



Change your insurance Rest Corporate

Use this form to:

- Reduce your income protection benefit period (Section 2)
- Change your income protection waiting period (Section 3)
- Reduce your sum insured (Section 4)
- Cancel some or all your insurance (Section 5)

If you'd like to increase your benefit period and/or increase your sum insured, go to the 'Insurance tab' on MemberAccess or download and complete the 'Application for Insurance Rest Corporate' form from the insurance tab at rest.com.au/forms. We recommend you seek advice from a licensed financial adviser before making your insurance decisions. You can also visit rest.com.au/calculators and use our insurance needs calculator.

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**.

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 6.

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

Job title/occupation

Section 2: Reduce your benefit period

You can reduce your income protection benefit period where there is a shorter one available. Tick one to select your new benefit period (eg reduce from To Age 65 to a 5 year benefit period):

- 2 year (not available for members with unit based cover)
- 5 year

The Trustee company of Retail Employees Superannuation Trust ABN 62 653 671 394 is Retail Employees Superannuation Pty Limited ABN 39 001 987 739, AFSL 240003.

Rest's current insurer is TAL Life Limited (TAL) ABN 70 050 109 450, AFSL 237848.

Section 3: Change your waiting period

You can change your income protection waiting period at any time. If the change results in a decrease to your waiting period, your previous waiting period will apply if you have a claim within 30 days of the date your application to change is accepted. Tick one to select your new waiting period:

- 30 days
 60 days
 90 days

Section 4: Reduce your sum insured

Default cover can only be reduced if you don't have any Voluntary cover (any additional cover you have chosen on top of your Default cover). If you have Voluntary cover, you must cancel this before you can reduce your Default cover. You are unable to reduce your Default IP cover sum insured, however you can cancel it.

If you reduce your cover now but decide you'd like cover in the future, you will need to complete an application form and provide health information that will be assessed by the Insurer. You may not be eligible to get the cover again.

If you want to see the current level of cover you have now, check the Rest App, go to the 'Insurance tab' in MemberAccess or call us on 1300 300 778.

You can choose to change your cover based on the following factors of your employer selected design:

- Percentage of Salary eg 15% of Salary can be reduced to 10% or 5%
- Multiple of Salary eg can be reduced to a minimum of 3 x Salary
- Fixed cover eg \$200,000 can be reduced to \$100,000
- Voluntary cover eg \$200,000 can be reduced to \$100,000
- Unit based cover eg 5 units can be reduced to 3 units

For more information please refer to 'Your Employer Plan Summary'.

Select one of the following:

Plan factor / cover type	Your current cover	Cover you'd like
Percentage of Salary		
Death	<input type="text"/> %	<input type="radio"/> 5% of Salary <input type="radio"/> 10% of Salary <input type="radio"/> 15% of Salary <input type="radio"/> 20% of Salary
Total and Permanent Disability	<input type="text"/> %	<input type="radio"/> 5% of Salary <input type="radio"/> 10% of Salary <input type="radio"/> 15% of Salary <input type="radio"/> 20% of Salary

Section 4: Reduce your sum insured - continued

Plan factor / cover type	Your current cover	Cover you'd like
Multiple of salary		
Death	<input type="text"/> x salary	<input type="radio"/> 3 x Salary <input type="radio"/> 4 x Salary
Total and Permanent Disability	<input type="text"/> x salary	<input type="radio"/> 3 x Salary <input type="radio"/> 4 x Salary

Fixed cover

Death cover	\$ <input type="text"/>	\$ <input type="text"/>
Total and Permanent Disability	\$ <input type="text"/>	\$ <input type="text"/>

Unit based cover

Death cover	<input type="text"/> units or \$ <input type="text"/>	<input type="text"/> units or \$ <input type="text"/>
Total and Permanent Disability	<input type="text"/> units or \$ <input type="text"/>	<input type="text"/> units or \$ <input type="text"/>
Income Protection	<input type="text"/> units or Up to \$ <input type="text"/> per month	<input type="text"/> units or Up to \$ <input type="text"/> per month

Voluntary cover

Death cover	\$ <input type="text"/>	\$ <input type="text"/>
Total and Permanent Disability	\$ <input type="text"/>	\$ <input type="text"/>
Income Protection	Up to \$ <input type="text"/> per month	Up to \$ <input type="text"/> per month

Section 5: Cancel cover

Insurance cover with Rest is not compulsory and you can cancel your cover at any time. If you cancel your cover now but decide you'd like cover in the future, you will need to complete an application form and provide health information that will be assessed by the Insurer. You may not be eligible to get cover again.

If you do decide to cancel your cover we will stop taking insurance premiums from your account and you won't be able to claim on this cover for any event or condition that occurs after your cover is cancelled.

If you're replacing your cover with cover from another super fund or insurer, you should wait until your new cover starts before cancelling.

You may want to speak to a licensed financial adviser to help you decide if cancelling your cover is right for you.

Section 5: Cancel cover - continued

Indicate what cover you'd like to cancel:

- Death cover
- Total and Permanent Disability cover
- Income Protection cover

Section 6: 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.

Section 6: Declaration - continued

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 Rest Corporate 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 to cancel or vary my cover (whichever is applicable) 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 or cancelling my insurance cover.

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 calling 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)