



1 July 2023

Insurance application – life events and salary increase

You should complete this form if you wish to increase your insurance cover in your Expand Essential Super or Expand Extra Super account in the following circumstances:

You will need to attach a certified photocopy of the relevant document(s) outlined in 'Step 5 Attachments', to confirm the life event or your salary increase

Life Events

You can increase your existing Death, Death and Total & Permanent Disablement (TPD) or Income Protection cover upon the occurrence of any of the following Life Events:

- your child is born or you adopt a child.
- your dependent child start secondary school.
- you get married or enter into a de facto relationship.
- you get a divorce or cease a de facto relationship.
- you complete an undergraduate degree.
- you enter into a mortgage to purchase a primary residence, or increasing your existing mortgage to renovate your primary residence in Australia.

Please note that you are NOT eligible to increase your existing cover if:

In relation to Life Events:

- your application form is not received by us within 120 days of the Life Event or within 30 days from issuing your first Annual Statement following the occurrence of the Life Event
- you are engaged in a hazardous occupation as defined in the relevant product disclosure statement (PDS) (Income Protection only), or
- you are not eligible according to Step 4 of this application form.

If the above Life Events does not apply to you, you can still vary your cover by completing an 'Application for Insurance – Super', which is available from our website or by calling our client services team.

Salary increase

You can increase your existing Income Protection cover if you have had a recent salary increase.

Please note that you are NOT eligible to increase your existing cover if:

In relation to a salary increase:

- your application is not received by us within 60 days of the salary increase
- you are engaged in a hazardous occupation (as defined in the PDS), or
- you are not eligible according to Step 4 of this application form.

Any increase in cover does not commence until you receive confirmation in writing that your application to increase cover has been accepted by the insurer, TAL Life Limited ABN 70 050 109 450, AFSL 237848 (TAL).

Please complete these instructions in BLACK INK using CAPITAL LETTERS (except for your email address) and ✓ boxes where provided.

Account number

Step 1: Your personal details

Title (Dr/Mr/Mrs/Ms/Miss) Surname

Given name(s)

Residential address

Suburb State Postcode

Date of birth / / Gender Male Female

Email¹

1 To speed up the processing of your application our insurer may contact you via email to clarify any outstanding information.

Preferred contact number (during business hours)

Telephone (business) Mobile

Occupation

Occupation details

Self-employed Employee (full time) Employee (part time) (Hours per week)

Not working Domestic duties Casual (Hours per week)

Industry of your usual occupation?

What is the name of your employer?

What is your usual occupation?

What are the principal duties of your usual occupation and the percentage of time performing each (to a total of 100 per cent)

Principal duties	Percentage of time spent (%)
Clerical/administration/managerial	
Light manual (such as qualified tradespeople, coffee shop owner)	
Manual (such as carpenter, plumber, plasterer, mechanic or an occupation for which travel is an essential part of the job (eg field surveyor)	
Heavy manual (such as interstate bus driver, warehouse worker, labourer, bricklayer, house removalist)	
Other – please specify:	

The duty to take reasonable care

When you apply for insurance, you are treated as if you are applying for cover under an individual consumer insurance contract. A person who applies for cover under a consumer insurance contract has a legal duty to take reasonable care not to make a misrepresentation to the Insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. Under the *Insurance Contracts Act 1984 (Cth)* there are a number of different remedies that may be available to the Insurer. They are intended to put the Insurer in the position it would have been in if the duty had been met. For example, the Insurer may:

- avoid the cover (treat it as if it never existed);
- vary the amount of the cover; or
- vary the terms of the cover.

Whether the Insurer can exercise one of these remedies depends on a number of factors, including:

- whether reasonable care was taken not to make a misrepresentation. This depends on all of the relevant circumstances.
- what the Insurer would have done if the duty had been met – for example, whether it would have offered cover, and if so, on what terms
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before any of these remedies are exercised, the Insurer will explain the reasons for its decision, how to respond and provide further information, and what you can do if you disagree.

Guidance for answering the questions in this form

You are responsible for the information provided to the Insurer. When answering questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

Please note that there may be circumstances where the Insurer later investigates whether the information given to it was true. For example, it may do this when a claim is made.

Changes before your cover starts

Before your cover starts, the Insurer may ask you whether the information that has been given as part of your application for insurance remains accurate or whether there has been a change to any of your circumstances. As any changes might require further assessment or investigation, it could save time if you let us or the Insurer know about any changes when they happen.

If you need help

It's important that you understand your obligations and the questions that are being asked. Please contact us for help if you have difficulty understanding the process of obtaining insurance or answering any questions.

Please also let us know if you're having difficulty due to a disability, understanding English or for any other reason – we're here to help and can provide additional support.

Where 'salary' means:

- if you are employed: the annual wages or salary last agreed between you and your employer (as defined in the PDS) plus any commissions paid to you by your employer in the last 12 months immediately before commencement of Total Disability and all other regular (cash and non-cash) payments or benefits provided to you by your employer in the last 12 months immediately before commencement of Total Disability which, when combined, TAL reasonably considers to be your remuneration package.
- if you are self-employed: the annual income generated by you from your personal exertion, calculated by averaging your net income for the two years immediately preceding your application. Net income means gross income from personal exertion less all expenses incurred by you in connection with earning that income but does not include investment income, profit distributions or similar payments.

Note: For the avoidance of doubt, salary does not include employer superannuation contributions that are required to be made to meet your employer's superannuation guarantee obligations, award or industrial agreement obligations or additional voluntary contributions. Salary does include employer superannuation contributions made under an effective salary sacrifice arrangement.

Step 4: Eligibility questions

At the date of this application:

- 1 Have you successfully applied for an increase in cover in the previous 12 months?

Yes No

- 2 Please complete either a, b or c, as applicable.

- a For an employed person

Are you currently off work, or restricted or unable to fully perform without any limitation all the duties of your usual occupation on a full-time basis (for at least 30 hours per week), due to illness, sickness, accident or injury, even if your actual employment may be full-time, part-time or casual?

Yes No

- b For an unemployed person whose sole occupation is the performance of unpaid domestic duties

Are you:

- i) unable to fully perform your unpaid domestic duties due to illness or injury;
- ii) in receipt of social security benefits in relation to an illness, injury, or disability which you may have; or
- iii) in receipt of unemployment benefits including but not limited to any benefits payable in respect of return to work programs, work start training programs, or similar work experience/training initiative

Yes No

- c For an unemployed person whose sole occupation is NOT the performance of unpaid domestic duties:

Are you currently restricted or unable to actively seek employment and/or fully perform, without any limitation due to illness or injury, all the duties and work hours of a gainful occupation reasonably suited to you having regard to your education, training and experience?

Yes No

- 3 Have you, in the last 12 months been absent from work or unable to fully perform:

- i) the duties of your usual occupation (whether employed or unemployed); or
- ii) your unpaid domestic duties, if you are unemployed and your sole occupation is the performance of unpaid domestic duties; due to illness or injury (other than cold or flu) for more than six days?

Yes No

- 4 Have you been diagnosed with, or do you suffer from, an illness or injury that may cause permanent inability to work or which reduces or is likely to reduce your life expectancy to less than 12 months from the date of this application?

Yes No

- 5 Have you ever had an insurance application for death only, death and total and permanent disablement, terminal illness or income protection (including accident or sickness) cover refused?

Yes No

6 Have you ever had an insurance application for death only, death and total and permanent disablement, terminal illness or income protection (including accident or sickness) cover modified or offered on non-standard terms in regards to medical or other conditions?

Yes No

7 Have you ever been paid or are you eligible to be paid, or are currently in the process of submitting a claim for any illness or injury through us, another superannuation fund, insurance policy, workers' compensation, or Government benefits (such as sickness benefit, invalid pension) providing terminal illness, total and permanent disablement or income protection cover, including accident or sickness cover?

Yes No

Note: If you answered 'Yes' to any of the questions in Step 4, you are not eligible to receive increased cover using this form.

You may still apply to increase cover by completing an insurance application from your financial planner or by calling our client services team.

Step 5: Attachments (all copies MUST be certified)

The table below outlines the documents you need to attach to this application.

Type of Life Event	Evidence required
Birth of your child	Birth certificate
Adoption of a child by you	Order effecting an adoption or an entry in a public official record of the adoption of a child
Your dependant child starts secondary school	Original statutory declaration completed by the applicant (please complete Step 6)
Your marriage	Australian marriage certificate or an equivalent overseas marriage certificate recognised in Australia
Start or end a de facto relationship	Statutory Declaration
You complete an undergraduate degree	<ul style="list-style-type: none"> award certificate (testamur) official academic record (transcript) Australian Higher Education Graduation Statement (AHEGS)
Your divorce	Divorce order
New mortgage for the purchase of your home (primary residence)	Mortgage statement/official statement from the lender stating: <ul style="list-style-type: none"> name of borrower date and amount of drawdown address of security Proof of settlement letter from your lawyer Original statutory declaration completed by the applicant declaring primary residence (please complete Step 6)
Increase of existing mortgage on your home (primary residence)	Mortgage statement/official statement from the lender stating: <ul style="list-style-type: none"> name of borrower date and amount of drawdown address of security Original statutory declaration completed by the applicant declaring primary residence (please complete Step 6) Quotation for renovation/ improvement
Salary increase	Copy of a letter from your employer confirming the increase of your salary

The copy must be a 'certified copy'. A 'certified copy' is a true copy of an original document that has been sighted and certified by an 'acceptable person' and noted as follows: 'I certify that I have sighted the original document and this is a true copy of it.' This certification must have the certifier's full name, title, registration number (where applicable) and be signed and dated.

An 'acceptable person' that can certify copies of the originals as **true and correct copies** are as follows:

- Chiropractor
- Dentist
- A legal practitioner, who is on the roll of the Supreme Court of a State or Territory, or the High Court of Australia
- Medical practitioner
- Nurse
- Optometrist
- Patent attorney
- Pharmacist
- Physiotherapist
- Psychologist
- Trade marks attorney

Other persons:

- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- Australian Consular Officer or Australia Diplomatic Officer (within the meaning of the Consular Fee Act 1955)
- Bailiff
- Bank officer with 2 or more continuous years of service
- Building society officer with 2 or more years of continuous service
- Chief executive officer of a Commonwealth court
- Commissioner for Affidavits
- Commissioner for Declarations
- Credit union officer with 2 or more years of continuous service

- Employee of the Australian Trade Commission who is:
 - in a country or place outside Australia; and
 - authorised under paragraph 3© of the Consular Fees Act 1955; and
 - exercising his or her function in that place
- Employee of the Commonwealth who is:
 - in a country or place outside Australia; and
 - authorised under paragraph 3© of the Consular Fees Act 1955; and
 - exercising his or her function in that place
- Fellow of the National Tax Accountants' Association
- Finance company officer with 2 or more years of continuous service
- Holder of a statutory office not specified in another item in this list
- Judge of a court
- Justice of the Peace
- Magistrate
- Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961
- Master of a court
- Member of Chartered Secretaries Australia
- Member of Engineers Australia, other than at the grade of student
- Member of the Association of Taxation and Management Accountants
- Member of the Australian Defence Force who is:
 - an officer; or
 - a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with 2 or more years of continuous service; or
 - a warrant officer within the meaning of that Act
- Member of the Chartered Accountants Australia & New Zealand (CA ANZ), the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Member of:
 - the Parliament of the Commonwealth; or
 - the Parliament of a State; or
 - a Territory legislature; or
 - a local government authority of a State or Territory
- Minister of religion registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961
- Notary public
- An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more years of continuous service with one or more licences
- Permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public
- Permanent employee of:
 - the Commonwealth or a Commonwealth authority; or
 - a State or Territory or a State or Territory authority; or
 - a local government authority; with 2 or more years of continuous service who is not specified in another item in this list
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Police officer
- Registrar, or Deputy Registrar, of a court
- Senior Executive Service employee of:
 - the Commonwealth or a Commonwealth authority; or
 - a State or Territory or a State or Territory authority
- Sheriff
- Sheriff's officer
- Teacher employed on a full-time basis at a school or tertiary education institution
- Member of the Australasian Institute of Mining and Metallurgy

Step 6: Statutory declaration

Please complete this declaration if you are applying for increased cover due to the following life events:

- your child starting secondary school
- a new mortgage for the purchase of your home (primary residence)

increasing your existing mortgage for renovating your home (primary residence).

I, (name)
 of
 (address)

do solemnly and sincerely declare that (tick appropriate box):

my child has started secondary school on / /

the address above and the property described is/will be my primary residence.

I make this solemn declaration by virtue of the *Statutory Declarations Act 1959* (Act) or equivalent legislation and subject to the penalties provided by the Act for making false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

Declared at (address)

this day of 2 0

Member signature Date / /

Solicitor or Justice of the Peace (JP) in the presence of:

Signature Date / /

Print name

Contact address

8. Privacy

The way in which the Trustee and the Insurer, TAL Life Limited, ABN 70 050 109 450, AFSL 237848 (TAL) collect, use, disclose and handle your personal information is set out in the IOOF Investment Management Limited ABN 53 006 695 021 (IIML) and TAL privacy policies available respectively at myexpand.com.au/privacy and www.tal.com.au/en/privacy.aspx or on request.

These privacy policies include information about how you may access and seek correction of your personal information as well as how you can make a complaint about a breach of your privacy. Further information about privacy is available from the Office of the Australian Information Commissioner at www.oaic.gov.au.

IIML and TAL may collect and use your personal information (including sensitive health and financial information) to assess, verify and process any application or claim for insurance.

To provide products and services IIML and TAL may collect, use and disclose information about you from financial advisers, employers, superannuation trustees and their administrators, medical practitioners, health professionals, hospitals, Government departments, claims assessors, accountants, lawyers, regulators, reinsurers or other third party service providers. If information to assess your application or claim is not provided, IIML and TAL may not be able to process your form.

If you would like to obtain more information regarding your privacy please contact IIML on 1800 517 124 or TAL:

Telephone 1300 209 088
Postal address TAL Services, GPO Box 5380, Sydney NSW 2001

9. Applicant declaration and signature

- I acknowledge that I have read the notice explaining the duty to take reasonable care.
- I confirm I have read and checked any answers, including those not completed in my handwriting, and to the best of my knowledge and belief all the answers to the questions in this application which relate to me are true and correct and complete.
- I authorise TAL to contact any relevant authority to obtain confirmation of any information I have provided on this form, and to obtain copies from that authority of relevant documents. A photocopy of this authority is as effective and valid as the original.
- I authorise and direct any authorities, or medical or other practitioner, to divulge at any time to the Trustee and TAL or to any lawfully constituted tribunal any and all information concerning the increase in cover due to the life event or salary increase. A photocopy of this authority is as effective and valid as the original. To this extent, all professional confidence and privilege is waived.
- I acknowledge that I have received, read and understood the PDS in relation to the increase in cover due to the life events or salary increase. I acknowledge that the increase in cover will not commence until this application has been accepted by TAL.
- I have read the privacy information in the PDS and I consent to my personal information (including health and sensitive information) being collected, used and disclosed by the Trustee and TAL or their external service providers/contractors as contemplated in this form, including collecting it from, or disclosing it to, any medical practitioner or third party as required to assess, verify or process my application or any claim I may make. This consent applies to any health and sensitive information the Trustee and TAL collect on this form or future forms in relation to this insurance.
- I have read and understood the most current PDS and understand that if this application is accepted, my increased cover will be subject to the terms and conditions of the relevant insurance policy.
- I acknowledge I'm electing to apply for insurance even if I'm under age 25 and/or my balance is less than \$6,000.
- If I have provided information about another person, it is my responsibility to inform them that I have done so and to refer them to the Trustee's and TAL's privacy policies.

Insurance inactivity opt in

I elect to have any existing or future insurances retained, even if my account does not receive a contribution for a continuous period of 16 months. I acknowledge I can request to cancel my insurance at any time.

Member signature

Date

 / /

Please sign and return this form by post

Post: Expand
GPO Box 264, Melbourne VIC 3001
Email: clientfirst@myexpand.com.au
Telephone: 1800 517 124
Web: myexpand.com.au