

REDUCE OR CANCEL INSURANCE COVER

IMPORTANT INFORMATION

This form is for members who hold insurance in the DEFAULT DIVISION. Generally, you're in the Default Division if you joined the Fund on or after 20 May 2024, are eligible for insurance and haven't opted in to the MINING DIVISION (or are ineligible to do so).

If you hold insurance in the MINING DIVISION you're covered under different insurance arrangements.

If you currently have insurance, you can find the Division you're part of by logging in to your online account at teamsuper.com/login or by calling us on 13 64 63.

Before you start...

Fill this form out in **BLOCK** letters using a black or blue pen. Write 'X' to mark boxes.

Use this form to:

- cancel or reduce your Basic Cover
- cancel or reduce your Voluntary Cover
- cancel or reduce your Income Protection insurance, and/or increase your waiting period.

The duty to take reasonable care

If you apply for life insurance, you will be treated as if you are applying for cover under an individual consumer insurance contract. The Insurer will conduct a process called underwriting. It's how it decides whether it can cover you, and if so on what terms and at what cost.

As part of underwriting, the Insurer will ask questions it needs to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance.

The information you provide in response to those questions will be vital to the Insurer's decision. As such, when applying for life insurance you have a legal duty to take reasonable care not to make a misrepresentation to the Insurer. 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 legal duty, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed.

This may also result in a claim being declined or a benefit being reduced.

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.

Turn over to finish filling out this form...

Locked Bag 2020 Newcastle NSW 2300 | T 13 64 63 | teamsuper.com
Insurance is provided by TAL Life Limited ABN 70 050 109 450 AFS licence 237848 under a life insurance policy issued to Team Super Pty Ltd ABN 70 003 566 989 AFS licence 246864 as trustee of Team Superannuation Fund ABN 16 457 520 308 MySuper authorisation number 16457520308485.



1. Your personal details

Mr	Ms	Mrs	Miss	Dr	Other	Male	Female	Member number											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Account number																			
<input type="text"/>																			
Given names																			
<input type="text"/>																			
Surname										Date of birth (DD-MM-YYYY)									
<input type="text"/>										<input type="text"/> - <input type="text"/> - <input type="text"/>									
Residential address																			
<input type="text"/>																			
Suburb												State			Postcode				
<input type="text"/>												<input type="text"/>			<input type="text"/>				
Postal address. If the same as your residential address, mark 'X' in this box <input type="checkbox"/>																			
<input type="text"/>																			
Suburb												State			Postcode				
<input type="text"/>												<input type="text"/>			<input type="text"/>				
Mobile phone						Home phone						Work phone							
<input type="text"/>						<input type="text"/>						<input type="text"/>							
Preferred email										Other email									
<input type="text"/>										<input type="text"/>									

2. Reduce or cancel Basic Cover

If you have Basic Cover attached to your super account, you can reduce or cancel it using this section of the form. Basic Cover is two units each of Death and Terminal Illness (DTI) and Total and Permanent Disablement (TPD) cover. You may have applied to increase this to three units each of DTI and TPD cover. If you're unsure how many units of DTI and TPD cover you hold, call us on 13 64 63.

You can reduce or cancel the number of units you hold, so long as the number of units for TPD cover is equal to or less than the number of units for DTI cover. For example:

Basic DTI Cover	Basic TPD Cover
2 units	2 units ✓
1 unit	2 units ✗

I wish to reduce* the number of units I hold for DTI and/or TPD cover as follows:

DTI cover (must equal or be more than the number of units you hold for TPD cover)	TPD cover (must equal or be less than the number of units you hold for DTI cover)
<input type="checkbox"/> Reduce the number of units to two units	<input type="checkbox"/> Reduce the number of units to two units
<input type="checkbox"/> Reduce the number of units to one unit	<input type="checkbox"/> Reduce the number of units to one unit
<input type="checkbox"/> Reduce the number of units to 0 units (no DTI cover)	<input type="checkbox"/> Reduce the number of units to 0 units (no DTI cover)

* Please note, once you reduce your cover, any future increases will need to be applied for as Voluntary Cover and will be subject to underwriting and acceptance by our insurer.

Turn over to finish filling out this form...

3. Reduce or cancel Voluntary Cover

I wish to reduce my Voluntary DTI Cover to:

Amount of cover \$, , 0 0 0

AND/OR

I wish to reduce my Voluntary TPD Cover to:

Amount of cover \$, , 0 0 0

Note: Total TPD cover cannot exceed the value of DTI cover.

Please refer to the **Insurance Guide - Default Division** for the premiums that apply for your Occupation Group and age.

OR

I wish to cancel my Voluntary DTI and TPD Cover.

4. Reduce or cancel Income Protection (IP) insurance

If you have IP insurance attached to your super account, you can reduce or cancel it.

I wish to reduce my monthly IP insurance benefit to:

\$, 0 0 (minimum of \$1,000 per month)

Note: Your monthly IP insurance benefit must be a multiple of \$100.

Please refer to the **Insurance Guide - Default Division** for the premiums that apply for your age, Occupation Group and waiting period.

OR

I wish to cancel my Income Protection insurance.

5. Change the Waiting Period on your Income Protection insurance

I wish to change my waiting period as follows:

30 to 60 days 30 to 90 days 60 to 90 days

6. Your declaration

I understand and acknowledge that:

- I have read the **PDS** and **Insurance Guide - Default Division** to which this application is related
- the changes I am requesting will be effective on the date that the Fund receives this form
- I may apply for insurance cover in the future with the Fund, but the commencement of such cover is subject to my satisfying the Insurer's terms and conditions, including providing medical and lifestyle evidence to the Insurer, regardless of whether or not a premium has been paid
- I consent to the collection, use and disclosure of my personal information in accordance with the Team Super privacy policy outlined in the Team Super PDS and our insurer's privacy policy at tal.com.au/privacy-policy or available on request.

Your signature



Date (DD-MM-YYYY)

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When complete return this form to us by:

Post Team Super
Locked Bag 2020 Newcastle NSW 2300
Email help@admin.teamsuper.com

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