

MyLife MySuper Member Application for Employees

About this form

We need you to fill out this form to let us know:

- your details
- which investment options you'd like your money invested in
- your insurance preferences
- your tax file number

To find the information you need to complete this form you should read the current Product Disclosure Statement (PDS) available at www.mylifemysuper.com.au/super-pds or call **1300 MYLIFE (1300 695 433)**.

If you're unsure of your decisions, we recommend that you see a licensed financial adviser.

Use this form to join when your employer will be making super contributions for you. If you are not joining through an employer, you can join as a Personal Member by completing the Personal Plan Member Application available on our website www.mylifemysuper.com.au.

Step 1 – Complete your personal details

Please print in black or blue pen, in uppercase, one character per box. **A** ✓

Title Mr Mrs Ms Miss Other Date of birth / /

Given names

Surname

Residential address **(must be provided)**

Suburb

State

Postcode

Postal address (if different to above)

Suburb

State

Postcode

Daytime Telephone

Mobile

Fax

E-mail - see note below

Providing your email address

The Trustee anticipates providing information such as annual reports, member statements, exit statements and notices of any material changes or occurrence of significant events electronically, rather than in written form as we do at the moment. If this format becomes available and you'd like to receive this information electronically please advise your email address.



Step 2 – Your employment details

Do you work in the transport industry? Yes No

Full Name of your Employer

ABN

Payroll/Employee Number

Date you commenced employment

Employer Contact Details

Contact name

Address

Suburb

State

Postcode

Telephone

Email

Step 3 – Choose your investment options

You can choose one or more investment options. Please ensure the total adds to 100% otherwise the Default Strategy will apply until it's corrected.

If you don't make an investment choice, you will be placed automatically in our Default Strategy. For further information please read the Investment Guide available at www.mylifemysuper.com.au/super-pds to learn more about our Default Strategy.

% to be invested

Managed Choice Options	
Aggressive	<input type="text"/> <input type="text"/> <input type="text"/> %
Moderately Aggressive	<input type="text"/> <input type="text"/> <input type="text"/> %
Balanced	<input type="text"/> <input type="text"/> <input type="text"/> %
Conservative Balanced	<input type="text"/> <input type="text"/> <input type="text"/> %
Moderately Conservative	<input type="text"/> <input type="text"/> <input type="text"/> %
Conservative	<input type="text"/> <input type="text"/> <input type="text"/> %
PositiveIMPACT	<input type="text"/> <input type="text"/> <input type="text"/> %
RetirePlus	<input type="text"/> <input type="text"/> <input type="text"/> %
RetireStable	<input type="text"/> <input type="text"/> <input type="text"/> %
Build Your Own options	
Australian Shares	<input type="text"/> <input type="text"/> <input type="text"/> %
Overseas Shares	<input type="text"/> <input type="text"/> <input type="text"/> %
Property	<input type="text"/> <input type="text"/> <input type="text"/> %
Diversified Fixed Interest	<input type="text"/> <input type="text"/> <input type="text"/> %
Cash	<input type="text"/> <input type="text"/> <input type="text"/> %
TOTAL	1 0 0 %



Step 4 – Your Insurance Cover

MyLife MySuper offers a range of affordable Death, Total and Permanent Disablement (TPD) and Income Protection (IP) insurance cover options. If you are eligible for default insurance cover you will automatically receive our default cover and the premiums will be paid from your super account.

Refer to the information in the Insurance guide available at www.mylifemysuper.com.au/super-pds.

Part A – Remove Limited Cover

Any default cover provided will be Limited Cover, which means you are only covered for any new illnesses or injuries that occur after your insurance commences. You can remove this Limited Cover by answering the below basic health questions.

1. Are you, at the date of this application, due to injury or illness, off work or restricted or unable to fully perform without limitation all of the duties of your current or usual occupation for at least 30 hours per week, even though your actual employment may be on a full-time, part-time or casual basis or you may be unemployed? Yes No
2. Have you, in the last 12 months been absent from work or unable to fully perform:
 - i) the duties of your usual occupation (whether employed or unemployed); or
 - ii) your unpaid domestic duties, if you are unemployed and your sole occupation is the performance of unpaid domestic duties;due to illness or injury (other than cold or flu) for more than six days? Yes No
3. Have you ever been paid or are you eligible to be paid, or are currently in the process of submitting a claim for any illness or injury through a superannuation fund, insurance policy, workers' compensation, or Government benefits (such as sickness benefit, invalid pension) providing terminal illness, total and permanent disablement or income protection cover, including accident or sickness cover? Yes No
4. Have you been diagnosed with, or do you suffer from, an illness or injury that may cause permanent inability to work or which reduces or is likely to reduce your life expectancy to less than 24 months from the date of this application? Yes No
5. Have you ever had an insurance application for death, total and permanent disablement, or income protection cover (including accident or sickness cover) declined, postponed or offered on non-standard or modified terms such as a loading and/or exclusion, including but not limited to pre-existing condition exclusions? Yes No
6. Have you ever had, been told you had, or received advice or treatment for any of the following:

Any heart condition, heart murmur, stroke, or embolism?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hepatitis B or C, or any liver disease or blood disorder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Epilepsy, Paralysis, multiple sclerosis or other brain or neurological condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Schizophrenia, psychosis or post-traumatic stress disorder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes or raised blood sugar levels?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any form of malignant cancer, including melanoma and leukaemia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Impairment of sight, hearing or speech (other than sight problems corrected by glasses, contact lenses or laser eye surgery)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HIV or AIDS or are you awaiting results of a HIV test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Within the last 12 months have you:

Consulted, been examined, treated by or received advice from any Specialist Medical Practitioner, psychologist or psychiatrist; or	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been admitted to hospital or been advised to have an operation; or	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Had medication prescribed by a medical practitioner that is intended to be used for three months or longer (other than preventative asthma medication or contraceptives)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Had back or neck pain or a mental health condition requiring time off work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Other than what you've already answered, do you intend seeking or have you been advised to seek medical advice or treatment for any current medical concern or are you awaiting the results of any medical tests or investigations? Yes No

If you answered 'No' to all questions, Limited Cover will be automatically removed from your account. You are eligible to apply for the Package Choice options in Part B.

If you answered 'Yes' to any of the questions, Limited Cover will remain on your account and you are not eligible to apply for the Package Choice options in Part B. You may still apply for additional insurance cover by completing the *Adjusting your Insurance Cover* form and providing evidence of your health on the *Member Personal Statement* which are both available on our website.

Continued over



Step 4 – Your Insurance Cover (continued)

Part B – Package Choice options

This offer is only available if you answered 'No' to all of the Basic Health Questions above.

As a new member, you may be eligible to apply for Package Choice which enables you to double your level of default Death and TPD cover and vary your Income Protection arrangements to better suit your needs. To be eligible, you must apply for this offer within the joining process, or within 60 days of the date of your Welcome Letter.

Refer to the information in the Insurance guide available at www.mylifemysuper.com.au/super-pds for further information on the terms and costs.

Death and Total & Permanent Disablement (TPD)

Please the box below to apply for Package Choice (double default cover).

Yes, I wish to double my level of default Death and TPD cover. I have read the PDS and Insurance guide and I understand the conditions and the additional costs which will apply.

Income Protection (IP)

You can choose to increase your benefit period, shorten your waiting period or alter your sum insured.

Please the appropriate box to nominate your Income Protection choice and confirm your understanding of the conditions and costs which will apply.

60 day waiting period and five year benefit payment period (Default – this will apply if you do not select another option)

30 day waiting period, five year benefit payment period

60 day waiting period, benefit payment period up to age 65

30 day waiting period, benefit payment period up to age 65

Please the box below if you wish to provide your salary. If you do not provide your salary a default monthly benefit of up to \$3,000 will apply

Yes, I wish to base my Income Protection sum insured on 85% of Earned Income (including 10% Superannuation Contributions Benefit). This option is subject to a maximum benefit of up to \$12,000 per month.

My annual salary is \$, .

Adjusting your insurance cover

You will need to complete the *Adjusting your Insurance Cover* form and provide evidence of good health if:

- We receive your request more than 60 days from the date of your Welcome Letter; or
- You require a higher amount of Death and TPD cover; or
- You require an Income Protection benefit payment period to age 70; or
- You require an Income Protection benefit greater than \$12,000 per month (based on a maximum of 85% of salary); or
- You are ineligible for default cover and wish to apply for cover or you are ineligible for Package Choice options and want to increase your cover above the default.

Your duty of disclosure

Before you enter into a life insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, which may affect their decision to insure you and on what terms.

You have this duty until the insurer agrees to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell the insurer anything that:

- reduces the risk they insure you for; or
- is common knowledge; or
- they know or should know as an insurer; or
- they waive your duty to tell them about.

If you do not tell us something

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, they may apply the following rights separately to each type of cover.

If you do not tell the insurer anything you are required to, and they would not have insured you if you had told them, they may avoid the contract within 3 years of entering into it.

If the insurer chooses not to avoid the contract, they may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told them everything you should have. However, if the contract has a surrender value, or provides cover on death, the insurer may only exercise this right within 3 years of entering into the contract.

If the insurer chooses not to avoid the contract or reduce the amount you have been insured for, they may, at any time vary the contract in a way that places them in the same position they would have been in if you had told them everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If your failure to tell the insurer is fraudulent, they may refuse to pay a claim and treat the contract as if it never existed.



Step 5 – Making a binding death benefit nomination

If you wish to make a binding death benefit nomination you will need to complete the *Binding Death Benefit Nomination* form available from our website www.mylifemysuper.com.au.

Step 6 – Provide your tax file number

Don't pay more tax than you have to – let us know your tax file number.

Your tax file number is confidential and you don't have to give it to MyLife MySuper. It is not an offence to not provide your tax file number. However, you may pay more tax than you have to if you don't supply it.

My tax file number is: - -

Special note: The Trustee is required by law to ask for your tax file number. By providing your tax file number, you're allowing the Trustee to use it to:

- find or identify your super when there's no other way
- work out any tax payable
- pass your tax file number to the tax office when you receive your super payout or have unclaimed super money after reaching pension age
- pass your tax file number to any other super fund or account to which your super is transferred in the future, unless you tell the Trustee in writing not to do so
- report details of contributions to the tax office for working out whether any tax is applicable if contributions for you exceed certain limits, and
- where required by law, pass your tax file number to other Government agencies.

If you don't provide your tax file number, now or later:

- you may pay more tax on contributions made by your employer and certain other contributions made by or for you. In some circumstances, you may be able to claim this back, however time limits and other rules may apply
- the Trustee will only be able to accept contributions made for you by your employer. No other contributions, for example, after-tax contributions, can be accepted
- you may pay more tax on your super benefit that you would otherwise (although you can claim this back when you lodge your tax return), and
- it may be more difficult to find your super in the future if you change your address without notifying the Trustee or if you rollover any other super accounts you may have.

The legal purposes for which the Trustee can use your tax file number and the consequences for not quoting your tax file number may change in the future.

Date of birth / /

Your name



Your Privacy

The Fund is administered by us along with our service provider, Mercer Outsourcing (Australia) Pty Ltd. We collect, use and disclose personal information about you in order to manage your superannuation benefits and give you information about your super. We may also use it to supply you with information and marketing material about the other products and services offered by us and our related bodies corporate. If you do not wish to receive marketing material, please contact us on **1300 MYLIFE (1300 695 433)**.

Our Privacy Policy is available to view at csf.com.au/privacy or you can obtain a copy by contacting us on **1300 MYLIFE (1300 695 433)**.

When you become a member, we assume that you consent to this handling of your personal information. If you do not provide the personal information requested, we may not be able to manage your superannuation.

We may sometimes collect information about you from third parties such as your employer, a previous super fund, your financial adviser, our related entities and publicly available sources.

We may disclose your information to various organisations in order to manage your super, including your employer, our professional advisors, insurers, our related companies which provide services or products relevant to the provision of your super, any relevant government authority that requires your personal information to be disclosed, and our other service providers used to assist with managing your super.

In managing your super your personal information will be disclosed to service providers in another country, most likely to Mercer's processing centre in India. Our Privacy Policy lists all other relevant offshore locations.

Our Privacy Policy sets out in more detail how we deal with your personal information and who you can talk to if you wish to access and seek correction of the information we hold about you. It also provides detail about how you may lodge a complaint about the way we have dealt with your information and how that complaint will be handled.

If you have any other queries in relation to privacy issues, you may contact us on **1300 MYLIFE (1300 695 433)** or write to our Privacy Officer, MyLife MySuper, GPO BOX 4303, Melbourne, VIC 3001.

Step 7 – Declaration and signature

By signing this form I:

- have read and understood MyLife MySuper's Product Disclosure Statement, as currently available at www.mylifemysuper.com.au/super-pds.
- have read MyLife MySuper's Privacy Policy. I understand and consent to my personal information being collected and used by MyLife MySuper in accordance with this statement.
- agree to be bound by the terms and conditions of the Trust Deed governing the Fund.
- Acknowledge the statements above, and the information that I have provided as part of this application, are true and complete to the best of my knowledge.

Signature

Date

/ /

Please return your completed form to MyLife MySuper, GPO Box 4303, Melbourne, VIC 3001.

