



Increase insurance with limited underwriting

Use this form to apply to increase your cover with limited underwriting (Rest Super members and Rest Corporate members with unit based cover only). This offer is not available to members in Rest Corporate with salary based or fixed cover.

Please write in **BLOCK LETTERS** using a **BLACK** or **BLUE** pen. Print 'X' to mark boxes where applicable. Please ensure you have completed all relevant sections. This request will be invalid if unsigned and undated. Once you have completed and signed this form, please mail to: **PO Box 350, Parramatta NSW 2124**, or email a scanned copy or photo to **contact@rest.com.au**. If you need clarification about any issue or the nature of the questions asked in this application form, contact us or seek independent assistance before completing and submitting this application.

Increased cover with one-off limited underwriting

Rest's one-off limited underwriting allows you a one-off increase to your cover by just answering a few short health questions. Full underwriting will be required if you'd like to apply for insurance cover greater than the permitted amounts, for subsequent requests to increase your cover, or if we need more information about you.

In addition to your current cover, you can apply for up to:

- Death and Total and Permanent Disability (TPD) cover of \$200,000 (unitised and/or voluntary cover); and/or
- Income Protection cover up to the lesser of:
 - 77% of income (plus 12% of your monthly benefit paid to your super); or
 - \$10,000 per month.

These amounts are also subject to the maximum level of cover under the policy.

For more information see the relevant Insurance Guide and Target Market Determination available at rest.com.au/pds.

The duty to take reasonable care

When completing this form you have a duty to take reasonable care not to make a misrepresentation to the Insurer. Further information on the duty to take reasonable care, consequences for not meeting this duty, and guidance on how to answer questions in this form can be found in Section 4.

Section 1: Personal details

Member number Date of birth (dd/mm/yyyy) Gender (M/F)

Mr/Mrs/Ms/Miss/Dr Surname

Given name(s)

Unit number Street number Street name

Suburb/Town State Postcode

Mailing Address (if different from above)

Unit number Street number Street name

Suburb/Town State Postcode

Telephone (business hours) Mobile

Email address

Salary, before tax (required for Income Protection) \$ Job title/occupation

Section 2: Choose cover that's right for you

Insert the amount(s) that you would like to increase your cover by below:

Cover type	Additional required cover amount
Death (Maximum Amount \$200,000)	\$ <input type="text"/>
TPD (Maximum Amount \$200,000)	\$ <input type="text"/>
Income protection* (Maximum Amount \$10,000 per month)	\$ <input type="text"/>

* The maximum benefit payable is 77% of your Pre-Disability Income plus a super component of 12% of the monthly income benefit (this is a maximum of 86.24% of your salary). So, it's important to ensure you enter your accurate salary in Section 1, and that you don't apply for more cover than you need.

Section 3: Your personal history

At the date of this application:

- Are you:
 - unemployed; or
 - unable to do the duties of your usual job without restriction for at least 20 hours per week due to illness or injury (even if you are not employed to work 20 hours per week).

Yes No
- Due to illness or injury, have you:
 - been away from work for more than 10 working days in a row (other than with a cold or flu) in the past 12 months;
 - been told by your doctor that you'll need to take at least 10 working days in a row off work within the next 12 months; or
 - changed your usual job or work duties in the past 12 months?

Yes No
- Have you ever had any application for death, terminal illness, total and permanent disability or income protection cover;
 - declined; or
 - offered to you with an exclusion and/or loading?

Yes No
- Do you have an illness or injury which will, or is likely to, reduce your life expectancy to less than 24 months?

Yes No
- Due to illness or injury have you ever made a claim, or are you intending to make a claim:
 - for Workers' Compensation;
 - for Government benefits (eg sickness benefit, invalid pension);
 - from a motor accident scheme; or
 - from a superannuation fund or an insurance policy that provides terminal illness cover, total and permanent disability cover, or income protection cover (including accident or illness cover)?

Yes No

If you answered 'Yes' to any of the questions in Section 3 you will not be eligible to increase cover with limited underwriting. Please apply to increase your insurance by logging into rest.com.au/memberaccess, going to the 'insurance tab' and using the 'Change your insurance button'. Or download the 'Application for Insurance Rest Super' or 'Application for Insurance Rest Corporate' form from the insurance tab at rest.com.au/forms

Section 4: Declaration

The duty to take reasonable care

When you apply for insurance, you are treated as if you are applying for cover under an individual consumer insurance contract. A person who applies for cover under a consumer insurance contract has 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 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. Under the *Insurance Contracts Act 1984 (Cth)* there are a number of different remedies that may be available to the Insurer. They are intended to put the Insurer in the position it would have been in if the duty had been met. For example, the Insurer may:

- avoid the cover (treat it as if it never existed)
- vary the amount of the cover; or
- vary the terms of the cover.

Whether the Insurer can exercise one of these remedies depends on a number of factors, including:

- whether reasonable care was taken not to make a misrepresentation. This depends on all of the relevant circumstances
- what the Insurer would have done if the duty had been met – for example, whether it would have offered cover, and if so, on what terms
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before any of these remedies are exercised, the Insurer will explain the reasons for its decision, how to respond and provide further information, and what you can do if you disagree.

Guidance for answering the questions in this form

You are responsible for the information provided to the Insurer. When answering 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.

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

Changes before your cover starts

Before your cover starts, the Insurer may ask you whether the information that has been given as part of your application for insurance remains accurate or whether there has been a change to any of your circumstances. As any changes might require further assessment or investigation, it could save time if you let us or the Insurer know about any changes when they happen.

If you need help

It's important that you understand your obligations and the questions that are being asked. Please contact us for help if you have difficulty understanding the process of obtaining insurance or answering any questions.

Please also let us know if you're having difficulty due to a disability, understanding English or for any other reason – we're here to help and can provide additional support.

I declare that I:

- agree to be bound by the terms of cover set out in this application form and I have read and understood the relevant Insurance Guide
- have carefully considered all the questions and all answers provided are true and correct
- have read and understand the duty to take reasonable care above
- have read and understand TAL's Privacy Policy available at tal.com.au and Rest's Privacy Policy available at rest.com.au and agree that the Trustee and/or the Insurer may use my personal information for the purposes described
- understand that my request for cover will not commence until the Insurer accepts it and Rest advises me in writing
- understand that the cost of my insurance is in part affected by my occupation, and that any change to my occupation in the future will be reflected in the cost of my cover
- am aware of the consequences of changing my insurance cover.

Section 4: Declaration *continued*

Your privacy is important to us

Our Privacy Policy sets out how your personal information is managed and is available to at rest.com.au or contact us on 1300 300 778 for a copy of the Policy.

A copy of the TAL Privacy Policy is available at tal.com.au or free of charge on request to TAL by telephoning 1300 209 088.

By completing this form, you consent to any personal information, including information that may be of a sensitive nature and collected by TAL in the normal course of their business, being used as in the manner set out in the TAL Privacy Policy.

Signature of applicant

(dd/mm/yyyy)