

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.

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.
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.



3. Increase amount details

I would like to increase my insurance death only or TPD only or death and TPD sum insured by \$

4. Declaration and signature

I declare and agree that

- **Truth and Accuracy** – to the best of my knowledge and belief all of the answers given on this form and the evidence I have provided are true and correct and I have not deliberately withheld any information material to the proposed increase in my insurance cover.
- **Changes to contract** – I understand that I must advise the Insurer (AIA Australia) 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 on page 39 of the Select Super Plan PDS.
- **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 Insurer or WeathFocus Super Plan about acceptance of my application.
- **Duty of Disclosure** – I acknowledge that I have read and understood the Duty of Disclosure notice in accordance with the Insurance Contracts Act 1984 as detailed on page 38 of the Select Super Plan PDS.

signature of investor	<input type="text"/>	date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
print name	<input type="text"/>							

5. Adviser use only

adviser name	<input type="text"/>																		
phone (business hours)	<input type="text"/>									mobile	<input type="text"/>								
email	<input type="text"/>																		
[1] perpetual adviser ID	<input type="text"/>																		
OR [2] dealer group AND	<input type="text"/>																		
b.dealer branch*	<input type="text"/>																		
*City or suburb of the dealer group office you operate through																			
If Private Client Adviser details are completed above, please also provide name of your accountant																			
<input type="text"/>																			
adviser signature	<input type="text"/>										date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>		

**ADVISER
STAMP**