FirstChoice Employer Super Life events insurance cover option

16 May 2016	
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SAVE FORM

Please phone us on 1300 654 666 with any questions about this form.

PRINT FORM

Please complete this form using BLACK INK and print well within the boxes in CAPITAL LETTERS. Start at the left of each answer space and leave a gap between words. Please cross X appropriate answer boxes.

USE OF THIS FORM

If you are a FirstChoice Employer Super member, you can use this form to increase your existing Death and Total and Permanent Disability (TPD) or Death-only insurance cover as a result of one of the 'life events' shown in section 2. Before completing this form, you should note that under the life events cover option:

- You can only apply to increase existing Death and TPD or Death-only cover. The death and TPD cover must be increased to the same level.
- You must apply to increase your cover within 120 days of the life event occurring.
- · You cannot apply to increase cover if:
 - you do not currently have insurance cover in your account (or if your cover has ended under the policy),
 - you are not actively employed (where 'active employment' means you are employed by your employer to carry out
 identifiable duties and are actually performing those duties, and in the insurer's opinion, you are not restricted by sickness
 or injury from carrying out or being capable of carrying out those duties on a full-time basis (even if not then working on a
 full-time basis) or the full and normal duties of your usual occupation, and you are capable of doing so on an ongoing and
 prolonged basis. If you are working in 'light duties' or 'restricted duties' you are not considered to be actively employed),
 - you are at work (where 'at work' means you are performing all the duties and work hours of your usual occupation.) If an
 employer approved leave at the time of application, then you must have been 'at work' on the last working day before your
 leave commenced.
 - you are entitled to or receive income support payments from any source, including workers compensation, disability income and statutory transport accident benefits,
 - you are not currently living in Australia,
 - · you have had cover previously declined under any life insurance policy, or
 - · you are terminally ill or totally and permanently disabled.
- You can exercise the life events cover option more than once (except for the mortgage option, which can only be exercised
 once) but you cannot apply to increase your cover under the life events cover option more than once in any 12-month period.
- Any exclusions or restrictions that currently apply to your insurance cover will also apply to any increased cover provided under the life events cover option.

If you are not eligible under the life events cover option, or if you do not currently have insurance cover, you can apply for cover through the insurer's normal underwriting process by completing the Insurance Application Form available from our website colonialfirststate.com.au.

1 MEMBER DETAILS	
Account number 0 6 5	
Title	
Mr Mrs Miss Ms Other	Male Female
Full given name(s)	
Surname	
Postal address	
Unit number Street number PO Box Street name	
Suburb	State Postcode
Daytime phone number Date of birth	
dd/mm/yyyy	
Email address	

Colonial First State Investments Limited ABN 98 002 348 352 AFS Licence 232468 (Colonial First State) is the issuer of interests in superannuation products from the Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557. The insurance provider is The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFS Licence 235035 (Commlnsure). The insurance cover is provided under policies issued to the trustee by Commlnsure. Colonial First State and Commlnsure are subsidiaries of the ultimate holding company Commonwealth Bank of Australia ABN 48 123 123 124 AFS Licence 234945.

2 DETAILS OF LIFE EVENT

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

Event Type	You will need to provide a CERTIFIED copy¹ of the following document(s):			
	Marriage certificate			
Marriage				
Birth or adoption of a child ²	Birth certificate OR adoption documentation			
Mortgage of your primary residence for the purpose of purchasing the residence	Stamped front page of the 'contract of sale' AND letter on bank letterhead detailing the loan arrangement			
Child's first day at primary or secondary school	Letter on the school letterhead confirming the name of the student, the school start date and whether your child is starting primary school or secondary school (Year 7)			
	Decree Nisi/Absolute OR Certificate of Divorce			
Divorce				
	Death certificate			
Death of a spouse				
What date did the life event o (Note: To be eligible under life	ccur? dd/mm/yyyy events cover, we must receive this completed form and a certified copy of the relevant document			

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

3 AMOUNT OF ADDITIONAL COVER

How m	nuch <mark>additional</mark>	insurance cov	er are you	applying for	under this	life event (ie on top	of your exi	isting cover)?
\$									

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

4 DECLARATION

I declare that:

- I have read and understood the insurance information in the current Product Disclosure Statement (PDS) and Insurance information booklet.
- I have read the Duty of Disclosure section of this form below.
- I confirm that all statements and declarations given by me are true and correct and I have not withheld any information that may affect any decision to provide insurance.
- I understand that if I do not provide all requested information, my application will not be processed until such time that all
 information is received.
- I understand that any increased cover will not commence until I am notified by the fund in writing.
- I acknowledge that the answers I have provided will form the basis of the contract of insurance.
- I understand if my application is accepted the increased cover will be on the same terms and rates as my existing cover.

 And any exclusions or loadings that apply on my existing cover will also apply on the increased cover.
- I have read the Privacy collection statement and agree with how Colonial First State will use my personal information. The privacy statement is available at www.colonialfirststate.com.au

- Legal practitioner
- Notary public
- Veterinary practitioner
- Member of Parliament

- Justice of the Peace
- Police officer
- Pharmacist
- · Minister of religion

- Magistrate
- Dentist

- Accountant
- Medical practitioner

2 Excluding a stepchild or becoming a legal guardian.

¹ To be a 'certified copy', one of the following people must state on the copy of the original document that "I certify that I have sighted the original document and this is a true copy of it". The certifier must also include their full name, title, registration number (where applicable) and be signed and dated. Additional certification options are available from our 'Certification of documents – list of prescribed persons' form at colonialfirststate.com.au/prospects/FS4523.pdf.

DUTY OF DISCLOSURE

Your duty of disclosure

Before a person enters into a life insurance contract in respect of their life or the life of another person, they have a duty to tell the insurer anything that they know, or could reasonably be expected to know, may affect the insurer's decision to provide the insurance and on what terms.

The person entering into the contract has this duty of disclosure until the insurance is provided.

The person who has entered into the contract has the same duty before they extend, vary or reinstate the contract.

The person entering into the contract does not need to tell the insurer anything that:

- · reduces the risk of the insurance, or
- is common knowledge, or
- the insurer knows or should know as an insurer, or
- the insurer waives the duty to tell the insurer about.

If the insurance is for the life of another person and that person does not tell the insurer something that they know, or could reasonably be expected to know, may affect the insurer's decision to provide the insurance and on what terms, this may be treated as a failure by the person entering into the contract to comply with their duty of disclosure.

If the person entering into the contract does not tell the insurer something

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

If the person entering into the contract does not tell the insurer anything they are required to, and the insurer would not have provided the insurance if they had been told, the insurer may avoid the contract within three years of entering into it.

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

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

If the failure to comply with the duty of disclosure is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it had never existed.

Original signature of member	Print name
Date signed	
dd/mm/yyyy	
Please ensure the certified documents	requested in section 2 are attached BEFORE sending this form to us.

Please send the completed form to: **Colonial First State** Reply Paid 27, Sydney NSW 2001