

12 March 2014

Customer Services

Phone 13 38 63
Fax 02 9234 6668

Email customer@onepath.com.au
Website anz.com/wealth/super

INSTRUCTIONS

ANZ Super Advantage
OnePath Life Limited
GPO Box 4028
Sydney NSW 2001

1. PERSONAL DETAILS (THE APPLICANT)

Employee name	<input type="text"/>
Member number	<input type="text"/>
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="text"/>
Surname	<input type="text"/>
Given name(s)	<input type="text"/>
Residential address (this cannot be a PO Box)	<input type="text"/> <input type="text"/>
Suburb/Town	<input type="text"/>
State	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text"/>
Phone	Home <input type="text"/> Business <input type="text"/>
	Mobile <input type="text"/> Fax <input type="text"/>
Email	<input type="text"/>

2. INSURANCE OPTIONS

Important notes

Certain eligibility requirements apply if you are varying your existing or applying for new Death Only, Death and Total and Permanent Disablement or Group Salary Continuance insurance cover. For details of these requirements and all other information about the cover for which you may be applying, refer to the relevant ANZ Super Advantage Product Disclosure Statement (PDS) – Insurance Guide. The ANZ Super Advantage PDS – Insurance Guide can be downloaded from anz.com/wealth/super. If you have any questions please contact Customer Services on 13 38 63.

If you are applying to increase your existing cover or applying for new cover, you will be required to provide information that the insurer requires. In most cases that will only be the Group Risk Personal Statement, which can be downloaded from anz.com/wealth/super. Please complete the Personal Statement and return it with this form.

A. DEATH ONLY OR DEATH AND TOTAL AND PERMANENT DISABLEMENT (TPD) COVER

(i) You can have Death Only or Death and TPD cover, not both. The following application refers to:

Death Only Cover OR Death and TPD Cover

(ii) Please tick one box only:

- I wish to cancel my existing Death Only or Death and TPD cover (please go to Section B)
- I wish to vary my existing Death Only or Death and TPD cover (please complete Question iii)
- I wish to apply for new Death Only or Death and TPD cover (please complete Question iii)

(iii) Please tick one of the following:

- Fixed Dollar cover of \$ (maximum – unlimited for Death Only, \$3 million for Death and TPD)
- Percentage of salary times years of future membership to age 65 %
- Multiple of salary. Please indicate the multiple required (whole number multiple)

B. GROUP SALARY CONTINUANCE INSURANCE

(i) Please tick one of the following options

- I wish to cancel my existing Group Salary Continuance Cover
- I currently have Group Salary Continuance Cover and wish to vary it.
(Please complete questions ii and/or iii below, depending on which feature you wish to vary)
- I do not currently have Group Salary Continuance Cover and wish to apply for it.
(Please complete questions ii and/or iii below).

(ii) Proposed benefit level

Choose one only:

- 50% 75% of salary or wages

(iii) Proposed waiting period (days)

Choose one only:

- 30 60 90

3. YOUR DUTY OF DISCLOSURE

Where you are required to provide information to the Insurer, you have a duty under the Insurance Contracts Act 1984 to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of insurance and, if so, on what terms.

Your duty of disclosure applies even after your application is completed and until the Insurer has accepted your application for insurance cover.

You have the same duty to disclose those matters to the Insurer before you change your insurance cover or apply for new cover.

Your duty, however, does not require disclosure of a matter that:

- diminishes the risk to be undertaken by the Insurer
- is of common knowledge
- the Insurer knows, or in the ordinary course of its business ought to know or
- is waived by the Insurer.

This duty of disclosure continues to apply until formal notification of acceptance of cover or change in cover.



4. DECLARATION

I hereby authorise OnePath Custodians Pty Limited, the Fund Trustee to make the variation(s) recorded on this form, and declare that the information I have provided is true and complete.

I acknowledge that:

- (a) I have either downloaded the current electronic version, or received the current hard copy version of the ANZ Super Advantage Product Disclosure Statement (PDS) comprising the Member Book, Investment Information Book and Insurance Guide(s) and have read and understood the information contained in it.
- (b) I have read and understood the Insurance Guide (if this application relates to Death and/or TPD Cover and/or if this application relates to Group Salary Continuance Cover).
- (c) By completing this form, I also:
 - consent to the collection, use, storage and disclosure of my personal information (including health information) as described in OnePath’s Privacy Policy which is available at anz.com/privacy, or by calling Customer Services. If I have provided information about another person in this application (for example a beneficiary or life insured), I declare that I have the consent of that person to do so. I understand that OnePath Custodians requires me to inform the person concerned that I have done so and direct them to the Privacy Policy which is located at anz.com/privacy
 - accept that OnePath and members of the ANZ Group may send me information about its products or services from time to time. I understand that I may notify OnePath of my decision not to receive further information by contacting OnePath directly.
- (d) I understand that:
 - the insurance cover is subject to medical underwriting and acceptance by the Insurer
 - my new insurance cover or variation to my insurance cover (if any) will not commence until there has been written acceptance of the cover I have applied for.

Name of member	Signature of member	Date (dd/mm/yyyy)
<input type="text"/>	<input type="text" value="X"/>	<input type="text" value="/ /"/>
Name of witness	Signature of witness	Date (dd/mm/yyyy)
<input type="text"/>	<input type="text" value="X"/>	<input type="text" value="/ /"/>