

Change My Death and Total & Permanent Disablement Insurance Details Form



Please complete and return this form to: NESS Super, Locked Bag 20, Parramatta NSW 2124
 Complete in pen using CAPITAL letters or type directly into this form and print it out.
 Use (X) to mark boxes. This request must be signed and dated.

- Website: www.nesssuper.com.au
- Email: nessadmin@nesssuper.com.au
- Freecall: 1800 022 067

The purpose of this form is to change your insurance cover with NESS Super (conditions apply).
 Before completing this form, we encourage you to familiarise yourself with the rules and terms relating to NESS Super insurances, including the cost of premiums, by reading the “**NESS Super – Insurance Guide for Employed Members**”, “**NESS Super – Insurance Guide for Personal Members**” (all documents are available at www.nesssuper.com.au).

If you require assistance with completing this form, just call us on 1800 022 067.
 If you wish to transfer insurance cover from your other superannuation fund, please complete a **Transfer My Insurance Form** available from the website.

1. Your personal details (Please complete in full)

Member number (This can be found on your Member Statement)	Date of birth (ddmmyyyy)	Male/Female
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Mr/Mrs/Ms/Miss	Surname	
<input type="text"/>	<input type="text"/>	
Given names		
<input type="text"/>		
Telephone (daytime)	Mobile	
<input type="text"/>	<input type="text"/>	
Email address		
<input type="text"/>		
Residential address		
Street number	Street name	
<input type="text"/>	<input type="text"/>	
Suburb/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address (if different to residential address)		
PO Box		
<input type="text"/>		
Suburb/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Your duty of Disclosure

Before you enter into a life insurance contract with the Insurer, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure and the terms of that insurance. This duty of disclosure continues after you have completed this statement until the cover has been issued by us.

The same duty applies before you extend, vary or reinstate the contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

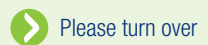
If you fail to comply with the duty of disclosure

In exercising the following rights, we must consider whether different types of cover can constitute separate contracts of life insurance. If they

do, we may apply the following rights separately to each type of cover. If you do not tell us something that you are required to tell us, and we would not have insured on the same terms if we had been told, we may avoid the cover within 3 years of issuing it.

If we choose not to avoid the cover, we may, at any time, reduce the amount for which you have been insured. This would be worked out using a formula that takes into account the premium that would have been payable if you had told us everything you should have. However, for death cover, we may only exercise this right within 3 years of issuing the cover.

If we choose not to avoid the cover or reduce the amount for which you have been insured, we may, at any time vary the cover in a way that places us in the same position we would have been in if we had been told everything we should have been told. However, this right does not apply to death cover. If the failure to tell us is fraudulent, we may refuse to pay a claim and treat the cover as if it never existed.



3. Insurance changes requested

To the NESS Super Trustee

I request the changes to my NESS Super insurance cover as authorised by me below.

Please change my insurance cover.

I wish to change my insurance cover as follows:

Write down the total number of units or the fixed dollar amount of cover you need. If your application to change insurance on this Form is approved, it will replace the cover you currently have with us. Make sure you review the Insurance Guide to see how much cover you can apply for.

I'd like the following **units of cover**: Death Units TPD Units

OR

I'd like the following fixed amount of cover: Death Cover TPD Cover
(Please enter in whole dollar amounts) (up to \$5,000,000) (up to \$3,000,000)

I no longer wish to have Death and TPD insurance and am choosing to opt out of this product.

I no longer wish to have TPD insurance and am choosing to opt out of this product. I will still retain my Death insurance cover.

Note: If you are requesting an increase in cover, you will be required to complete a Personal Statement and submit it with this Form. (The Personal Statement is available on the NESS Super website).

Any TPD cover held as fixed cover will automatically reduce from the *Insured Person's* 61st birthday as set out in the table below:

Age Last Birthday	TPD Tapering Factor (as a % of the Insured Cover for TPD)
Up to 60	100%
61	80%
62	75%
63	67%
64	50%

4. Nominated Life Event insurance changes requested

If you are currently insured under the NESS Super Group Life Policy for Death Only or Death & Total Permanent Disablement cover, you may be eligible to elect an additional unit of the same type of cover without providing health evidence as the result of a nominated Life Event.

To be eligible for an additional unit of the same type of cover under the NESS Super Group Life Policy without providing health evidence as the result of a Life Event, on the date you apply for this increase:

- You have cover with NESS Super when the Life Event occurred, and
- You are less than 60 years of age when you applied for more cover as a result of a Life Event,
- You have not been declined for cover, or have any exclusions, premium loadings, limitations, special terms, limited cover, conditions or restrictions applying to your cover, and
- You have not previously been paid a total and permanent disablement or terminal illness benefit from any source and is not aware of any condition or symptom you have that may entitle you to apply for a total and permanent disablement or terminal illness benefit from any source, and

You can only:

- Increase your cover once for any Life Event in any 12 month period,
- Increase your cover once for each Life Event, and
- Increase your cover for a total maximum of 4 Life Events.

You must provide NESS Super with sufficient proof that the Life Event occurred, within 90 days of the event occurring. You must be 'At Work' on the date the Life Event occurred and 'At Work' on the date you sign this application.

I declare that I satisfy the eligibility criteria to apply to increase my insurance cover by one additional unit as a result of the nominated Life Event.

 Please turn over

6. Certification of personal documents

All copied pages of ORIGINAL proof of identification documents (including any linking documents) need to be certified as true copies by an authorised person (see below).

The following can certify copies of the originals as true and correct copies:

- a permanent employee of Australia Post with five or more years of continuous service
- a finance company officer with five or more years of continuous service (with one or more finance companies)
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having five or more years of continuous service with one or more licensees
- a notary public officer
- a police officer
- a registrar or deputy registrar of a court
- a Justice of the Peace
- a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia as a legal practitioner
- an Australian consular officer or an Australian diplomatic officer
- a judge of a court
- a magistrate, or
- a Chief Executive Officer of a Commonwealth court.

Have you changed your name or are you signing on behalf of another person?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a certified linking document. A linking document is a document that proves a relationship exists between two (or more) names. The following table contains information about suitable linking documents.

Purpose	Suitable linking documents
Change of name	Marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office
Signed on behalf of the applicant	Guardianship papers or Power of Attorney

Providing proof of identity

Suitable documents you can use include ONE of the following (both sides of two-sided documents must be provided):

- Current Australian Driver's license
- Valid Australian Passport
- Birth Certificate
- Proof of Age card
- Centrelink pension card
- Citizenship certificate
- Foreign passport - A current passport issued by another country, with a valid entry stamp or visa

If you have changed your name

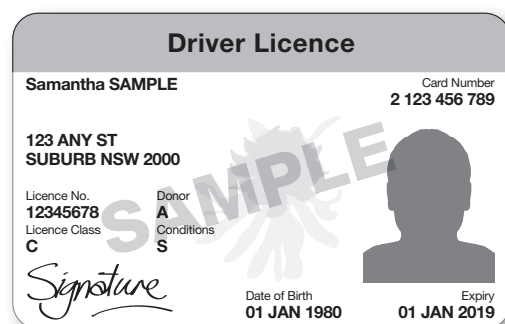
- Change of name certificate
- Marriage Certificate
- Deed poll

Example of how to certify identification

- 1 Take a photocopy of both sides of the original document.
- 2 Take the photocopy and the original document(s) to an authorised person.
- 3 The authorised person should state on the front side of each copy: 'This is a true and correct copy of the original.'

The authorised person should write on each copy their:

- full name;
- qualification;
- registration number (if applicable);
- date; and
- signature.



This is a true and correct copy of the original

Signature

Sergeant Sam Jones
42 Super Street, Supertown
0123 456 789
10 December 2011
(02) 9876 6432