

# FirstChoice Wholesale Personal Super Life events insurance cover option



15 February 2025

SAVE FORM

PRINT FORM

Please phone us on **13 13 36** with any questions about this form.

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.

Please cross ☒ appropriate answer boxes.

## USE OF THIS FORM

If you are a FirstChoice Wholesale Personal Super member, you can use this form to increase your existing Death and Total and Permanent Disability (TPD) or Death-only insurance cover as a result of one of the 'life events' shown in section 2.

Before completing this form, you should note that under the life events cover option:

- You can only apply to increase existing Death and TPD or Death-only cover. The Death and TPD cover must be increased to the same level.
- You must apply to increase your cover within 120 days of the life event occurring.
- You cannot apply to increase cover if:
  - you do not currently have insurance cover in your account (or if your cover has ended under the policy),
  - you are not actively employed, 'Active employment' means you are:
    - engaged in your usual occupation, without limitation or restriction due to illness or injury; and
    - not restricted by illness or injury from being capable of performing your usual occupation on a full-time basis (even if you are not working or are not working on a full-time basis); and
    - not accruing or entitled to accrue any income support benefits from any source including workers' compensation benefits, statutory transport accident benefits and disability income benefits.
  - You will be considered to be in active employment if you are on employer approved leave or reduced hours for reasons other than illness or injury and, not taking into account the leave or reduced hours, are able to meet the active employment definition.
- you are not currently living in Australia,
- you have had cover previously declined under any life insurance policy, or
- you are terminally ill or totally and permanently disabled.
- You can exercise the life events cover option more than once (except for the mortgage option, which can only be exercised once) but you cannot apply to increase your cover under the life events cover option more than once in any 12-month period.
- Any exclusions or restrictions that currently apply to your insurance cover will also apply to any increased cover provided under the life events cover option.

If you are not eligible under the life events cover option, or if you do not currently have insurance cover, you can apply for cover through the insurer's normal underwriting process by completing the **Insurance Application Form** (refer to the FirstChoice Wholesale Personal Super Insurance Booklet for more details). Cover is subject to the insurer's acceptance.

## 1 MEMBER DETAILS

Account number

           

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other  Male ☐ Female ☐

Full given name(s)

Surname

Postal address

Unit number  Street number  PO Box  Street name   
Suburb  State  Postcode

Date of birth

## 2 DETAILS OF LIFE EVENT

Please indicate below which **ONE** life event you are applying for:

Event Type	You will need to provide a <b>CERTIFIED</b> copy <sup>1</sup> of the following document(s):
<input type="checkbox"/> Marriage	Marriage certificate
<input type="checkbox"/> Birth or adoption of a child <sup>2</sup>	Birth certificate OR adoption documentation
<input type="checkbox"/> Mortgage of your primary residence for the purpose of purchasing the residence	Stamped page of the contract of sale showing buyer's (your) details AND a letter on bank letterhead detailing the loan arrangement
<input type="checkbox"/> Child's first day at primary or secondary school	Letter on the school letterhead confirming the name of the student, the school start date and whether your child is starting primary school or secondary school
<input type="checkbox"/> Divorce	Decree Nisi/Absolute OR Certificate of Divorce
<input type="checkbox"/> Death of a spouse	Death certificate

What date did the life event occur?

dd/mm/yyyy

(Note: To be eligible under life events cover, we must receive this completed form and a certified copy of the relevant document **within 120 days** of the life event occurring).

## 3 AMOUNT OF ADDITIONAL COVER

How much **additional** insurance cover are you applying for under this life event (ie on top of your existing cover)?

\$

This amount cannot exceed 100% of your existing cover OR \$250,000 (whichever is the lesser amount). If approved, the increased cover will be provided as a fixed dollar amount.

## 4 DECLARATION

I declare that:

- I have read and understood the insurance information in the current Product Disclosure Statement (PDS) and FirstChoice Wholesale Personal Super Insurance booklet.
- I have read the Duty to take reasonable care section of this form below.
- I confirm that all statements and declarations given by me are true and correct and I have not withheld any information that may affect any decision to provide insurance.
- I understand that if I do not provide all requested information, my application will not be processed until such time that all information is received.
- I understand that any increased cover will not commence until I am notified by the fund in writing.
- I acknowledge that the answers I have provided will form the basis of the contract of insurance.
- I understand if my application is accepted the increased cover will be on the same terms and rates as my existing cover. And any exclusions or loadings that apply on my existing cover will also apply on the increased cover.
- I have read the Privacy Policy and agree with how AIL will use my personal information. The Privacy Policy is available at [www.cfs.com.au/privacy](http://www.cfs.com.au/privacy)

1 To be a 'certified copy', one of the following people must state on the copy of the original document that "I certify that I have sighted the original document and this is a true copy of it". The certifier must also include their full name, title, registration number (where applicable) and be signed and dated. Additional certification options are available from our 'Certification of documents – list of prescribed persons' form at [www.cfs.com.au/content/dam/prospects/fs/4/5/fs4523.pdf](http://www.cfs.com.au/content/dam/prospects/fs/4/5/fs4523.pdf).

- |                        |                  |                           |                        |
|------------------------|------------------|---------------------------|------------------------|
| • Legal practitioner   | • Notary public  | • Veterinary practitioner | • Member of Parliament |
| • Justice of the Peace | • Police officer | • Pharmacist              | • Minister of religion |
| • Magistrate           | • Dentist        | • Accountant              | • Medical practitioner |

2 Excluding a stepchild or becoming a legal guardian.

## DUTY TO TAKE REASONABLE CARE

### About this application

When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can cover you, and if so, on what terms and at what cost.

We will ask questions we need to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give us in response to our questions is vital to our decision.

### The duty to take reasonable care

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty applies to a new contract of insurance and also applies when extending or making changes to existing insurance, and reinstating insurance.

### If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. There are different remedies that may be available to us. These are set out in the *Insurance Contracts Act 1984* (Cth). These are intended to put us in the position we would have been in if the duty had been met.

Your cover could be avoided (treated as if it never existed), or its terms may be varied. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

Before we exercise any of these remedies, we will explain our reasons and what you can do if you disagree.

### Guidance for answering our questions

You are responsible for the information provided to us. When answering our questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

### Changes before your cover starts

Before your cover starts, we may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

### If you need help

It's important that you understand this information and the questions we ask. Ask us or a person you trust, such as your adviser for help if you have difficulty understanding the process of buying insurance or answering our questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help. If you want, you can have a support person you trust with you.

### Notifying the insurer

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

### Original signature of member

### Print name

### Date signed

Please ensure the certified documents requested in section 2 are attached BEFORE sending this form to us.

Please return the completed form, with attachments, to:

Colonial First State, Reply Paid 27, Sydney NSW 2001

Or via the secure online system (e-post) with FirstNet Investor and FirstNet Adviser.