



Change your insurance Rest Super

Use this form to:

- Reduce your income protection benefit period (Section 2)
- Change your income protection waiting period (Section 3)
- Reduce your sum insured (Section 4)
- Cancel some or all your insurance (Section 5)

If you'd like to increase your benefit period, go to the 'Insurance tab' on MemberAccess or download and complete the 'Application for Insurance Rest Super' form from the insurance tab at rest.com.au/forms. We recommend you seek independent financial advice before making your insurance decisions. You can also visit rest.com.au/calculators and use our insurance needs calculator.

Please write in **BLOCK LETTERS** and use a **BLACK** or **BLUE** pen. Print 'X' to mark boxes where applicable. Please ensure you have completed all relevant sections. Once you have completed and signed this form, please mail to: **PO Box 350, Parramatta NSW 2124.**

Duty of disclosure

You have a duty to disclose information in an honest and accurate manner. Please read your Duty of Disclosure on page 3.

Section 1: Personal details

Member number	Date of birth (dd/mm/yyyy)	Gender
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> (M/F)
Mr/Mrs/Ms/Miss/Dr	Surname	
<input type="text"/>	<input type="text"/>	
Given name(s)		
<input type="text"/>		
Unit number	Street number	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address (if different from above)

Unit number	Street number	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (business hours)	Mobile	
<input type="text"/>	<input type="text"/>	
Email address		
<input type="text"/>		
Job title/occupation		
<input type="text"/>		

Section 2: Reduce your benefit period

You can reduce your income protection benefit period where there is a shorter one available. Tick to indicate your new benefit period (e.g. reduce from current To Age 60 to a 5 year benefit period):

5 year

The Trustee company of Retail Employees Superannuation Trust ABN 62 653 671 394 is Retail Employees Superannuation Pty Limited ABN 39 001 987 739, AFSL 240003.

Rest's current insurer is TAL Life Limited (TAL) ABN 70 050 109 450, AFSL 237848.

Section 3: Change your waiting period

You can change your income protection waiting period to 30 days or 90 days at any time. If the change results in a decrease to your waiting period, your previous waiting period will apply for 30 days after your application to change is accepted. Tick one to select your new waiting period:

- 30 days
- 60 days
- 90 days

Section 4: Reduce your sum insured

Default Cover can only be reduced if there is no voluntary cover (any additional cover you have chosen on top of your Default Cover). If you have voluntary cover, you must cancel this before you can reduce your Default Cover.

If you reduce your cover now but decide you'd like it back in the future, you will need to complete an application form and provide medical evidence that will be assessed by the Insurer.

If you want to see your current level of cover you have now, check the Rest App, go to the 'Insurance tab' in MemberAccess or call us on 1300 300 778.

You can reduce your insurance cover at any time by reducing the default cover you have by a dollar or unit amount, and voluntary cover by a dollar amount. If you choose to reduce either by a dollar amount it will be rounded to the nearest unit.

You can choose to change your cover based on:

Cover type	Your current cover	Cover you'd like
Default cover		
Death cover	<input type="text"/> units or \$ <input type="text"/>	<input type="text"/> units or \$ <input type="text"/>
Total and Permanent Disability	<input type="text"/> units or \$ <input type="text"/>	<input type="text"/> units or \$ <input type="text"/>
Income Protection	<input type="text"/> units or Up to \$ <input type="text"/> per month	<input type="text"/> units or Up to \$ <input type="text"/> per month
Voluntary cover		
Death cover	\$ <input type="text"/>	\$ <input type="text"/>
Total and Permanent Disability	\$ <input type="text"/>	\$ <input type="text"/>
Income Protection	Up to \$ <input type="text"/> per month	Up to \$ <input type="text"/> per month

Section 5: Cancel cover

Insurance cover with Rest is not compulsory and you can cancel your cover at any time. However, if you cancel your insurance now but later decide you want to be covered, you'll need to provide health information when your application is assessed by our insurer (this is known as underwriting). You may not be able to get cover again.

If you do decide to cancel your cover we will stop taking insurance premiums from your account and you won't be able to claim on this cover for any event or condition that occurs after your cover is cancelled.

If you're replacing your cover with something different, you should wait until your new cover starts before cancelling.

You may want to speak to a licensed financial adviser to help you decide if cancelling your cover is right for you.

Indicate what cover you'd like to cancel:

- Death cover
- Total and Permanent Disability cover
- Income Protection cover

Section 6: Declaration

Your duty of disclosure

Before you enter into a life insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, may affect their decision to insure you and on what terms.

You have this duty until the insurer agrees to insure you.

You have the same duty before you extend, vary or reinstate the contract. You do not need to tell the insurer anything that:

- reduces the risk they insure you for; or
- is common knowledge; or
- they know or should know as an insurer; or
- they waive your duty to tell us about.

If you do not tell us something

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

If you do not tell the insurer anything you are required to, and they would not have insured you if you had told them, they may avoid the contract within 3 years of entering into it.

If the insurer chooses not to avoid the contract, they may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told them everything you should have. However, if the contract has a surrender value, or provides cover on death, the insurer may only exercise this right within 3 years of entering into the contract.

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

If your failure to tell the insurer is fraudulent, they may refuse to pay a claim and treat the contract as if it never existed.

I declare that I

- agree to be bound by the terms of cover set out in this application form and I have read and understood the Rest Super Insurance Guide
- have carefully considered all the questions and all answers provided are true and correct
- have read and understand the duty of disclosure above and I have not withheld any information that may affect the Insurer's decision as to whether to accept my application
- have read and understand TAL's Privacy Policy available at tal.com.au/Privacy-Policy and Rest's Privacy Policy available at rest.com.au and agree that the Trustee and/or the Insurer may use my personal information for the purposes described
- understand that my request for cover or request to vary my cover (whichever is applicable) will not commence until the Insurer accepts it and Rest advises me in writing
- understand that the cost of my insurance is in part affected by my occupation, and that any change to my occupation in the future will be reflected in the cost of my cover

Section 6: Declaration Continued

Your privacy is important to us

Our Privacy Policy sets out how your personal information is managed and is available to at rest.com.au or contact us on 1300 300 778 for a copy of the Policy.

A copy of the TAL Privacy Policy is available at tal.com.au/Privacy-Policy or free of charge on request to TAL by calling 1300 209 088.

By completing this form, you consent to any personal information, including information that may be of a sensitive nature and collected by TAL in the normal course of their business, being used as in the manner set out in the TAL Privacy Policy.

Signature of applicant

(dd/mm/yyyy)