

Insurance application and variation form

Please complete this form in BLOCK LETTERS.

Questions? Contact us on **1800 816 575** or service@supermanagers.com.au.

Did you know?

- You can vary your insurance at enterpriseplan.com.au. Simply login using your Member number and password, click on the Super tab, and click on Insurance and edit your insurance.

Important information

- Use this form to update any personal member details, decrease or cancel your existing insurance cover, vary or increase your insurance cover.
- We will send you written confirmation within 30 days of receiving your completed form. If you do not receive confirmation, please contact us on **1800 816 575**.
- Before you complete this form, you should have read the Enterprise Plan Product Disclosure Statement and Insurance Guide which explains the specific insurance cover options available to you.

1 Member details

Member number

Date of birth

Title

Given name(s)

Surname

Postal address

State

Postcode

Residential address (if same as postal address write 'as above')

State

Postcode

Phone (home)

Phone (work)

Mobile

Email

- I authorise Enterprise Plan to update my address and contact details if the details provided above differ to the details currently held.

2 Insurance variation – My options and Instructions

- Cancel** my current:
- death only cover, **or**
 - death and TPD cover, **or**
 - income protection.

(**Note:** By cancelling your cover you will no longer have death and TPD insurance covers with the Fund. If you wish to have insurance cover with Enterprise Plan in the future you will need to apply, provide medical evidence and be accepted by the Insurer.)

- Vary** my insurance*:
- death and TPD cover to death only cover
 - income protection:
 - waiting period 30 days 90 days
 - amount 75% of salary** fixed amount per month
 - Benefit payment period 2 years 5 years To age 65

Reduce my cover by: \$_____ (or _____ unit) death only or death and TPD income protection

Increase my cover*** by: \$_____ (or _____ unit) death only or death and TPD income protection

* **Vary my insurance cover** refers to your new total insurance cover i.e. any increase or decrease plus any existing cover.

** Plus an additional amount equal to the current level of the superannuation Contribution Levy.

*** To increase insurance cover **I understand I will need to provide a personal health statement** for the Insurer and medical evidence, and I understand this will have to be accepted by the insurer before the additional cover begins.

Transfer my insurance cover in from another superannuation fund

* **Terms and conditions apply. A transfer in form from the Insurer will need to be completed in addition to this form.**

Life event increase* - I wish to increase my cover without medical underwriting, due to the occurrence of one of the following life events:

- Marriage Birth or adoption of a child
- My child commenced secondary school
- You first take a mortgage on the purchase of a home

* **Terms and conditions apply. A life Event Cover Increase Form from the Insurer will need to be completed in addition to this form.**

Enterprise Plan Member Services can assist you of the information you need to provide for your application for insurance to be considered. **Questions?** Contact us on **1800 816 575** or **service@supermanagers.com.au**.

Privacy Policy

The information you are providing in this form is subject to the Privacy Amendment (Private Sector) Act 2000. The Act sets out principles for dealing with personal information which includes standards for collection, storage, accuracy and use of information and for disclosure required by the Australian Tax Office as well as your right to access your personal information which we hold. Enterprise Plan has developed polices for complying with this legislation which you may view on request.

3 Member declaration

I declare that:

- I have received a copy of the Product Disclosure Statement (PDS) and Enterprise Plan Insurance Guide, and if I received a copy from the internet or other electronic means, I received a complete copy of it personally or a printout of it.
- I have read and understood, and agree to be bound by any terms and conditions contained in the Enterprise PDS and Enterprise Plan Insurance Guide, and the Trust Deed as amended from time to time, including any documents incorporated by reference.
- I have read the Duty of Disclosure in the PDS 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 in writing by Enterprise Plan and the Insurer.
- I declare that all of the information provided in my Insurance Application and Variation form is true and correct, including those not in my own handwriting, and I have told the Insurer everything I know that could affect its decision to accept my application for insurance. I understand that the information provided in this form may alter my entitlement eligibility and insurance arrangements.
- I am not restricted by illness or injury from carrying out all my normal work duties and I am actively working my normal hours.

I authorise:

- The release to the Insurer or any other organisation duly appointed by the Insurer, of any medical information needed in connection with this application, including full details of my past medical history. A photocopy (or similar) of this authorisation will be valid as the original.
- I understand and accept the information contained in this form may be shared with staff and service providers of Enterprise Plan, and by providing email addresses I agree that the Fund may use this address to provide me with information about the Fund (such as transaction confirmations, statements, reports and other material).

I understand that:

- The only insured benefits that will be paid by the Fund are those that are payable under the Policy held with the Insurer, and neither of the Trustee or any service provider to the Fund guarantees the payment of any benefit or sum insured or the return of any money.
- I do not have any right of ownership or participation in the Policy.
- If I cancel my cover, I will not be insured by Enterprise Plan and will not be entitled to claim an insurance benefit.
- In choosing to cancel or reduce my cover, the changes will take effect from the date Enterprise Plan receive the form and I will no longer be insured for that amount and type of cover. If I decide I require insurance cover in the future, I understand that I will need to apply to Enterprise Plan and provide medical evidence.
- In choosing to increase my cover, I will need to provide a personal statement and medical evidence, and that this will have to be accepted by the insurer before the additional cover begins.
- If this application is signed under Power of Attorney, the Attorney declares that s/he has not received notice of revocation of that power (certified copy of that Power of Attorney must be submitted with this application unless we have already sighted it).

4 Signature

Member signature

Date

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Please send the completed form to: Enterprise Plan, PO Box 1282, Albury NSW 2640

Contact us

Phone: 1800 816 575

Email: service@supermanagers.com.au

Website: enterpriseplan.com.au

The information in this document has been prepared by OneVue Super Services Pty Ltd ABN (74 006 877 872), AFSL 246883 as the Fund Administrator. It is intended to provide you with general information only and does not take into account your personal objectives, financial situation and needs. Before making any decisions regarding your benefits in **Enterprise Plan sub Fund of the Executive Super Fund** ABN 60 998 717 367 (the Fund) it is important that you consider the current Product Disclosure Statement (PDS) relevant to your category of membership having regard to your own situation and needs. Copies of the various PDS' are available on the Enterprise Plan's website enterpriseplan.com.au. You should consult a licensed or authorised financial adviser if you require advice that takes into account your personal circumstances.