

Personal Super

Insurance



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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 27, where these terms are explained in detail.

About this document

This document forms part of the Product Disclosure Statement (PDS) for FirstChoice Wholesale Personal Super and contains statements and information incorporated by reference and must be read in conjunction with the PDS. A reference to the 'PDS' in this document is a reference to the PDS, the Investment Options Menu and all statements and information incorporated by reference as described and listed in the PDS. You should read all parts of the PDS and assess whether the product is appropriate for you before making a decision to invest in the product.

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About the trustee

Avanteos Investments Limited ABN 20 096 259 979, AFSL 245531 (AIL) is the trustee of the Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557 (FirstChoice Trust).

About the insurer

The insurance provider is AIA Australia Limited ABN 79 004 837 861 AFSL 230043 (AIA Australia, the Insurer). The insurance cover is provided under policies issued to the trustee. AIA Australia is not part of the CFS group. None of the companies in the CFS Group guarantee the obligations or performance of AIA Australia.

You can only apply for insurance cover by completing the insurance application form attached to this document.

You can inspect a copy of the Group Life and Salary Continuance Insurance policy documents at our head office, or we will provide you with a copy free of charge.

General advice warning

The information provided in this document is general information only and does not take account of your individual objectives, financial or taxation situation or needs. You should assess whether the product is appropriate for you and consider obtaining financial advice relevant to your personal circumstances before investing.

The Target Market Determinations (TMD) for our financial products can be found at cfs.com.au/tmd and include a description of who the financial product is appropriate for.

Introducing insurance through FirstChoice Wholesale Personal Super

Insurance through FirstChoice Wholesale Personal Super 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 Wholesale Personal Super?

Depending on the cover you apply for, you can be protected if you die, become totally and permanently 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.

Find out more: See **Life insurance: the basics** on page 5.

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, or
- until you reach the end of your agreed **benefit period**, or
- until the first premium due date after you turn 65, or
- until another event occurs that ends your cover.

Find out more: See **Salary continuance insurance: the basics** on page 9.

Who is the insurer?

The insurance provider is AIA Australia and insurance through FirstChoice Wholesale Personal Super is provided under insurance policies issued 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 the 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 Wholesale Personal Super insurance

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

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 15% for your super contributions. This is subject to the product maximum of \$25,000 per month.

Why insure through FirstChoice?

Insurance through FirstChoice Wholesale Personal Super 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 Wholesale Personal Super:

- **Convenience.** 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.
- **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 Wholesale Personal Super, 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 Wholesale Personal Super member and meet the relevant age restrictions: • 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?	• 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?	• 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.	See page 7
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 7
Who receives the benefit?	• 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 8

Am I eligible to apply for cover?

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

- be a FirstChoice Wholesale Personal Super 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 Wholesale Personal Super member (or applying to become a member)
- be aged at least 14 and less than 60, and
- either be:
 - employed or self-employed for gain or reward, 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 29 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:

TPD – Unable to do any suited occupation ever again	Disablement where the insurer is satisfied, on medical or other evidence, that as a result of illness or injury: • you have been absent from your usual work for a period of three consecutive months, and • you have throughout that time been: • 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.
TPD – Unlikely to do any suited occupation ever again because of a specific medical condition	Disablement where the insurer is satisfied, on medical or other evidence, that as a result of illness or injury: • you are absent from all work as a result of suffering cardiomyopathy, primary pulmonary hypertension, major head trauma with permanent neurological deficit, motor neurone disease, multiple sclerosis with impairment, muscular dystrophy, paraplegia, quadriplegia, hemiplegia, diplegia, dementia and Alzheimer's disease, Parkinson's disease with impairment, blindness in both eyes, loss of speech, loss of hearing in both ears, 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, and • you are likely to be disabled for life.
TPD – Unable to perform domestic duties or child rearing ever again	If you were engaged in full time domestic duties or child rearing at the date of disablement, then despite the above, disablement means where the insurer is satisfied, on medical or other evidence, that as a result of illness or injury you: • 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.
TPD – Loss of limbs and/or sight	Disablement where the insurer is satisfied, on medical or other evidence, that as a result of illness or injury, you have suffered: • 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) 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.

Find out more: See **Definitions** on page 27. In the TPD definitions above, 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.

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
- active service in the armed forces or peacekeeping forces (whether armed or unarmed) of any country or territory or foreign or international organisation – this exclusion will 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)),
- engagement in (including planning or preparing for) any terrorism act in Australia or any foreign country, or
- participation in a combat or fighting force of any country or territory or foreign or international organisation.

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 **cover anniversary**. Indexation is based on the percentage increase in the Consumer Price Index (up to a maximum of 5% p.a.).

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. If you have previously advised us to turn off cover indexation, it cannot be reapplied to any new or existing cover.

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 Wholesale Personal Super 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 Wholesale Personal Super being too low to cover the monthly premiums
- you cease to be a member of FirstChoice Wholesale Personal Super
- 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 21.

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.

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 (SCI) can provide a regular monthly 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 Wholesale Personal Super 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 up to 15% 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.	See page 11
How long do benefit payments last?	You can choose a benefit period of two years, five years or until you turn 65.	See page 13
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 13
What's the waiting period?	You can choose a waiting period of 30 or 90 days.	See page 14
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 14

Am I eligible to apply for SCI cover?

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

- a FirstChoice Wholesale Personal Super 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.

If you already hold salary continuance insurance cover in another FirstChoice super account, you will need to disclose this in your insurance application form. You will be required to cancel your existing salary continuance insurance cover as a condition of acceptance.

How much cover can I apply for?

The maximum monthly amount that you can apply for is 90% of your before-tax **monthly income** (including up to 15% 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 14 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 14 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 may 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 12 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 14 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 14 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 12 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)
- active service in the armed forces or peacekeeping forces (whether armed or unarmed) of any country or territory or foreign or international organisation
- engagement in (including planning or preparing for) any terrorism act in Australia or any foreign country, or
- participation in a combat or fighting force of any country or territory or foreign or international organisation.

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 FirstChoice Wholesale Personal Super.

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 page 13.

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 automatically indexed on your **cover anniversary**. 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 on your **cover**

anniversary, please advise us in writing. If you have previously advised us to turn off cover indexation, it cannot be reapplied to any new or existing cover.

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 payment 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, when you become **disabled**, you are not in **regular remunerative employment**, your benefit period will be limited to two years even if you have been paying premiums for a benefit period longer than two years.

Regular remunerative employment means, in the six months prior to the date you became **disabled**, 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 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 Wholesale Personal Super 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 FirstChoice Wholesale Personal Super
- 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.

Find out more: See **What happens if I leave the fund?** on page 21.

Reinstating cover due to inactivity

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.

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 SCI premiums 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 SCI 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.

📘 **Find out more:** See **Making a claim** on page 25.

How much does it cost?

FirstChoice Wholesale Personal Super 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 30 to 37.	See page 16
How are my premiums paid?	Your premiums are paid each month straight from your FirstChoice Wholesale Personal Super account.	See page 16
Will my premiums change?	While your premiums will generally rise each year as you age, they won't automatically change because you switch occupations or alter your lifestyle. If you make changes to your level of insurance, your premiums will change.	See page 17
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 17

How are my premiums calculated?

On your **cover 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 30 to 37.

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: • 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: • clerical or administrative roles • managerial roles • sales roles that don't involve travelling or making deliveries.

Occupation group	Description
Light blue collar	Occupations that involve up to 20% manual activity. Examples include: • 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: • tradespeople • delivery drivers • mechanics.
Not eligible	Hazardous occupations or any other occupations the insurer won't cover. Examples include: • 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 30 to 37. 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 $(0.48 \times 1) + (0.26 \times 1.50) = 0.87$ (where 1.50 is the TPD occupation loading factor for light blue collar).	$\$(0.87 \times 500,000)$	
	÷	
	\$1,000	
		= \$435.00 per year

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.

$\$(4.16 \times 4,000)$

÷

\$100

× 1.00 = \$166.40 per year

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 Wholesale Personal Super account. If the monthly insurance premiums aren't regularly offset by regular super contributions or rollovers, it will reduce your account balance.

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.

Please note, minimum account balances may apply and we may transfer your account to the ATO. If your account is closed, you will no longer have insurance cover in FirstChoice Wholesale Personal Super.

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

Find out more: Download the **FirstChoice Wholesale Personal Super and Pension Reference Guide** from cfs.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 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 Wholesale Personal Super 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, you can make changes or cancel your cover in the Insurance Portal by logging into FirstNet or the CFS app. You can also reduce or cancel your cover by contacting us (see below).	See below
How do I apply?	You can apply in the Insurance Portal by logging into FirstNet or the CFS app or by completing the insurance application form. Cover is subject to the insurer's acceptance.	See page 19
Transferring my cover	You can transfer your cover from another super fund or life insurance policy to FirstChoice Wholesale Personal Super, but the details of the cover may change.	See page 19
Interim cover for accidents	When you apply for insurance, you may receive interim accident cover while your application is being assessed.	See page 19
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 20
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 21

Can I cancel or change my cover?

You can reduce or cancel your cover:

- in the Insurance Portal by logging into FirstNet or the CFS app,
- by calling Investor Services 13 13 36,
- by emailing us at contactus@cfs.com.au, or
- by writing to us at:
Colonial First State
GPO Box 3956, Sydney NSW 2001.

If we cancel your insurance cover, you'll no longer have insurance premiums deducted from your super. You'll only be able to make an insurance claim for events that occurred before your cover was cancelled.

If you wish to apply for additional cover or reapply for cover after cancelling or reducing cover, you will need to apply in the Insurance Portal by logging into FirstNet or the CFS app or by completing the insurance application form at the back of this booklet. Eligibility criteria applies, see page 5 for Death and TPD and page 9 for SCI.

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

For more information on cancelling your cover, please see cfs.com.au/cancelinsurance or call 13 13 36.

How do I apply?

To apply for new cover, you can log into the Insurance Portal through FirstNet or the CFS app or complete the insurance application form at the back of this booklet. 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 (including self-managed super) or under a **life insurance policy**, you may be able to transfer the type of cover and level of cover to FirstChoice Wholesale Personal Super. Conditions apply.

📄 Find out more: See **Transferring cover** on page 22.

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 Wholesale Personal Super.

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 declined
- you withdraw your application
- 120 days have passed from the date your application is received by the insurer
- 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.

The exclusions that apply to standard death and TPD cover will also apply to this interim accident cover.

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 declined
- your application is withdrawn
- 120 days have passed from the date your application is received by the insurer
- 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 Wholesale Personal Super,

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 15% 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 SCI 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	• 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)	• Certified birth certificate, or • Certified adoption documentation
The 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 your bank's letterhead detailing the loan arrangement
Your child's first day at primary or secondary school	• 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	• Decree nisi/decre absolute, or • Certified divorce certificate
Death of your spouse	• 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 Wholesale Personal Super 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.

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

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 Wholesale Personal Super 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 Wholesale Personal Super. 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 Wholesale Personal Super 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 Wholesale Personal Super.

You will not be eligible for future cover under FirstChoice Wholesale Personal Super 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 Wholesale Personal Super, 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 Wholesale Personal Super, 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.

Find out more: See **What happens if my cover lapses?** on page 26.

Transferring cover

At FirstChoice, we've made transferring your cover from your previous fund or life insurance policy 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?	- 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. These limits do not apply when transferring cover from other FirstChoice super products or Essential Super.	See page 23
How do I transfer my cover?	Complete the transfer of insurance cover form and attach a statement of existing cover.	See page 23
What will change and what will stay the same?	The type of cover and amount of cover that you had previously, subject to the transfer of cover maximums set out below and any individual exclusions that applied under the previous fund or life insurance policy will be transferred across to FirstChoice Wholesale Personal Super. 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.	See page 24

About cover transfers

You can apply to transfer your existing death, death and TPD and/or SCI cover (income protection) from another super fund (including self-managed super) or cover held under a **life insurance policy** to FirstChoice Wholesale Personal Super.

To do this, you will need to complete the transfer of insurance cover form. 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 page 23.

If the insurer accepts your application for the transfer of cover, the insurance terms and premium rates applying to FirstChoice Wholesale Personal Super will apply to your transferred cover. Therefore, you should compare the terms of your existing cover with the terms of insurance

available through FirstChoice Wholesale Personal Super before deciding whether transferring your existing cover is right for you.

Am I eligible to transfer my cover?

To be eligible to apply for the transfer of cover, the following conditions apply up until the transfer date:

- You must be less than 55 years of age. This age restriction does not apply when transferring cover between FirstChoice products.
- Insurance cover is held within super (including self-managed super) or under a **life insurance policy**.
- Insurance cover held within super (including self-managed super) can only be transferred if:
 - you transfer the entire account balance from your previous super fund to FirstChoice Wholesale Personal Super
 - the cover is not from a defined benefit arrangement.
- Insurance cover can only be transferred if:

- the cover to be transferred has been in place for at least 12 months
- for TPD cover you are working at least 15 hours per week, and
- for SCI cover you are employed under a contract of permanent employment or a fixed term contractor.
- The cover to be transferred 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 Wholesale Personal Super plus the amount of cover you transfer to FirstChoice Wholesale Personal Super cannot exceed \$1.5 million.

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

These limits do not apply when transferring cover from other FirstChoice super products or Essential Super.

Please refer to 'How much cover can I apply for?' on page 5 and 9.

Transferring cover: how it works

Death and TPD cover

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

SCI cover

If your cover within your FirstChoice Wholesale Personal Super 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 Wholesale Personal 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 our FirstChoice Wholesale Personal Super. 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, you will need to complete the transfer of insurance cover form.

Cancelling your previous cover

It is important that you receive an acceptance confirmation from your FirstChoice Wholesale Personal Super before you cancel your previous cover or transfer your superannuation account balance. This will allow for the transferred cover to commence in your FirstChoice Wholesale Personal Super. 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 Wholesale Personal Super.

Providing proof of cover

You will need to provide proof of existing cover by providing **ONE** of the following:

- a valid statement from your former super fund or life insurance company (issued within the last 12 months)
- a Certificate of Currency on company letterhead (issued within the last 60 days)
- an adviser-generated portfolio report (issued within the last 60 days)
- an email directly from your former super fund or life insurance company (issued within the last 60 days).

The proof of cover must state your name and 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 Wholesale Personal Super, 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 Wholesale Personal Super are:

- the type of cover (e.g. 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 Wholesale Personal Super insurance terms.
- for SCI cover:
 - the **benefit period** (if available – see below)
 - the **waiting period** (if available – see below)

Benefit period in former fund or previous life insurance policy	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 or previous life insurance policy	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 Wholesale Personal Super insurance terms and conditions will apply to your transferred cover. This includes FirstChoice Wholesale 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 Wholesale Personal Super's rates, your smoking status and your occupation classification – see pages 30 to 37 for further details.
SCI cover	Any SCI cover you have in your FirstChoice Wholesale Personal Super 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 or **life insurance policy**.

If you are not in **active employment** 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 in active employment. This exclusion will apply until you are in active employment again for two consecutive months on or after the transfer date.

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 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 any 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 First Sentier Wholesale Strategic Cash option within your FirstChoice Wholesale Personal Super. This will also cancel any auto-rebalancing you may have requested on your account. You can only be paid a TPD or terminal illness benefit if you meet a **condition of release** as set out under superannuation law.

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.

Do I keep paying premiums if I make a claim?

If your claim for death, terminal illness or TPD is accepted, we'll refund premiums that are charged for that cover type from the date of the event. If your SCI claim is accepted, we'll refund premiums charged from the end of your waiting period, or from the date you first become eligible to receive benefits.

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

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 calendar 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 or **life insurance policy**.

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 and you've paid all your unpaid premiums.

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 key terms used throughout this booklet.

The following terms are in **bold** text where they first occur in each section of 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, on the applicable date, the person is: - a engaged in his or her usual occupation, without limitation or restriction due to illness or injury; and - b not restricted by illness or injury from being capable of performing their usual occupation on a full-time basis (even if the person is not working or is not working on a full-time basis); and - c 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. The person will be considered to be in active employment if, on the applicable date, the person is on employer approved leave or reduced hours for reasons other than illness or injury and, not taking into account the leave or reduced hours, is able to meet the active employment definition. 'Full-time basis' means at least 35 hours per week.
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 Wholesale Personal Super, 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 Wholesale Personal Super insurance.
cover anniversary	The anniversary of the date your first insurance cover began in your superannuation account.
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 90% (which includes an allowance of up to 15% for employer superannuation entitlements).
life insurance policy	Means an insurance policy: • issued by a life company registered under the Life Insurance Act 1995 (Cth), • under which you are both the policy owner and life insured, • which was arranged through a licensed or authorised financial adviser, and • which you were required to apply for and provide the insurer with information about your health.

Term	Definition
medical practitioner	A person, acceptable to the insurer, who is registered and practising as a medical practitioner in Australia, other than: • 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: • 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. a If you are employed on a permanent basis, your monthly income is limited to the salary you earn from your employer. 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 (i.e. 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. 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. 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: • 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.
normal occupation	The work you were doing immediately before your most recent period of disability.
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.
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.
partially disabled	Refer to page 10 for further details.
permanent basis	You are employed on a permanent basis if: • 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).

Term	Definition
pre-disability income (if you are employed on a permanent basis immediately before your disability)	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.) 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). 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.
pre-disability income (if you are in self-employment immediately before your disability)	Your average monthly income: - 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)	The average monthly income you earned during: - 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	Means all of the following have occurred: - 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; - at least one of the medical practitioners is a specialist practising in an area related to the insured member's illness or injury; - 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; - the date of certification occurs while the insured member is covered under this policy; and - for each of the certificates, the certification period has not ended.
totally disabled	Refer to page 10 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				Female			
	Death only		White collar TPD		Death only		White collar TPD	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
≤17	0.67	0.93	0.29	0.46	0.36	0.59	0.49	0.50
18	0.67	0.93	0.29	0.46	0.36	0.59	0.49	0.50
19	0.67	0.93	0.29	0.46	0.36	0.59	0.49	0.50
20	0.67	0.93	0.29	0.46	0.36	0.59	0.49	0.50
21	0.62	0.87	0.29	0.47	0.32	0.58	0.42	0.42
22	0.59	0.83	0.28	0.38	0.31	0.56	0.33	0.37
23	0.53	0.73	0.26	0.38	0.29	0.53	0.29	0.33
24	0.49	0.69	0.26	0.32	0.29	0.52	0.29	0.32
25	0.48	0.67	0.22	0.29	0.29	0.51	0.26	0.33
26	0.44	0.69	0.21	0.28	0.29	0.52	0.26	0.32
27	0.43	0.69	0.20	0.28	0.29	0.52	0.26	0.33
28	0.42	0.73	0.21	0.28	0.29	0.53	0.26	0.32
29	0.42	0.74	0.21	0.29	0.29	0.56	0.26	0.33
30	0.41	0.73	0.21	0.29	0.30	0.56	0.26	0.33
31	0.41	0.76	0.21	0.33	0.30	0.58	0.29	0.34
32	0.42	0.79	0.22	0.36	0.31	0.59	0.29	0.38
33	0.43	0.83	0.23	0.38	0.32	0.62	0.29	0.40
34	0.44	0.87	0.26	0.39	0.32	0.64	0.29	0.46
35	0.46	0.92	0.26	0.42	0.36	0.67	0.32	0.49
36	0.48	0.98	0.26	0.46	0.36	0.68	0.32	0.53
37	0.50	1.04	0.28	0.49	0.39	0.69	0.33	0.59
38	0.56	1.12	0.29	0.50	0.40	0.73	0.37	0.62
39	0.58	1.20	0.29	0.53	0.42	0.80	0.39	0.69
40	0.61	1.27	0.32	0.61	0.43	0.88	0.46	0.72
41	0.66	1.41	0.34	0.66	0.46	0.98	0.54	0.76
42	0.69	1.56	0.40	0.76	0.49	1.06	0.62	0.83
43	0.77	1.70	0.46	0.88	0.52	1.14	0.73	0.96
44	0.86	1.87	0.49	0.98	0.58	1.26	0.87	1.12
45	0.92	2.09	0.59	1.06	0.64	1.34	0.87	1.30
46	1.00	2.34	0.67	1.16	0.72	1.46	0.96	1.50
47	1.10	2.61	0.77	1.29	0.80	1.60	1.12	1.73
48	1.23	2.88	0.89	1.48	0.89	1.77	1.27	1.99
49	1.36	3.19	1.03	1.73	1.00	1.97	1.43	2.27
50	1.50	3.51	1.17	2.07	1.10	2.21	1.61	2.51
51	1.67	3.89	1.30	2.39	1.27	2.48	1.77	2.77
52	1.87	4.30	1.46	2.71	1.42	2.76	1.96	3.09
53	2.09	4.77	1.66	3.08	1.63	3.04	2.22	3.51
54	2.40	5.26	1.97	3.49	1.84	3.36	2.80	4.00
55	2.76	5.81	2.34	3.92	2.09	3.69	2.96	4.53
56	3.24	6.46	2.84	4.66	2.34	4.07	3.51	5.59
57	3.79	7.18	3.41	5.49	2.58	4.43	4.19	6.79

Age next birthday	Male				Female			
	Death only		White collar TPD		Death only		White collar TPD	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
58	4.34	8.02	4.02	6.49	2.86	4.84	5.03	8.00
59	4.93	9.02	4.73	7.52	3.18	5.30	6.09	9.41
60	5.59	10.16	5.58	8.74	3.51	5.74	7.34	11.01
61	6.30	11.34	6.58	10.14	3.89	6.30	8.86	12.92
62	7.18	12.60	7.76	11.79	4.33	6.96	10.69	15.18
63	8.21	13.96	9.14	13.70	4.80	7.82	12.91	17.80
64	9.44	15.39	10.77	15.91	5.36	8.79	15.57	20.88
65	10.86	16.84	12.71	18.48	5.94	9.90	18.79	24.48
66	12.42	19.29			6.82	11.17		
67	14.13	21.94			7.76	12.68		
68	16.03	24.87			8.79	14.50		
69	18.11	28.10			9.92	16.64		
70	20.46	31.74			11.21	19.07		
71	22.97	35.64			12.67	21.78		
72	26.02	40.39			14.36	24.83		
73	29.49	45.76			16.26	28.24		
74	33.71	52.30			18.59	32.08		
75	38.68	60.04			21.33	36.41		

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 AIL 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		Female		Male		Female	
	30-day wait		30-day wait		90-day wait		90-day wait	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
≤17	2.96	3.88	5.10	6.18	1.86	2.44	3.22	3.90
18	2.96	3.88	5.10	6.18	1.86	2.44	3.22	3.90
19	2.98	4.18	5.34	6.38	1.88	2.63	3.37	4.02
20	2.98	4.47	5.58	6.58	1.88	2.82	3.51	4.14
21	3.12	4.47	5.58	6.58	1.97	2.82	3.51	4.14
22	3.31	4.53	5.63	6.63	2.08	2.87	3.56	4.19
23	3.37	4.52	5.67	6.63	2.12	2.86	3.57	4.19
24	3.47	4.59	5.72	6.69	2.19	2.89	3.61	4.21
25	3.52	4.59	5.77	6.69	2.22	2.89	3.63	4.21
26	3.53	4.60	5.73	6.66	2.22	2.90	3.61	4.19
27	3.56	4.62	5.72	6.63	2.23	2.91	3.60	4.19
28	3.56	4.63	5.70	6.61	2.23	2.92	3.58	4.16
29	3.56	4.64	5.67	6.58	2.24	2.93	3.57	4.14
30	3.58	4.64	5.72	6.56	2.24	2.93	3.60	4.13
31	3.64	4.71	5.63	6.50	2.31	2.98	3.56	4.10
32	3.72	4.76	5.61	6.54	2.34	2.99	3.53	4.13
33	3.83	4.88	5.66	6.63	2.42	3.07	3.56	4.19
34	3.90	4.92	5.67	6.71	2.47	3.10	3.57	4.23
35	4.02	5.03	5.66	6.74	2.53	3.17	3.56	4.26
36	4.12	5.14	5.89	7.03	2.59	3.23	3.71	4.42
37	4.24	5.31	6.07	7.24	2.68	3.34	3.81	4.57
38	4.37	5.48	6.27	7.49	2.77	3.44	3.96	4.72
39	4.50	5.63	6.41	7.67	2.83	3.56	4.04	4.83
40	4.68	5.84	6.59	7.89	2.94	3.69	4.16	4.97
41	4.84	6.07	6.94	8.32	3.06	3.81	4.38	5.23
42	5.07	6.33	7.27	8.70	3.19	3.99	4.59	5.49
43	5.32	6.66	7.66	9.14	3.36	4.19	4.81	5.77
44	5.59	6.99	8.00	9.59	3.52	4.40	5.04	6.03
45	5.89	7.37	8.38	10.01	3.72	4.64	5.28	6.31
46	6.28	7.84	9.09	10.76	3.96	4.94	5.72	6.78
47	6.67	8.34	9.80	11.51	4.20	5.26	6.18	7.26
48	7.14	8.93	10.60	12.34	4.50	5.63	6.68	7.78
49	7.66	9.59	11.48	13.26	4.82	6.04	7.23	8.34
50	8.27	10.33	12.43	14.24	5.21	6.52	7.83	8.97
51	9.00	11.24	13.29	15.63	5.67	7.09	8.37	9.84
52	9.83	12.29	14.26	17.20	6.19	7.74	8.97	10.84
53	10.81	13.52	15.29	18.96	6.81	8.51	9.64	11.93
54	11.90	14.87	16.53	21.02	7.49	9.37	10.41	13.24
55	13.09	16.37	17.90	23.39	8.24	10.31	11.27	14.73
56	14.31	17.89	19.46	25.20	9.01	11.27	12.27	15.87
57	15.72	19.64	21.27	27.29	9.90	12.38	13.40	17.20
58	17.26	21.57	23.41	29.78	10.87	13.59	14.76	18.77

Age next birthday	Male		Female		Male		Female	
	30-day wait		30-day wait		90-day wait		90-day wait	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
59	18.93	23.67	26.00	32.78	11.93	14.91	16.38	20.64
60	20.83	26.04	29.02	36.30	13.12	16.41	18.29	22.87
61	22.97	28.70	32.38	40.48	14.47	18.08	20.40	25.50
62	25.31	31.66	36.32	45.41	15.96	19.96	22.89	28.61
63	22.74	28.41	33.43	41.78	14.32	17.91	21.04	26.32
64	19.10	23.88	28.08	35.10	12.03	15.03	17.69	22.12
65	12.22	15.28	17.97	22.47	7.70	9.62	11.32	14.16

Premium rates shown include a AIL 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		Female		Male		Female	
	30-day wait		30-day wait		90-day wait		90-day wait	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
≤17	4.37	5.74	6.43	8.01	3.07	4.01	4.50	5.61
18	4.37	5.74	6.43	8.01	3.07	4.01	4.50	5.61
19	4.38	6.17	6.74	8.27	3.07	4.32	4.72	5.80
20	4.38	6.62	7.04	8.53	3.07	4.63	4.93	5.99
21	4.77	6.62	7.03	8.47	3.33	4.63	4.92	5.92
22	4.99	6.71	7.22	8.71	3.51	4.69	5.06	6.10
23	5.22	6.78	7.43	8.76	3.66	4.74	5.19	6.12
24	5.39	6.78	7.63	8.79	3.77	4.74	5.33	6.13
25	5.49	6.79	7.89	8.86	3.83	4.76	5.51	6.21
26	5.53	6.81	8.14	9.19	3.87	4.77	5.70	6.42
27	5.56	6.83	8.09	9.33	3.89	4.77	5.67	6.53
28	5.54	6.79	7.94	9.43	3.89	4.74	5.57	6.61
29	5.53	6.81	7.71	9.42	3.87	4.77	5.39	6.60
30	5.56	6.82	7.51	9.42	3.89	4.77	5.27	6.60
31	5.53	6.91	7.51	9.33	3.88	4.84	5.27	6.53
32	5.70	7.13	7.73	9.42	3.98	4.98	5.40	6.60
33	5.88	7.33	8.12	9.69	4.11	5.13	5.69	6.78
34	6.04	7.56	8.62	10.01	4.24	5.29	6.03	7.00
35	6.17	7.70	9.22	10.40	4.30	5.39	6.44	7.28
36	6.39	7.98	9.62	10.79	4.47	5.60	6.74	7.54
37	6.62	8.29	10.42	11.66	4.63	5.80	7.30	8.16
38	6.92	8.63	11.21	12.50	4.84	6.04	7.86	8.76
39	7.21	8.99	11.91	13.34	5.04	6.30	8.34	9.34
40	7.61	9.50	12.49	14.12	5.32	6.66	8.76	9.87
41	8.00	10.00	13.30	15.14	5.60	7.00	9.30	10.59
42	8.47	10.58	14.02	16.11	5.92	7.41	9.81	11.28
43	9.04	11.29	14.66	16.94	6.32	7.91	10.26	11.86
44	9.61	12.02	15.24	17.71	6.73	8.41	10.67	12.39
45	10.36	12.96	15.82	18.41	7.26	9.07	11.07	12.88
46	11.17	13.97	16.90	19.66	7.82	9.78	11.83	13.77
47	12.09	15.12	18.16	21.02	8.46	10.59	12.72	14.72
48	13.12	16.40	19.61	22.59	9.19	11.49	13.73	15.82
49	14.40	17.99	21.32	24.44	10.08	12.59	14.93	17.11
50	15.76	19.52	23.34	26.64	11.02	13.68	16.34	18.66
51	17.31	21.93	25.92	29.77	12.12	15.34	18.16	20.83
52	19.02	24.49	28.94	33.47	13.31	17.16	20.28	23.43
53	20.98	27.24	32.34	37.74	14.69	19.07	22.63	26.42
54	23.33	30.30	36.11	42.63	16.33	21.20	25.28	29.84
55	26.08	33.61	39.93	48.07	18.26	23.53	27.44	33.64
56	29.11	37.67	42.00	52.52	20.37	26.37	28.86	36.78
57	32.37	39.64	44.11	55.44	22.20	27.19	30.28	38.02
58	34.02	41.97	46.13	57.88	23.32	28.77	31.36	39.67

Age next birthday	Male		Female		Male		Female	
	30-day wait		30-day wait		90-day wait		90-day wait	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
59	35.21	43.73	47.88	59.97	24.10	29.92	32.77	41.03
60	36.91	46.01	50.78	63.53	25.58	31.88	35.18	44.00
61	38.64	48.30	53.69	67.10	27.04	33.82	37.58	46.96
62	34.43	43.02	49.09	61.37	24.09	30.12	34.37	42.94
63	27.89	34.84	41.00	51.24	17.57	21.96	25.82	32.28
64	23.41	29.29	34.43	43.03	14.76	18.43	21.70	27.12
65	14.99	18.73	22.03	27.54	9.43	11.80	13.89	17.34

Premium rates shown include a AIL 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		Female		Male		Female	
	30-day wait		30-day wait		90-day wait		90-day wait	
	Non smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
≤17	7.44	9.47	12.30	15.38	5.21	6.62	8.62	10.77
18	7.44	9.47	12.30	15.38	5.21	6.62	8.62	10.77
19	7.69	9.90	12.30	15.38	5.38	6.93	8.62	10.77
20	7.91	10.36	12.30	15.38	5.54	7.24	8.62	10.77
21	7.99	10.36	12.30	15.38	5.60	7.24	8.62	10.77
22	8.29	10.67	12.60	15.77	5.80	7.46	8.82	11.03
23	8.62	10.96	12.83	16.06	6.03	7.68	8.99	11.24
24	8.93	11.28	13.13	16.42	6.27	7.90	9.19	11.49
25	9.34	11.70	13.37	16.72	6.54	8.19	9.34	11.70
26	9.59	11.99	13.68	17.26	6.72	8.40	9.58	12.08
27	9.73	12.18	13.79	17.56	6.82	8.52	9.64	12.30
28	9.86	12.34	13.94	17.93	6.91	8.63	9.77	12.56
29	10.07	12.58	14.03	18.22	7.03	8.80	9.82	12.77
30	10.27	12.82	14.21	18.60	7.19	8.99	9.93	13.02
31	10.52	13.17	14.76	19.14	7.38	9.22	10.31	13.39
32	10.98	13.72	15.58	20.01	7.69	9.60	10.91	14.01
33	11.44	14.29	16.58	21.09	8.00	10.00	11.61	14.78
34	11.87	14.84	17.60	22.20	8.31	10.40	12.32	15.56
35	12.47	15.59	18.63	23.28	8.73	10.92	13.03	16.30
36	13.07	16.33	20.04	25.04	9.14	11.44	14.02	17.53
37	13.76	17.19	21.43	26.80	9.62	12.03	15.00	18.76
38	14.49	18.12	22.84	28.53	10.16	12.68	15.97	19.98
39	15.32	19.14	24.26	30.32	10.73	13.39	16.98	21.22
40	16.28	20.36	25.59	31.98	11.40	14.26	17.90	22.38
41	17.32	21.67	27.61	34.51	12.14	15.17	19.33	24.17
42	18.52	23.16	29.72	37.17	12.98	16.22	20.81	26.02
43	19.81	24.76	31.79	39.76	13.86	17.32	22.26	27.83
44	21.30	26.62	33.90	42.39	14.90	18.63	23.74	29.67
45	23.02	28.77	35.96	44.94	16.10	20.13	25.17	31.46
46	24.88	31.10	39.03	48.80	17.41	21.78	27.32	34.14
47	26.88	33.61	42.23	52.78	18.83	23.54	29.57	36.93
48	29.13	36.41	45.53	56.92	20.39	25.50	31.89	39.86
49	31.59	39.50	48.98	61.21	22.12	27.67	34.29	42.86
50	34.23	42.77	52.52	65.66	23.96	29.93	36.78	45.96
51	37.72	46.74	56.72	70.91	26.40	32.73	39.71	49.63
52	41.49	50.96	61.22	76.53	29.03	35.68	42.87	53.58
53	45.44	55.37	65.90	82.38	31.80	38.74	46.13	57.67
54	49.59	59.92	70.84	88.53	34.71	41.93	49.57	61.99
55	53.71	64.36	75.93	94.93	37.60	45.04	53.16	66.46
56	57.30	69.24	79.26	99.08	40.10	48.47	55.49	69.34
57	60.34	73.56	82.44	103.07	42.23	51.49	57.70	72.13
58	62.76	77.16	85.11	106.38	43.92	54.00	59.57	74.47

Age next birthday	Male		Female		Male		Female	
	30-day wait		30-day wait		90-day wait		90-day wait	
	Non smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
59	63.93	79.28	86.69	108.37	44.74	55.49	60.69	75.86
60	63.36	79.17	86.69	108.36	44.36	55.44	60.69	75.86
61	59.96	74.94	83.29	104.11	41.96	52.47	58.31	72.88
62	53.42	66.76	76.17	95.20	37.40	46.73	53.32	66.66
63	43.27	54.08	63.61	79.51	27.27	34.07	40.08	50.09
64	36.36	45.43	53.42	66.78	22.89	28.62	33.67	42.07
65	23.26	29.08	34.21	42.74	14.66	18.33	21.54	26.92

Premium rates shown include a AIL 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



FirstChoice Wholesale Personal Super Transfer of Insurance Cover Form (External)

Save

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22 November 2025

This form is to be completed for applications to transfer insurance from an external superannuation fund or life insurance policy.

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 Wholesale Personal Super.

The following documentation must be supplied:

- 1 the existing currency of the policy (issued within the last 60 days); or
- 2 the most recent statement (issued within the last 12 months) from your former fund or renewal notice from your insurer.

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

- you are joining FirstChoice Wholesale Personal Super for the first time or are an existing member of FirstChoice Wholesale Personal Super, and
- you have insurance cover under a life insurance policy ('previous policy') or an existing superannuation fund ('former fund') and are transferring the account balance of that former fund to FirstChoice Wholesale Personal Super, by
 - 1 completing PARTS A, B and D of this form, providing all the required details and signing and dating the Duty to take reasonable care section of this application form, and
 - 2 attaching the most recent statement (issued within the last 12 months) from your former fund or previous policy confirming the type and level of cover you have with the former fund or previous policy 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, AIA Australia Limited ABN 79 004 837 861 AFSL 230043 (AIA Australia) accepts your application, you will receive an amount of cover equivalent to the level of cover you currently have with your former fund or under your previous policy, subject to product maximums (see below).

Refer to the FirstChoice Wholesale Personal Super Insurance booklet for more information about transfer of insurance.

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

Prior to submitting this form, please ensure you have filled out all the necessary sections and signed and dated the declaration. All fields marked with an asterisk (*) are mandatory for the completion of this request.

PART A – PERSONAL DETAILS – ALL FIELDS ARE MANDATORY

1 INSURED DETAILS

Existing account number (if known)

Date of birth (Maximum entry age is 54)

 (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

Name of former fund or life insurance company

Former fund member number or policy number

Former fund USI (if known)

Note: If you are transferring insurance cover from more than one fund, you need to complete a separate 'Transfer of insurance cover' form for each policy.

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.

About this application

The life insurance policy being applied for with this application is a consumer insurance contract within the meaning of the *Insurance Contracts Act 1984 (Cth)*. 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*.

PART A – PERSONAL DETAILS (CONTINUED) – ALL QUESTIONS ARE MANDATORY**1 INSURED DETAILS (CONTINUED)****1 a What is your usual occupation?**

Main occupation

Industry

Self-employed?

No ☐ Yes ☐No ☐ Yes ☐Permanent full-time ☐Permanent part-time ☐Casual¹ ☐Unemployed¹ ☐Contractor ☐

Contract end date (dd/mm/yyyy)

b Do you perform any manual work?No ☐ Yes ☐ If 'Yes', please describe duties and percentage of time spent in each.

Type of work

% of time

Please describe your specific duties and where they are performed

Sedentary		
Light manual		
Heavy manual		

2 What is your annual income? (gross taxable income) \$ **3** Hours currently working per weekZero ☐1–14 hours ☐15–60 hours ☐>60 hours ☐Please provide number of hours if >60 **4** In the last 12 months, have you smoked tobacco or any other substance such as cigarettes, cigars, pipes or used e-cigarettes or other nicotine products?No ☐ Yes ☐ If 'Yes', please state substance and daily quantity below. (Please note 'packet' is not sufficient detail.)**2 DEDUCTION OF PREMIUMS**

Please select the investment option from which you want your premiums to be deducted. **Note:** Choosing FirstRate Term Deposit option 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 most conservative option (with a sufficient balance). Please refer to the PDS and Insurance Booklet for more information.

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 not arranged through a defined benefit fund.**b** I will cancel my existing insurance cover under my former fund or previous policy when I receive confirmation from FirstChoice Wholesale Personal Super 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 or insurance policy.**d** I will not effect a continuation option, or subsequently reinstate cover within the former fund, previous policy or any other division, section or category of the former fund or previous life insurance company, 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 Wholesale Personal Super and will not be eligible to make a claim for this portion of cover.

¹ You will not be eligible to transfer TPD or SCI cover to FirstChoice Wholesale Personal Super if you do not meet the eligibility and the employment requirements outlined in the FirstChoice Wholesale Personal Super Insurance booklet.

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

The following question only needs to be answered if you're applying to transfer cover from a different superannuation fund.

- 2 If you are transferring insurance cover from an existing superannuation fund ('former fund'), 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 Wholesale Personal Super and will not be eligible to make a claim for this portion of cover.

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

Type of cover	Has this cover been in place for at least 12 months ³ ?	Date cover started (dd/mm/yyyy)
a Death cover ¹ \$	No ☐ Yes ☐	
b TPD cover ^{1,2} \$	No ☐ Yes ☐	
c SCI cover ^{1,2} \$	No ☐ Yes ☐	

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

Note: TPD cover amount cannot exceed the death cover amount and SCI cover cannot be greater than 90% (15% allowance for super) of your total income.

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

- 8 Is your cover under the former fund or previous policy 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, former fund or previous life insurance company advising you of the acceptance of your cover subject to these additional terms.

- 9 We may need to contact you to clarify information you have provided in the application. If so we will contact you during business hours.

Please nominate a preferred local contact time: 8am – 11am ☐ 11am – 2pm ☐ 2pm – 5pm ☐

Contact details⁴

Mobile phone number

Work phone number

Home phone number

Email address

1 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 or SCI cover to FirstChoice Wholesale Personal Super if you do not meet the eligibility and the employment requirements outlined in the FirstChoice Wholesale Personal Super Insurance booklet.

3 If your current cover has not been in place for at least 12 months, you will not be eligible to transfer insurance cover into FirstChoice Wholesale Personal Super.

4 The contact details you have provided will only be used to contact you regarding your insurance application. To update your account details, please log into FirstNet, call us or complete a Change of Details form, available at cfs.com.au/forms

PART C – PRIVACY

The AIA Australia Privacy Policy sets out how your personal information (including sensitive information) is collected, used, handled and disclosed by us, and other important information. AIA Australia's current Privacy Policy is available at www.aia.com.au or by calling 1800 333 613. In summary, for the purposes set out in AIA Australia's Privacy Policy (including for the purposes of administering, assessing or processing your insurance or any claim) AIA Australia may:

- collect personal and sensitive information from you, including from application forms or other information submitted in respect of your insurance,
- or when interacting with you (including online);
- collect your personal and sensitive information from, and provide to, third parties in Australia and overseas, such as your financial adviser,
- employers, health professionals, reinsurers, government agencies, service providers and affiliates;
- be required or authorised to collect your personal and sensitive information under various laws including insurance, taxation, financial services
- and other laws set out in the AIA Australia Privacy Policy; and
- disclose personal and sensitive information to third parties which may be located in Australia, South Africa, the US, Europe, Asia and other countries including those set out in our Privacy Policy and you acknowledge that by providing your consent as set out in this form, Australian Privacy Principle 8.1 will not apply to the disclosure, we will not be accountable for those overseas parties under the Privacy Act and you may not be able to seek redress under the Privacy Act for breaches of the Privacy Act by those overseas parties.

If you do not provide the required personal and sensitive information, AIA Australia may not be able to provide insurance or other services to you. Information about how to access or correct your personal information held by AIA Australia or lodge a privacy-related complaint is set out in AIA Australia's privacy policy.

PART D – DECLARATION

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 Wholesale Personal Super, and
- if the insurer accepts my application, my existing amount of cover as at the transfer date under my former fund or previous policy will be replaced by an equivalent amount of fixed cover, and
- if the insurer has accepted my application, my cover will commence in FirstChoice Wholesale Personal Super on the date this application is completed subject to cancellation of my existing cover as outlined in Part B, and
- FirstChoice Wholesale Personal Super and the insurer may undertake appropriate enquiry and investigation to verify the answers I have provided, and
- FirstChoice Wholesale Personal Super 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 or previous policy, and
- I agree to provide FirstChoice Wholesale Personal Super or the insurer with access to the health evidence I provided my previous insurer in my application for cover, and any non-disclosure to a former insurer may be acted upon by FirstChoice Wholesale Personal Super or the insurer, and
- should it become apparent to FirstChoice Wholesale Personal Super 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 Wholesale Personal Super may be reduced by the insured amount paid or payable from my former fund or previous policy, an associated section or division of the former fund, or other fund, or any individual policy issued to me 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 Wholesale Personal Super is no less than I would have been eligible to receive under the terms of the policy between FirstChoice Wholesale Personal Super 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 Wholesale Personal Super 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 Wholesale Personal Super insurance arrangements, and
- I acknowledge Part C and that AIA will handle, collect, use and disclose my personal and sensitive information provided in this form in accordance with the privacy law, and
- I elect to hold insurance cover (as specified in this form) through my superannuation account even if I am under the age of 25 or my account balance is less than \$6,000.

Original signature of the person to be insured

Date signed

(dd/mm/yyyy)

Print name

Please send the completed form to:
Colonial First State, GPO Box 3956, Sydney NSW 2001

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

ADVISER USE ONLY

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.



FirstChoice Wholesale Personal Super Insurance Application Form

Save

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22 November 2025

Complete this application form if you are applying for insurance or you can apply in the Insurance Portal by logging into FirstNet or the CFS app. Please ensure that all relevant sections of the form are completed.

Prior to submitting this form, please ensure you have filled out all the necessary sections and signed and dated the declaration. All fields marked with an asterisk (*) are mandatory for the completion of this request.

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 PO Box Street name Suburb State Postcode Country

We may need to contact you to clarify information you have provided in the application. If so we will contact you during business hours.

Please nominate a preferred local contact time: 8am – 11am ☐ 11am – 2pm ☐ 2pm – 5pm ☐Contact details¹

Mobile phone number

Work phone number

Home phone number

Email address

Are you an Australian citizen or permanent resident of Australia (as approved by the Department of Home Affairs) or are you a New Zealand citizen living permanently in Australia?

Yes ☐ No ☐If 'No', are you applying for, or intending to apply for, Permanent Residency in Australia? Yes ☐ No ☐

Please advise what type of visa you hold and expiry date.

¹ The contact details you have provided will only be used to contact you regarding your insurance application. To update your account details, please log into FirstNet, call us or complete a Change of Details form, available at cfs.com.au/forms.

PERSONAL STATEMENT – MEMBER'S DECLARATION

About this application

The life insurance policy being applied for with this application is a consumer insurance contract within the meaning of the *Insurance Contracts Act 1984 (Cth)*. 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.
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- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
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If you need help

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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*.

SECTION B – TYPE OF INSURANCE

New ☐ Increase ☐

Death ☐ Amount \$ (the amount nominated will be **added** to any existing cover)

Total and Permanent Disablement (TPD) ☐ Amount \$ (the amount nominated will be **added** to any existing cover)

Salary Continuance ☐ Percentage of your income % (max 75%)
Super contribution component % (max 15%)
(The total of these two figures cannot be greater than 90% of your income)
(The percentage nominated will **replace** any existing cover)
Benefit period 2 years ☐ 5 years ☐ to age 65 ☐
Waiting period 30 days ☐ 90 days ☐

Note: TPD cover amount cannot exceed the death cover amount and SCI cover cannot be greater than 90% (15% allowance for super) of your total income.

Cover indexation

☐ Please tick this box if you would like to **turn off** cover indexation.

If you have previously advised us to turn off cover indexation, it cannot be reapplied to any new or existing cover.

Please refer to the PDS and Insurance Booklet for more information.

SECTION C – PERSONAL HISTORY

Life insured to complete this section in full.

- 1 a** Do you have, or are you applying for life, disability (including Total & Permanent Disablement or Salary Continuance cover) or trauma insurance on your life (including any pending applications held with any other insurer)?

No ☐ Yes ☐ If **'Yes'**, please complete policy details below.

Policy Number			
Commencing Date			
Policy Owner			
Insurer			
Type of Cover			
Amount of Cover			
Existing Income Protection: Waiting Period/Benefit Period			
To Be Replaced 'Y' or 'N'			

If you are intending to replace any existing cover that you hold as part of making this application, you should not cancel your existing cover until we have confirmed that we have accepted your application. If we don't accept this application, it could mean you have no cover.

The general risks of replacing life insurance cover may include but are not limited to:

- implications of any errors or omissions in your new application
- your existing policy containing differing terms, conditions, features and/or benefits to a new policy (e.g. waiting periods and qualifying periods restarting).

This information is general only and you should seek financial advice about the risks of replacing your policy to receive information that is specific to your circumstances.

- b** Have you **ever** been declined, deferred or accepted on special terms for life, disability or trauma insurance?

No ☐ Yes ☐ If **'Yes'**, please provide details below.

- c** Have you **ever** claimed benefits from any source (excluding unemployment), e.g. Accident, Sickness, Workers Compensation, Social Security, Disability Income Insurance or Pension?

No ☐ Yes ☐ If **'Yes'**, please give the name of the company, date, amount and reason for each claim below.

If you answered 'Yes' to 1(b) or 1(c) please provide details.

SECTION C – PERSONAL HISTORY (CONTINUED)

- 2 a** In the last 12 months, have you smoked tobacco or any other substance such as cigarettes, cigars, pipes or used e-cigarettes or other nicotine products?
 No ☐ Yes ☐ If **'Yes'**, please state substance and daily quantity below. (Please note 'packet' is not sufficient detail.)
- b** Do you drink alcohol?
 No ☐ Yes ☐ If **'Yes'**, please state how many standard drinks you consume per week on average (one standard drink = 30 ml spirits (one nip), 100 ml wine, 10 oz/285 ml beer):
- c** Have you ever used illicit drugs or received advice, treatment or counselling for the use of alcohol or illicit drugs?
 No ☐ Yes ☐ If **'Yes'**, please provide details.
- 3 a** What is your height? cm
- b** What is your weight? kg
- 4** Do you have definite plans to travel or reside overseas?
 No ☐ Yes ☐ If **'Yes'**, please state:
- | Cities/Countries | Duration of travel | Frequency of travel | Reason for travel | Date of departure |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <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"/> |
- 5** Do you engage in or intend to engage in any of the following: abseiling, aviation (other than as a passenger on a recognised airline), football (all codes including touch football and oztag), long-distance sailing, hang gliding, scuba diving, motor racing, non-competitive off-road motorcycle sport (trail bike riding/dirt bike riding/motocross), parachuting, powerboat racing, mountaineering, martial arts or any other hazardous activity?
 No ☐ Yes ☐ If **'Yes'**, please fill in **Section G – Aviation or Activities/Pursuits Questionnaire**.

Family History

- 6** Have any of your immediate family (father, mother, brother, sister), prior to the age of 60 (living or dead), ever experienced heart disease, stroke, breast cancer, ovarian cancer, prostate cancer, colon (bowel) cancer, polycystic kidney disease, diabetes, Huntington's chorea, Alzheimer's disease, Dementia, Motor neurone disease, Multiple sclerosis, Muscular dystrophy, Parkinson's disease or any other hereditary disease?
 No ☐ Yes ☐ If **'Yes'**, please provide details in the table below.

Condition/Illness (for heart disease or cancer please specify the type)	Age at onset (approx.)	Age at death (if applicable)
Father		
Mother		
Brothers		
Sisters		

Sexual Health

- 7** In the last 5 years, have you been diagnosed with or experienced symptoms of Sexually Transmitted Infection/s (STIs) (examples, chlamydia, gonorrhoea, syphilis)?
 No ☐ Yes ☐

SECTION D – MEDICAL AND HEALTH HISTORY

Life insured to complete this section in full and complete relevant questionnaire.

- 1** Have you **ever** experienced symptoms of, or had, or been told you have, or received any advice, investigation or treatment for any of the following?
- a** High blood pressure, chest pains, high cholesterol, heart murmurs, rheumatic fever, any heart complaint or stroke
No ☐ Yes ☐ If 'Yes', please complete **Section H – High Blood Pressure/High Cholesterol Questionnaire** OR **Section J – Multi-Purpose Questionnaire**.
- b** Asthma, chronic lung disease, sleep apnoea, COVID-19 (do not include a negative test result, or if never diagnosed) or other respiratory disorder
No ☐ Yes ☐ If 'Yes', please complete **Section I – Asthma Questionnaire** OR **Section J – Multi-purpose Questionnaire**.
- c** Indigestion, gastric or duodenal ulcer or any bowel disorder
No ☐ Yes ☐ If 'Yes', please complete **Section J – Multi-Purpose Questionnaire**.
- d** Depression, anxiety/stress state, fatigue (including chronic fatigue syndrome), panic attacks, psychiatric treatment/counselling, mental illness or nervous disorder
No ☐ Yes ☐ If 'Yes', please complete **Section K – Mental Health Questionnaire**.
- e** Epilepsy, fits of any kind, paralysis, migraines, tinnitus, dizziness or recurrent headaches or any neurological disorder including multiple sclerosis
No ☐ Yes ☐ If 'Yes', please complete **Section J – Multi-Purpose Questionnaire**.
- f** Arthritis, repetitive strain injury (RSI), fibromyalgia
No ☐ Yes ☐ If 'Yes', please complete **Section J – Multi-Purpose Questionnaire**.
- g** Back or neck complaint, whiplash, sciatica or any other disorder of joints (excluding arthritis), bones or muscles.
No ☐ Yes ☐ If 'Yes', please complete **Section L – Spinal/Joints Disorder Questionnaire**.
- h** Psoriasis or eczema, skin disorder, defect in hearing or sight
No ☐ Yes ☐ If 'Yes', please complete **Section J – Multi-Purpose Questionnaire**.
- i** Diabetes, abnormal blood sugar, gout or thyroid disorder.
No ☐ Yes ☐ If 'Yes', please complete **Section J – Multi-Purpose Questionnaire**.

If you have answered 'Yes' to any of the above questions, please also complete a questionnaire for each condition (see Sections H to L).

- j** Cancer, cyst, lump, tumour or growth of any kind including skin cancer such as melanoma, BCC, SCC (basal cell or squamous cell carcinoma) or skin lesions/moles that have changed in shape, colour or size.
No ☐ Yes ☐
- k** Liver disorder (including fatty liver), pancreas, prostate, kidney or bladder disorder, renal colic or stone.
No ☐ Yes ☐
- l** Blood disorder, anaemia, haemochromatosis, haemophilia or leukaemia.
No ☐ Yes ☐
- m** Hepatitis B or C (including carrier), Human Immunodeficiency Virus (HIV) infection, Acquired Immune Deficiency Syndrome (AIDS).
No ☐ Yes ☐

Females only

- n** Are you pregnant?
No ☐ Yes ☐ If 'Yes', please provide estimated date child is due. (dd/mm/yyyy)

Have you ever had or been advised to have treatment for:

- o** Any breast lump (even if you have not seen a doctor) or any abnormal mammogram or breast ultrasound?
No ☐ Yes ☐
- p** An abnormal cervical smear (pap smear) test including the detection of Human Papilloma Virus (HPV) or any abnormality of the ovaries?
No ☐ Yes ☐
- q** Abnormal vaginal bleeding within the last 12 months or endometriosis?
No ☐ Yes ☐

SECTION D – MEDICAL AND HEALTH HISTORY (CONTINUED)

- 2** Have you ever experienced symptoms of or had any other illness, disease or disorder?
No ☐ Yes ☐
- 3** In the last 5 years have you:
a Had any medical examinations, consultations, X-rays, pathology tests or procedures?
No ☐ Yes ☐
b Occasionally or regularly taken any stimulants, sedatives, medications or prescribed drugs?
No ☐ Yes ☐
- 4** Are you currently under ongoing monitoring, consultation or review for any condition, complaint or finding?
No ☐ Yes ☐
- 5** Are you currently considering or have you been advised/referred to undergo further treatment, investigation or procedure?
No ☐ Yes ☐

For each 'Yes' answer in questions 1j–1q, 2, 3, 4 and 5 above, please provide full details in the table below.

Question Reference	Illness, Injury or Tests	Date of Illness/Injury	Time off Work	Degree of Recovery %	Results of Tests	Reason and type of treatment including date of last symptoms	Full name and address of doctor or hospital (if any)

SECTION E – DOCTOR'S DETAILS

Life insured to complete this section in full.

1 a Details of your personal doctor.

If no personal doctor, please state name/address of last doctor or medical centre you attended.

Name

Address

Postcode

Phone

Fax

Email address

b What was the date of your last consultation?

(Give approximate date if exact date unknown.)

(dd/mm/yyyy)

c How long have you been attending the surgery/practice?

d If less than 12 months, please provide the name and address of your previous personal doctor or medical centre.

Name

Address

Postcode

Phone

Fax

Email address

SECTION F – PRESENT OCCUPATION

Life insured to complete this section in full

1 a What is your usual occupation?

b Do you perform any manual work?

No ☐ Yes ☐ If 'Yes', please describe duties and percentage of time spent in each.

Type of work % of time Please describe your specific duties and where they are performed

Sedentary		
Light manual		
Heavy manual		

2 What is your annual income? (gross taxable income) \$

3 Hours currently working per week

Zero ☐ 1–14 hours ☐ 15–60 hours ☐ >60 hours ☐ Please provide number of hours if >60

QUESTIONNAIRES

Life insured to complete – may be photocopied for additional activities/pursuits or conditions.

SECTION G – AVIATION QUESTIONNAIRE

1 Please state the number of hours flown where applicable:

a Private flying

Type of Aircraft

Fixed Wing

Rotary

Other (e.g. Ultralight, Microlight)

Previous 12 months

Pilot

Passenger

Next 12 months

Pilot

Passenger

b Commercial flying

(excluding large mainstream carriers, e.g. Qantas)

Type of Aircraft

Fixed Wing

Rotary

Other (e.g. Ultralight, Microlight)

Previous 12 months

Pilot

Passenger

Next 12 months

Pilot

Passenger

c Agricultural flying

Type of Aircraft

Fixed Wing

Rotary

Other (e.g. Ultralight, Microlight)

Previous 12 months

Pilot

Passenger

Next 12 months

Pilot

Passenger

2 Are your flying activities:

Recreational ☐ Required for your occupation ☐

Please provide details.

3 **a** Name of aircrafts flown.

b Make and model of the aircrafts.

c If pilot only.

i Age of the aircrafts flown.

ii Is the aircraft serviced and maintained in Australia?

Yes ☐ No ☐ If 'No', where is the aircraft serviced?

4 Do you fly or intend to fly outside Australia?

No ☐ Yes ☐ If 'Yes', please provide details.

5 Do you participate in or intend to participate in any flying activities such as aerobatics, stunt flying or exhibitions?

No ☐ Yes ☐ If 'Yes', please provide details.

6 Have you ever been involved in any aviation accidents?

No ☐ Yes ☐ If 'Yes', please provide details.

SECTION G – ACTIVITIES/PURSUIITS QUESTIONNAIRE

1 Please describe the activity or pursuit.

2 Please advise the number of times you engage in the activity per year.

3 How many actual events/hours/trips/flights/dives/climbs/jumps/others, did you participate in over the last 12 months approximately?

4 What qualifications, certificates, licences, associations and club memberships do you hold?

5 How long have you been involved in this activity?

6 Where do you engage in this activity and in what locations?

7 Do you ever engage in this activity alone, or are you always with a group?

8 Do you compete in this activity?

No ☐ Yes ☐ If 'Yes', please provide details. Please advise the level of competition and names of events.

9 Do you receive any payments for your involvement in this activity?

No ☐ Yes ☐ If 'Yes', please provide details.

10 Please advise the maximum heights, speeds, depths the activity includes.

11 Are any of the above likely to change over the next 2 years?

No ☐ Yes ☐ If 'Yes', please provide details.

12 Are you involved in any record attempts?

No ☐ Yes ☐ If 'Yes', please provide details.

13 Are all recognised/standard safety measures and precautions followed? Please provide any additional details.

14 Please provide details including engine size and model for any cars, boats, planes (state fixed wing or rotary) or other equipment used. For martial arts state whether contact or non-contact.

15 Have you ever been involved in any accident/mishap whilst participating in this activity?

No ☐ Yes ☐ If 'Yes', please provide details.

SECTION H – HIGH BLOOD PRESSURE/HIGH CHOLESTEROL QUESTIONNAIRE

1 When was high blood pressure/high cholesterol first diagnosed?

2 What were the blood pressure/cholesterol readings (including total cholesterol, HDL, LDL and Triglyceride) at time of diagnosis?

Readings	Results	Date diagnosed
Blood Pressure		
Total Cholesterol		
HDL		
LDL		
Triglycerides		

3 Please provide details of your past and current treatment. Include names of medication and dosage.

Date	Medication	Dosage

4 Are you still on treatment?

No ☐ Yes ☐ If 'No', when was treatment discontinued and why?

5 Please give date(s) and result(s) of any electrocardiography (ECG), echocardiogram, x-ray, urine test or other investigations which may have been carried out.

Date	Procedure	Results

6 Regarding the monitoring of your condition:

a Name of medical attendant:

b How often do you attend for follow-up?

c When was your last consultation? Please provide details of your blood pressure reading and/or cholesterol (including total cholesterol, HDL, LDL and Triglyceride) reading at that time.

d Have you experienced any of the following conditions:

i Eye disorder (other than short/long sightedness)

No ☐ Yes ☐

ii Symptoms or disorder relating to heart or circulatory system

No ☐ Yes ☐

iii Kidney disorder or protein in urine

No ☐ Yes ☐

iv Dizziness, fainting episodes or stroke

No ☐ Yes ☐

If you answered 'Yes' to any of the above, please provide details:

Date	Symptoms	Investigations	Results

e How long has your blood pressure/cholesterol been well controlled?

< 6 months ☐ 6 months to 12 months ☐ > 12 months ☐

7 Please provide any additional information on your condition which you feel will be helpful in processing your application.

8 Please attach copies of any reports or results (e.g. x-ray, pathology, ultrasound, etc) you may have.

SECTION I – ASTHMA QUESTIONNAIRE

- 1 Date asthma first diagnosed. (dd/mm/yyyy)
- 2 How often do you experience symptoms? e.g. wheezing, breathlessness, chest tightness.
Daily ☐ Weekly ☐ Monthly ☐ Other ☐
- 3 When was your most recent episode of asthma? (dd/mm/yyyy)
- 4 Are you aware of any causes that trigger your symptoms? e.g. allergy, exercise.
- 5 Have you ever been off work due to asthma?
No ☐ Yes ☐ If 'Yes', please advise when, and for how long.
- 6 Name of medications.
- a Dosage
- b Frequency
- c When was the last time you received medication?
- d What additional treatment do you use to control an attack?
- 7 Have you ever required steroid therapy (by tablet or syrup)?
No ☐ Yes ☐ If 'Yes', please provide details.
- 8 Have you ever been in hospital or received emergency treatment for asthma?
No ☐ Yes ☐ If 'Yes', please state when, for how long and where?
- 9 Have you ever undergone a lung function test?
No ☐ Yes ☐ If 'Yes', please advise dates and highest and lowest readings, if known.
- 10 Have you ever consulted a specialist for this condition?
No ☐ Yes ☐ If 'Yes', please advise name and address of doctor of last consultation.
- 11 Please provide details of your most recent visit to any other doctor for this condition. Include date, name and address of doctor consulted.

SECTION J – MULTI-PURPOSE QUESTIONNAIRE

1 Name of condition (exact diagnosis).

2 a What part of the body was affected?
b Please state which side. ☐ Left ☐ Right ☐ Not applicable

3 The cause.

4 a Date symptoms commenced. (dd/mm/yyyy)
b How long have you been free of symptoms?
c How often do/did you have symptoms?

5 Have you ever been off work or your normal daily activities restricted in any way related to this condition?
No ☐ Yes ☐ If 'Yes', please state when, duration and reason/restriction.

6 Have you any residual, on-going effects or restriction in your daily activities?
No ☐ Yes ☐ If 'Yes', please give details.

7 Have you taken regular or occasional medication for this condition?
No ☐ Yes ☐ If 'Yes', advise names of medication(s), dosage(s) and frequency.

Are you still taking this medication?
No ☐ Yes ☐

8 Have you had any other treatment for this condition (e.g. physiotherapy, operation, alternative remedies)?
No ☐ Yes ☐ If 'Yes', please provide details below.

9 Have you had any diagnostic investigations (e.g. scope, scan, x-rays, EEG, ECG etc)?
No ☐ Yes ☐ If 'Yes', please provide details below.

10 Have you ever been in hospital or received emergency treatment for anything related to this condition?
No ☐ Yes ☐ If 'Yes', please provide details below.

11 Have you seen a doctor or other therapist for anything related to this condition.
No ☐ Yes ☐ If 'Yes' please provide details below. Include reason for consultation, investigation, findings and advice, and the name and specialty of the doctor/therapist.

If you answered 'Yes' to questions 8–11 please advise details including date, type of treatment and tests.

12 Has further treatment been recommended for this condition?
No ☐ Yes ☐ If 'Yes', please provide details.

13 Does your usual doctor have details of this condition?
No ☐ Yes ☐ If 'No', provide name and address of doctor who has full details.

SECTION J – MULTI-PURPOSE QUESTIONNAIRE

1 Name of condition (exact diagnosis).

2 a What part of the body was affected?
b Please state which side. ☐ Left ☐ Right ☐ Not applicable

3 The cause.

4 a Date symptoms commenced. (dd/mm/yyyy)
b How long have you been free of symptoms?
c How often do/did you have symptoms?

5 Have you ever been off work or your normal daily activities restricted in any way related to this condition?
No ☐ Yes ☐ If 'Yes', please state when, duration and reason/restriction.

6 Have you any residual, on-going effects or restriction in your daily activities?
No ☐ Yes ☐ If 'Yes', please give details.

7 Have you taken regular or occasional medication for this condition?
No ☐ Yes ☐ If 'Yes', advise names of medication(s), dosage(s) and frequency.

Are you still taking this medication?
No ☐ Yes ☐

8 Have you had any other treatment for this condition (e.g. physiotherapy, operation, alternative remedies)?
No ☐ Yes ☐ If 'Yes', please provide details below.

9 Have you had any diagnostic investigations (e.g. scope, scan, x-rays, EEG, ECG etc)?
No ☐ Yes ☐ If 'Yes', please provide details below.

10 Have you ever been in hospital or received emergency treatment for anything related to this condition?
No ☐ Yes ☐ If 'Yes', please provide details below.

11 Have you seen a doctor or other therapist for anything related to this condition.
No ☐ Yes ☐ If 'Yes' please provide details below. Include reason for consultation, investigation, findings and advice, and the name and specialty of the doctor/therapist.

If you answered 'Yes' to questions 8–11 please advise details including date, type of treatment and tests.

12 Has further treatment been recommended for this condition?
No ☐ Yes ☐ If 'Yes', please provide details.

13 Does your usual doctor have details of this condition?
No ☐ Yes ☐ If 'No', provide name and address of doctor who has full details.

SECTION K – MENTAL HEALTH QUESTIONNAIRE

1 Please indicate the condition(s) you have had or received treatment for.

- | | |
|--|--|
| ☐ Anxiety including generalised anxiety, panic or phobic disorder | ☐ Alcohol or other substance abuse or addiction |
| ☐ Eating disorder including anorexia nervosa, bulimia | ☐ Post traumatic stress |
| ☐ Depression including major depression or mild depression | ☐ Schizophrenic or any other psychotic disorder |
| ☐ Manic depressive illness, bi-polar disorder | ☐ Stress, sleeplessness, chronic fatigue |
| ☐ Other (please specify) <input type="text"/> | |

2 Describe your symptoms including the date they first started and how long they lasted.

Symptoms	Date from	Date to

3 Have you had any recurrences?

No ☐ Yes ☐ If 'Yes', please provide details.

Symptoms	Date from	Date to

4 a Has any reason for your condition been identified or are there any factors which trigger your condition?

b Have you ever had any suicidal thoughts, attempted suicide, threatened to self-harm or engaged in self-harm?

No ☐ Yes ☐ If 'Yes', please provide details.

5 a Please advise all treatments you have received and/or are receiving, including counselling, name(s) of medications, hospitalisation etc.

Type of treatment	Date commenced	Date ceased

b Are you currently receiving treatment?

No ☐ Yes ☐ If 'Yes', please provide details.

6 Please provide details of doctors or health professionals, including psychiatrists and psychologists, consulted for your condition.

Name and address	Date first consulted	Date last consulted

7 Have you ever been off work or your normal daily activities restricted in any way due to your condition?

No ☐ Yes ☐ If 'Yes', when and how long?

8 Have you any ongoing effects or restriction to your activities of any kind due to your condition?

No ☐ Yes ☐ If 'Yes', please provide details.

SECTION L – SPINAL/JOINTS DISORDER QUESTIONNAIRE

- 1 Area of spine (e.g. neck, upper or lower back) and/or joints affected (e.g. left knee, right hip, shoulders, elbows etc).

- 2 Please state the precise diagnosis.

- 3 When did symptoms first occur?

- 4 a What was the cause?

- b Please describe your symptoms.

- c Do you have or have you ever had pain, numbness or 'pins and needles' in your arms, shoulders, buttocks or legs?

No ☐ Yes ☐

- d State frequency and severity of attacks/symptoms prior to treatment.

- 5 Are you still experiencing symptoms?

No ☐ Yes ☐

- a If 'No', date of last experienced symptoms. (dd/mm/yyyy)

- b If 'Yes', how frequently have symptoms occurred since commencing treatment?

Daily ☐ Weekly ☐ Monthly ☐ Yearly ☐

- 6 a What is the nature of the treatment (e.g. medication, physiotherapy, exercise, etc)?

- b Are you still receiving treatment?

No ☐ Yes ☐

- i If 'No', when did you cease treatment? (dd/mm/yyyy)

- ii If 'Yes', how often do you attend for follow-up and date of last consultation?

- c Name and address of doctor or therapist consulted.

- 7 Have you had any x-rays or other investigations or have you ever consulted a specialist for this condition?

No ☐ Yes ☐ If 'Yes', please provide date(s) and full details including type of investigations, results and name of doctor.

- 8 Have you had an operation for this condition or is an operation being considered?

No ☐ Yes ☐ If 'Yes', please provide date(s) and full details including names of hospital and consultant/surgeon.

- 9 a Have you ever been off work due to your symptoms?

No ☐ Yes ☐ If 'Yes', when and for how long?

- b Are your occupation duties restricted in any way?

No ☐ Yes ☐ If 'Yes', please provide details.

- c Is it necessary to avoid lifting or to restrict your daily activities in any way?

No ☐ Yes ☐ If 'Yes', please provide details.

SECTION M – DEDUCTION OF PREMIUMS

Please select the investment option from which you want your premiums to be deducted. **Note:** Choosing FirstRate Term Deposit option 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). Please refer to the PDS and Insurance Booklet for more information.

SECTION N – DECLARATION

- I declare that the information I provided in this Personal Statement (whether written in my hand or not) is true and correct and that no information material to the insurance has been withheld.
- I agree that any personal statements made (including this one) together with any relevant supporting documents shall form the basis of the proposed contract of insurance with AIA Australia Limited.
- I also understand that my duty to take reasonable care continues after I have completed the insurance application until AIA Australia has accepted the risk. I understand AIA Australia may cancel the cover from inception or provide cover on amended terms if I do not comply with my duty to take reasonable care.
- I consent to AIA Australia collecting sensitive information, i.e. health information about me, for the purpose of the performance of this contract.
- I agree that cover will not commence until the premium is paid and AIA Australia has accepted the risk.
- I have read and consent to the handling, collection, use and disclosure of my personal and sensitive information in the manner described in the Privacy section of this form and the AIA Australia Privacy Policy available at www.aia.com.au as updated from time to time, including the exchange with third parties located in Australia and overseas. I agree that any personal and sensitive information AIA Australia holds will be governed by the most current Privacy Policy on AIA Australia's website.
- I elect to hold insurance cover (as specified in this form) through my superannuation account even if I am under the age of 25 or my account balance is less than \$6,000.

I confirm the Declarations are true and accurate.

Signature

Date signed

 (dd/mm/yyyy)

SECTION O – PRIVACY

Your privacy is important to us. The AIA Australia Privacy Policy sets out how your personal information (including sensitive information) is collected, used, handled and disclosed by us, and other important information. AIA Australia's current Privacy Policy is available at www.aia.com.au or by calling 1800 333 613. In summary, for the purposes set out in AIA Australia's Privacy Policy (including for the purposes of administering, assessing or processing your insurance or any claim) AIA Australia may:

- collect personal and sensitive information from you, including from application forms or other information submitted in respect of your insurance, or when interacting with you (including online);
- collect your personal and sensitive information from, and provide to, third parties in Australia and overseas, such as your financial adviser, employers, health professionals, reinsurers, government agencies, service providers and affiliates;
- be required or authorised to collect your personal and sensitive information under various laws including insurance, taxation, financial services and other laws set out in the AIA Australia Privacy Policy; and
- disclose personal and sensitive information to third parties which may be located in Australia, South Africa, the US, Europe, Asia and other countries including those set out in our Privacy Policy and you acknowledge that by providing your consent as set out in this form, Australian Privacy Principle 8.1 will not apply to the disclosure, we will not be accountable for those overseas parties under the Privacy Act and you may not be able to seek redress under the Privacy Act for breaches of the Privacy Act by those overseas parties.

If you do not provide the required personal and sensitive information, AIA Australia may not be able to provide insurance or other services to you. Information about how to access or correct your personal information held by AIA Australia or lodge a privacy-related complaint is set out in AIA Australia's privacy policy.

SECTION P – AUTHORITY TO RELEASE HEALTH INFORMATION

Notes on releasing information about your health

Your health information includes details about all your interactions with health providers, and may include details such as your symptoms, treatment, consultations, personal medical history and lifestyle. Health providers cannot release this information about you without your consent.

We, (**AIA Australia**), collect and use your health information to assess your application for cover, to assess and manage your claim, or to confirm the information you gave us when you applied for cover or made a claim. This is why we need your consent.

Each time you apply for cover or make a claim, we will ask you for a fresh consent. We will respect your privacy by only asking for the information we reasonably need, and we will tell you each time we use your consent.

Please read each Authority carefully and the explanatory notes below.

AUTHORITY 1

Authority 1 explanatory notes – through this Authority, with the exception of a copy of the consultation notes held by your General Practitioner/Practice, you are consenting to any health provider releasing any health information about you in the form we ask for. This may involve, for example:

- preparing a general report and/or a report about a specific condition;
- accessing and releasing your records in SafeScript;
- releasing your hospital patient notes;
- releasing the results of any investigations they have done; and/or
- releasing correspondence with other health providers.

Authority 1 – to release any of my health information except the consultation notes held by my General Practitioner/Practice

With the exception of consultation notes held by any General Practitioner/Practice I have attended, I authorise any health provider, practitioner, practice, psychologist, dentist, allied health services provider or any hospital to access and release, in writing or verbally, any details of my health information to **AIA Australia**, or to third parties they engage.

I agree to all the following:

- My health information can be released in the form **AIA Australia** asks for, such as a general report, a report about a specific condition, my records in SafeScript, any hospital notes, or correspondence between health providers.
- **AIA Australia** can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while **AIA Australia** is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Name

Signature

Date

 (dd/mm/yyyy)

☐ I/We authorise and consent to any life insurance company disclosing to AIA Australia personal and sensitive information about me/us with regard to previous or current applications for insurance cover or claims made under other insurance cover which may include details of my/our health and medical history.

AUTHORITY 2

Authority 2 explanatory notes – through this Authority, you are consenting to any General Practitioner/Practice you have attended releasing a copy of your full record, including consultation notes, but only if we have asked them to provide a general report and/or a report about a specific condition under Authority 1, and either:

- they will be unable to, or did not, provide the report within 4 weeks; or
- the report provided is incomplete, or contains inconsistencies or inaccuracies.

Your General Practitioner maintains consultation notes to support quality care, your wellbeing and to meet legal and professional requirements. General Practitioners/Practices should only release a copy of your full record, including consultation notes, for life insurance purposes in the rare circumstances set out above.

If you choose to withhold your consent to this authority, we may not be able to process your application for cover or a claim.

Authority 2 – to release a copy of the full record, including consultation notes, held by my General Practitioner/Practice in specified circumstances

I authorise any General Practitioner/Practice I have attended to release a copy of my full record, including consultation notes, to **AIA Australia**, or to third parties they engage, only if **AIA Australia** has asked them for a report on my health and either:

- the General Practitioner/Practice will be unable to, or did not, provide the report within four weeks; or
- the report is incomplete, or contains inconsistencies or inaccuracies.

I agree to all the following:

- **AIA Australia** can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while **AIA Australia** is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Name

Signature

Date

 (dd/mm/yyyy)

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.

ADVISER USE ONLY

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.

