reason for claim	Date commenced	Claim amount	Date finalised
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	\$ <input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	\$ <input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

**QUESTIONNAIRE C –
JOINT/MUSCULOSKELETAL QUESTIONNAIRE**

Only complete if you answered 'Yes' to Question 3 of Section B – Personal Statement.

- Nature of complaint (doctor's diagnosis), eg sciatica, back pain, broken bone
- Location of complaint, eg lower back, right knee, sciatic nerve
- When did symptoms first begin?
- Cause of condition, eg lifting, car accident, fall in workplace, unknown
- Was an x-ray or scan taken?
No Yes
If 'Yes', please complete the details below
Date of most recent test
Details of results of tests taken
- Is the nature of the condition degenerative or a disc problem?
No Yes
- Are you still undergoing treatment or experiencing symptoms?
No Yes
If 'No', please complete the details below
Date symptoms ceased
Date treatment ceased
- Have you been off work as a result of this complaint or been unable to perform your normal day-to-day activities?
No Yes
If 'Yes', please indicate period(s) off work
- Do you have any residual, ongoing effects or restrictions as a result of this condition?
No Yes
If 'Yes', please provide dates and details
- Is your treating doctor different from your usual doctor?
No Yes
If 'Yes', please complete the details below
Name of doctor

Doctor's address

Phone number Fax number

QUESTIONNAIRE D – MENTAL HEALTH QUESTIONNAIRE

Only complete if you answered 'Yes' to Question 4 of Section B – Personal Statement.

- Please provide details of the condition (doctor's diagnosis)
- Please indicate the reason or cause by ticking the appropriate box(es)
Bereavement/family illness
Marital problems
Post natal
Work-related
Other (please specify)
- Date symptoms first commenced
- Have the symptoms ceased?
No Yes
If 'Yes', please provide the date symptoms ceased
- Have you taken or are you taking medication?
No Yes
If 'Yes', please provide details of the type of medication, including dosage
- Are you currently taking medication?
No Yes
- Have you ever been hospitalised?
No Yes
If 'Yes', please indicate period(s) hospitalised
- Did the condition ever cause you to lose time off work?
No Yes
If 'Yes', please indicate period(s) off work
- Has your ability to perform daily activities been restricted in any way?
No Yes
If 'Yes', please provide dates and details
- Is your treating doctor different from your usual doctor?
No Yes
If 'Yes', please complete the details below
Name of doctor

Doctor's address

Phone number Fax number

QUESTIONNAIRE E – HIGH BLOOD PRESSURE/RAISED CHOLESTEROL QUESTIONNAIRE

Only complete if you answered 'Yes' to Question 5a of Section B – Personal Statement.

1 Name of condition

High blood pressure Raised cholesterol

2 When were you first diagnosed with this condition?

3 Do you have any problems or complications resulting from this condition, eg heart disease, chest pain?

No Yes

If 'Yes', please provide details

4 Are you taking regular medication for this condition?

No Yes

If 'Yes', please provide details, including dosage

5 For blood pressure
When was your last
blood pressure reading?

Was it considered to be
well controlled, eg less
than 140/90?

No Yes

Don't know

For raised cholesterol
When was your last
cholesterol reading?

What was the result
of your last cholesterol
reading?

2.0 to 5.9 mmol

6.0 to 6.9 mmol

7.0 or above

Don't know

6 Is your treating doctor different from your usual doctor?

No Yes

If 'Yes', please complete the details below

Name of doctor

Doctor's address

Phone number

Fax number

QUESTIONNAIRE F – CYSTS, MOLES, SUNSPOTS OR SKIN LESIONS QUESTIONNAIRE

Only complete if you answered 'Yes' to Question 5b of Section B – Personal Statement.

1 Please provide type:

Cyst Mole Sunspot Skin lesion

Melanoma Basal cell carcinoma

Other Please specify:

2 Location of growth(s)

Face/head Back/shoulder Chest/front

Arm/leg

3 When was this?

4 Was/were the growth(s) removed?

No Yes If 'Yes', please complete below

When was it/were they removed?

**Numbers of growths
removed:**

One Two

Three More

**Method of
removal:**

Frozen/burnt off

Surgical/cut out

5 Was/were the growth(s) reported as cancerous (malignant)?

No Yes

If 'Yes', were any further tests, investigations, treatments,
follow-up or re-excision required?

No Yes

If 'Yes', please provide dates and details of further tests,
investigations, treatments, follow-up or re-excision

6 Is your treating doctor different from your usual doctor?

No Yes

If 'Yes', please complete the details below

Name of doctor

Doctor's address

Phone number

Fax number

QUESTIONNAIRE G – PERSONAL AND MEDICAL DETAILS QUESTIONNAIRE

Only complete if you answered 'Yes' to Question 5 (c to e) and/or 7 of Section B – Personal Statement.

1 When did you last consult a doctor?

Within the last month 1 to 3 months ago 3 to 6 months ago
6 to 12 months ago 12 months to 2 years ago Over 2 years ago

a Reason for last consultation

b What was the result/outcome from your last consultation (please cross (X) the appropriate box)?

Referral to specialist/health professional Tests conducted – results pending Not fully recovered yet
 Ongoing treatment (eg Ventolin inhaler) Routine tests conducted – results all clear/normal
 All clear/normal/full recovery – no tests or prescribed treatment required (other than contraceptive and cold/flu medication)

c Is the doctor/medical centre mentioned above your usual doctor/medical centre? No Yes

If you have been a patient of this doctor for less than 12 months, please provide details of your previous doctor/medical centres.

Name of doctor

Doctor's address

State

Postcode

Phone number

Fax number

2 This question is for females only

a Are you currently pregnant?

No Yes If 'Yes', what is the due date for your baby?

Will you be returning to work in the same capacity as your current occupation, eg back to the same or greater hours within or at the end of your 12-month maternity leave? No Yes

b Have you ever had any complications with pregnancy or childbirth (eg diabetes, ectopic pregnancy, pre-eclampsia and excluding elective caesarean or miscarriage in the first 15 weeks)?

No Yes If 'Yes', please provide details including dates and results of treatment(s) and follow-up tests

c Have you ever had an abnormal result for any of the following tests?

i Pap smear No Yes

ii Breast ultrasound No Yes

iii Mammogram No Yes

If 'Yes', please provide details and dates below

d Have you ever had a breast lump or breast cyst or any other type of breast abnormality (even if you have not consulted a doctor)?

No Yes If 'Yes', please provide details including dates and results of treatments and follow-up tests

e Have you ever sought treatment for any condition of the ovary, uterus, endometrium or perineum? No Yes

If 'Yes', please provide details including dates and results of treatments

QUESTIONNAIRE G – PERSONAL AND MEDICAL DETAILS QUESTIONNAIRE (CONTINUED)

- 3** Have you ever had, or sought advice or treatment for, experienced symptoms of or suffered from any of the following:
- a** Asthma (other than childhood), chronic bronchitis, emphysema, recurrent pneumonia or any other lung complaint requiring hospitalisation? No Yes
- b** Chest pains, heart complaint, cardiomyopathy, heart murmur, palpitations or rheumatic fever? No Yes
- c** Stroke, paralysis, neurological disorder, multiple sclerosis, muscular dystrophy or blood vessel disorder? No Yes
- d** Alzheimer's, Parkinson's, dementia or any other disorder of the brain? No Yes
- e** Cancer, tumour or melanoma? No Yes
- f** Thyroid, glandular, pituitary or pancreatic disorder? No Yes
- g** Gastric or duodenal ulcer, persistent indigestion, gastro oesophageal reflux disease, Barrett's oesophagitis, irritable bowel or other bowel disorder (eg polyps, ulcerative colitis and Crohn's disease)? No Yes
- h** Diabetes, gestational diabetes, insulin resistance or abnormal blood sugar? No Yes
- i** Any disorder of the gall bladder or liver, including hepatitis B or C, or fatty liver/raised liver function? No Yes
- j** Varicose veins, haemorrhoids or hernia? No Yes
- k** Disorder of the kidney, bladder or prostate (including raised PSA), blood in urine or kidney stones? No Yes
- l** Epilepsy, fits of any kind, fainting episodes, dizziness or vertigo or recurring headaches or migraines? No Yes
- m** Chronic fatigue syndrome, lethargy, sleep apnoea or any sleeping disorder including insomnia? No Yes
- n** Arthritis, gout, osteoporosis, fibromyalgia, repetitive strain injury (RSI) or any chronic pain syndrome? No Yes
- o** Eczema, dermatitis, psoriasis or any other skin disorder? No Yes
- p** Anaemia, leukaemia, haemophilia, haemochromatosis or any other blood disorder, embolism, thrombosis (DVT), or Factor V Leiden? No Yes
- q** Any impairment of sight (other than corrected by glasses or lenses) or blurred vision? No Yes
- r** Any impairment of hearing (including tinnitus, deafness, high frequency hearing loss) or speech? No Yes
- s** Any sexually transmitted diseases? No Yes
- t** Any other illness, injury, disease or disorder not mentioned above? No Yes
- u** Other than for those conditions mentioned above, are you taking any regular prescribed medication? No Yes
- v** Have you undergone screening for diseases or conditions such as, but not limited to, bowel cancer or have you had a genetic test? No Yes
- w** Within the last three years, have you had an ECG, x-ray (excluding broken bones or joint strains), any abnormal blood test results, a genetic test or an ultrasound (other than for pregnancy)? No Yes
- x** Are you considering seeking medical advice, treatment, tests or surgery in the future? No Yes

If you have answered 'Yes' to any Question a to x above, please provide full details of each 'Yes' answer in Section D – General health questionnaire on page 41.

QUESTIONNAIRE H – FAMILY HISTORY QUESTIONNAIRE

Only complete if you answered 'Yes' to Question 8 of Section B – Personal Statement.

- 1** Please complete the table below

Family member	Condition – if cancer, please state type	Age diagnosed
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

- 2** Have you had or do you intend to have a genetic test? No Yes
- 3** If 'Yes', what was the result of the genetic test (cross (X) the appropriate box)?
- Have not been tested yet Negative (I do not have the gene)
- Positive (I have the gene) Unsure

SECTION D – GENERAL HEALTH QUESTIONNAIRE

If you have answered 'Yes' to any part of Question 3a to x in Questionnaire G, please complete the table below.

	Question <input type="checkbox"/>	Question <input type="checkbox"/>	Question <input type="checkbox"/>
1 Name of injury, illness, condition or tests	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 Date symptoms first started	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 Date symptoms ceased (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>
4 Are these symptoms singular, recurrent or ongoing?	<input type="text"/>	<input type="text"/>	<input type="text"/>
5 How often do/did you have symptoms? Please choose one of the following: daily, weekly, monthly, quarterly, half-yearly, one-off, other (please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>
6 Severity of symptoms? Please choose one of the following: mild, moderate, severe, never had symptoms, symptoms ceased	<input type="text"/>	<input type="text"/>	<input type="text"/>
7 Did you take medication or have any other treatment for this condition?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', please give details of the medication/treatment	Details <input type="text"/>	Details <input type="text"/>	Details <input type="text"/>
8 Are you still on treatment, including medication?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
9 Have you ever been off work as a result of this condition?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', please state the total time off work in days, months and years	<input type="text"/> Days	<input type="text"/> Days	<input type="text"/> Days
	<input type="text"/> Months	<input type="text"/> Months	<input type="text"/> Months
	<input type="text"/> Years	<input type="text"/> Years	<input type="text"/> Years
10 Do you or have you had any residual, ongoing effects or restrictions as a result of this condition?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
11 Have you ever had an x-ray, scan or blood test for this condition?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
12 Is your treating doctor different from your usual doctor?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', please provide the doctor's name, address and phone number	Details <input type="text"/>	Details <input type="text"/>	Details <input type="text"/>

SECTION E – DUTY OF DISCLOSURE

Duty of disclosure

Before a person enters into a life insurance contract in respect of their life or the life of another person, they have a duty to tell the insurer anything that they know, or could reasonably be expected to know, may affect the insurer's decision to provide the insurance and on what terms.

The person entering into the contract has this duty of disclosure until the insurance is provided.

The person who has entered into the contract has the same duty before they extend, vary or reinstate the contract.

The person entering into the contract does not need to tell the insurer anything that:

- reduces the risk of the insurance, or
- is common knowledge, or
- the insurer knows or should know as an insurer, or
- the insurer waives the duty to tell the insurer about.

If the insurance is for the life of another person and that person does not tell the insurer something that they know, or could reasonably be expected to know, may affect the insurer's decision to provide the insurance and on what terms, this may be treated as a failure by the person entering into the contract to comply with their duty of disclosure.

If the person entering into the contract does not tell the insurer something

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If the insurer does, it may apply the following rights separately to each type of cover.

If the person entering into the contract does not tell the insurer anything they are required to, and the insurer would not have provided the insurance if they had been told, the insurer may avoid the contract within three years of entering into it.

If the insurer chooses not to avoid the contract, it may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if the person entering the contract had told the insurer everything they should have. However, if the contract has a surrender value or provides cover on death, the insurer may only exercise this right within three years of entering into the contract.

If the insurer chooses not to avoid the contract or reduce the amount of insurance provided, it may, at any time, vary the contract in a way that places the insurer in the same position it would have been in if the person entering the contract had told the insurer everything they should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If the failure to comply with the duty of disclosure is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

These sections must be completed in all circumstances.

SECTION F – ADDITIONAL REQUIREMENTS

The telephone underwriting facility may reduce the need for follow-up information and medical reports, resulting in faster completion. I permit the insurer (Commlnsure) to call me (the life to be insured) to clarify or gain further information regarding any matter pertaining to the assessment and processing of this application. I understand that the call will form part of my Duty of Disclosure as described in Section E.

No Yes

Should a blood test or a medical examination be required, please indicate whether you would like us to organise for a nurse to visit you:

No Yes

If 'Yes' is selected for one or both of the above statements,

I am contactable on (phone) between the hours of
(note they must be usual business hours).

SECTION G – DOCTOR'S DETAILS

In the event that we require further medical information, we require the contact details of your usual GP/doctor.

Name of doctor

Doctor's address

Phone number

Fax number

SECTION H – DEDUCTION OF PREMIUMS

Please select the investment option from which you want your premiums to be deducted. **Please note:** Choosing FirstRate Term Deposit or FirstRate Investment Deposit options for the deduction of insurance premiums will create early withdrawals. We recommend you choose other investment options if available.

Indicate only one option (if you have an adviser service fee, this should be the same option)

If no option or an invalid option is nominated, we will deduct your premium from your most conservative option (with a sufficient balance), as outlined on page 11.

SECTION I – DECLARATION

This section must be completed in all circumstances.

I have read the Duty of Disclosure in Section E and I am aware of the consequences of non-disclosure.

I understand that the Duty of Disclosure continues after I have completed this statement until my application for cover has been accepted by The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 (CommInsure) in writing.

I have read and understood the privacy section of the PDS. I acknowledge and consent to the use and disclosures of my personal information as detailed in that section.

I authorise:

- the insurer to refer any statements that have been made in connection with my application for cover and any medical reports to other entities involved in providing or administering the insurance (for example, reinsurers, medical consultants, legal advisers)
- the insurer and any person appointed by the insurer to obtain information on my medical claims and financial history from the Insurance Reference Association and any other body holding information on me

- any hospital, doctor or other person who has treated or examined me to give to CommInsure any information on my illness or injury, medical history, consultation, prescription or treatment or copies of all hospital or medical reports.

I declare that:

- the answers to all the questions and the declarations on this Personal Statement are true and correct (including those not in my own handwriting)
- I have not withheld any information which may affect CommInsure's decision to provide insurance
- I understand that interim cover may apply while my application is being assessed in accordance with the terms set out on page 13.

I acknowledge that the answers I have provided, together with any special conditions, will form the basis of the contract of insurance.

I elect to hold insurance cover through my superannuation account even if I am under the age of 25 or my account balance is less than \$6,000.

A photocopy of this authorisation is as valid as the original. I agree to provide further medical authorities if requested.

Please be aware that CommInsure may request further medical evidence as a result of the answers given in this Personal Statement.

Original signature of the person to be insured

Print name

Date signed

 (dd/mm/yyyy)

Please return the completed form, with attachments, to:

Colonial First State, Reply Paid 27, Sydney NSW 2001

If you have any questions or require assistance, please call 13 13 36

ADVISER USE ONLY

Are you submitting any life insurance applications for this customer through CommInsure? No Yes

Product name (eg Total Care Plan)

Proposal/Policy number

Should a blood test or a medical examination be required, please indicate whether you would like us to organise for a nurse to visit your client:

No Yes

Adviser name

Contact number

Dealer ID

Adviser ID

Dealer/Adviser stamp (please use black ink only)

An address listed here may be used for adviser correspondence relating to the assessment of this application.

