

Life stages insurance form

Please complete all pages of this form in black ink using **BLOCK** letters.

This form should be used if you would like to increase your current death only, TPD only, or death and TPD insurance cover under the life stage event option. Before you complete this form please note the following:

- you must be under age 65 at the date the insurer receives this completed form
- satisfactory proof of the event must be provided to the insurer for consideration
- the request for the increase and supply of documentation must occur within 60 days of the life stage event occurring
- applications for more than one event per year are allowed, subject to overall increases not exceeding \$200,000 in any 12 month period
- total increases made under this option cannot exceed \$1 million over the duration of your cover
- your existing cover must be on standard terms without any special exclusions, restrictions or premium loadings
- you must not have made a claim or be eligible to make a claim against the relevant cover.

The table below provides details on the maximum amount of increase in your insurance cover you can apply for under each life stage event and the type of evidence required (we require certified copies).

Please send your completed form to: **Reply Paid 4171, Perpetual Select Super Plan, GPO Box 4171, Sydney NSW 2001**

Life stage event	Cover increase limit	Evidence required
marriage	The lesser of: <ul style="list-style-type: none"> • 25% of your current sum insured or • \$200,000. 	A copy of marriage certificate
divorce	The lesser of: <ul style="list-style-type: none"> • 25% of your current sum insured or • \$200,000. 	A copy of the Decree Nisi
turning age 30	The lesser of: <ul style="list-style-type: none"> • 25% of your current sum insured or • \$200,000. 	A copy of your <ul style="list-style-type: none"> • birth certificate, or • driver's licence, or • passport
the birth or adoption of a child	The lesser of: <ul style="list-style-type: none"> • 25% of your current sum insured or • \$200,000. 	A copy of <ul style="list-style-type: none"> • birth certificate, or • adoption papers
your child turning age 12	The lesser of: <ul style="list-style-type: none"> • 25% of your current sum insured or • \$200,000. 	A copy of birth certificate
your child commencing at a private school	The lesser of: <ul style="list-style-type: none"> • 25% of your current sum insured or • \$200,000. 	A copy of <ul style="list-style-type: none"> • enrolment form and • evidence of payment of first term's fees
a salary increase of more than \$10,000 per annum if you are not self employed	The lesser of: <ul style="list-style-type: none"> • 25% of your current sum insured or • \$200,000. 	Letter from employer confirming the increase.

Life stage event	Cover increase limit	Evidence required
attaining five years' membership of the Super Plan with death/TPD cover held continuously over that time	The lesser of: <ul style="list-style-type: none"> • 25% of your current sum insured or • \$200,000. 	No evidence required from you.
taking out or increasing a first mortgage over your principal place of residence with a registered mortgage provider	The lesser of: <ul style="list-style-type: none"> • 50% of your current sum insured • the amount of your first mortgage or the amount of the increase of your first mortgage (as applicable) or • \$200,000. 	A copy of your mortgage deed.
you are a key person in a business (working partner, director or significant shareholder) and your value or financial interest in the business (averaged over the last three years) has increased	The lesser of: <ul style="list-style-type: none"> • 25% of your current sum insured • the increase in the value of your financial interest in the business or the value of the business (as appropriate) averaged over the last three years or • \$200,000. 	A copy of <ul style="list-style-type: none"> • a letter from your accountant, or • board meeting minutes, or • new partnership agreement, or • any document confirming this information.

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

Please ensure this form is fully complete and all required documentation is provided to either your financial adviser or us, so we can process your request.

1. Investor details

client number	<input type="text"/>	account number	<input type="text"/>
account name	<input type="text"/>		

2. Life stage event details

Please indicate which life stage event applies to your request to increase your insurance cover.

<input type="checkbox"/>	marriage or divorce
<input type="checkbox"/>	birth or adoption of a child
<input type="checkbox"/>	your child turning 12 years of age or commencing his/her education at a private school
<input type="checkbox"/>	turning age 30
<input type="checkbox"/>	attaining membership in the Select Super Plan for a period of five consecutive years
<input type="checkbox"/>	new mortgage or increase in the original amount borrowed under an existing loan
<input type="checkbox"/>	significant salary increase
<input type="checkbox"/>	a key person in a business

Please attach a copy of the relevant evidence to this form.

3. Increase amount details

I would like to increase my insurance death only or TPD only or death and TPD sum insured by	\$ <input type="text"/>
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4. Declaration and signature

- Truth and Accuracy** – I hereby declare that to the best of my knowledge and belief and where applicable:
 - all of the answers to questions on this application form are true and accurate and I have not deliberately withheld any information material to the proposed insurance
 - if I am transferring my existing insurance cover from another provider and this information is being provided directly to the insurer, this information is true and accurate at the time of transfer and I have not deliberately withheld any information material to the insurance cover that is being transferred and
 - all information I have provided to the insurer directly is true and accurate and I have not deliberately withheld any information material to the proposed insurance cover.
- Changes to contract** – I understand that I must advise the trustee and insurer of any material change during the period between the application date shown below and the cover commencement date. I understand that my failure to advise of such a change may make the contract of insurance voidable by the insurer. I have read and understand the conditions that apply to an increase in my cover under this option as detailed in the Perpetual Select Super Plan ‘Insurance in your super’ document.
- Acceptance of the application** – I note that this application to increase my insurance cover amount is subject to acceptance by the insurer and that the increase in insurance cover does not commence until I have been advised by the trustee about acceptance of my application.
- Duty to take reasonable care** – I acknowledge that I have read and understood the ‘Duty to take reasonable care’ notice in accordance with the Insurance Contracts Act 1984, as detailed in the ‘Insurance in your super’ document.

Warning: You have a duty to disclose all information relevant to the insurer’s decision to accept your application.

signature of investor		date		/		/		
print name								

5. Adviser use only

adviser name								
postal address	po box	unit number		street number				
	street name							
	suburb (if relevant) OR city							
	state	postcode	country					
phone	(business hours)				mobile			
email								
[1] perpetual adviser ID								
OR [2] dealer group AND								
b.dealer branch*								
	*City or suburb of the dealer group office you operate through							
	If Senior Adviser details are completed above, please also provide name of your accountant							
adviser signature					date		/	

