

Life stages insurance form – salary continuance

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 salary continuance 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 and not self employed
- satisfactory proof of the event must be provided to the insurer for consideration. For agreed value cover, current proof of income will be required
- 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 75% of income (or 85% including super component)
- no more than three increases can be made under this option 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
- you have not been declined for insurance cover previously
- if you become disabled within six months after being provided an increase under this option, the increased salary continuance cover amount will only be paid if disablement occurs as a result of an accident or sickness that occurred on or after the date increased cover commenced
- if you are not At Work on the date that the insurer accepts an increase under this option, the increased cover amount will only be paid if disablement occurs as a result of an accident or sickness that occurred on or after the date increased cover commenced. This restriction will apply to the increased amount for 12 months. At the end of the 12 month period you will be required to be At Work for 30 consecutive days to receive full cover otherwise this restriction will continue to apply until you are At Work for 30 consecutive days.

At Work means you are engaged in your normal duties, without limitation or restriction due to injury or sickness, and are working normal hours on the date the increased cover is to commence. You are restricted by sickness from being capable of performing your full and normal duties on a full time basis (for at least 30 hours per week) even though your actual employment can be on a full-time, part-time, contract or casual basis; and are not in receipt of and/or entitled to claim any income support benefits from any source including Workers' Compensation benefits, statutory transport accident benefits and disability income benefits.

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 • \$1,500 per month. 	A copy of marriage certificate
divorce	The lesser of: <ul style="list-style-type: none"> • 25% of your current sum insured or • \$1,500 per month. 	A copy of the Decree Nisi
death of a spouse	The lesser of: <ul style="list-style-type: none"> • 25% of your current sum insured or • \$1,500 per month. 	A copy of spouse's death certificate
turning age 30, 40 or 50	The lesser of: <ul style="list-style-type: none"> • 25% of your current sum insured or • \$1,500 per month. 	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 • \$1,500 per month. 	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 • \$1,500 per month. 	A copy of birth certificate

Life stage event	Cover increase limit	Evidence required
your child commencing at a private school	The lesser of: • 25% of your current sum insured or • \$1,500 per month.	A copy of • 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: • 25% of your current sum insured or • \$1,500 per month.	Letter from employer confirming the increase
attaining five years' membership of the Super Plan with salary continuance cover held continuously over that time	The lesser of: • 25% of your current sum insured or • \$1,500 per month.	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: • 25% of your current sum insured • \$1,500 per month.	A copy of your mortgage deed
your employment status changes from part time to full time	The lesser of: • 25% of your current sum insured or • \$1,500 per month.	Letter from your employer confirming the change

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 completed and all required documentation is provided to either your financial adviser or us, so we can process your request.

1. Member 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"/>	death of a spouse
<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, 40 or 50
<input type="checkbox"/>	attaining membership in the WealthFocus 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"/>	employment status changes from part time to full time

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

3. Increase amount details

I would like to increase my salary continuance sum insured by


4. Declaration and signature

I declare and agree that

- **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 in this form that apply to an increase in my cover under this option.
- **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’ in accordance with the Insurance Contracts Act 1984 as detailed in the WealthFocus Super Plan PDS Part 1.
Warning: You have a duty to disclose all information relevant to the Insurer’s decision to accept your application.

signature of member	<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 (after hours)	<input type="text"/>						phone (business hours)	<input type="text"/>								
mobile	<input type="text"/>						fax	<input type="text"/>								
postal address	<input type="text"/>															
AFSL licensee name	<input type="text"/>						AFSL number	<input type="text"/>								
Perpetual adviser number	<input type="text"/>															
dealer group	<input type="text"/>						dealer branch	<input type="text"/>								
adviser signature	<input type="text"/>						date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>			

IL GN / / (Group)
 IL AN / / (Adviser)
 IL CN / / (Client)