

Step 2 Opt in to basic insurance

You may be eligible to receive automatic basic insurance cover for death and TPD when your superannuation account balance reaches \$6,000 or over and you are aged 25 years or more.

You can elect to receive basic insurance cover before your account balance reaches \$6,000 or over and you are aged 25 years by selecting the option below.

- I wish to elect to receive basic death and TPD cover.
- I wish to elect out of death and TPD cover.

If you do not make a choice, once your account has reached a balance of \$6,000 and you reach age 25 you will automatically receive basic death and TPD cover.

Note: Please refer to your Product Disclosure Statement or your Super Kit for details on your insurance options and eligibility conditions.

Step 3 Choose level of cover

Select one option only ✓

Accumulation (Default)

Death and TPD cover

Basic Insurance cover

I choose the following level of insurance cover (mark one box only indicating the percentage of salary for each year and completed month from date of death or disablement to age 65). Cover is then fixed (based on the amount of cover at age 64) until age 67.

- | | |
|---|---|
| <input type="radio"/> Level 1 – 5% of salary | <input type="radio"/> Level 5 – 25% of salary |
| <input type="radio"/> Level 2 – 10% of salary | <input type="radio"/> Level 6 – 30% of salary |
| <input type="radio"/> Level 3 – 15% of salary | <input type="radio"/> Level 7 – 35% of salary |
| <input type="radio"/> Level 4 – 20% of salary | <input type="radio"/> Level 8 – 40% of salary |

Voluntary Insurance cover

Voluntary Death and TPD cover in multiples of \$1,000 and only available after Level 8 cover has been elected.

- I'd like voluntary insurance cover of \$, , * payable on death and TPD.
- I'd like voluntary insurance cover of \$, * payable on death.
- I'd like voluntary TPD cover of \$, * (to be completed if you currently have voluntary death only cover and wish to change your cover to voluntary death and TPD). The amount of voluntary TPD cover requested cannot exceed your voluntary death cover.

*The amount must be a multiple of \$1,000.

IP cover

You can elect to have IP insurance cover.

- Yes, I want to have IP cover.

Special note: The Mercer Super Trust's insurer may require you to provide satisfactory evidence of good health, financial and other evidence before your insurance cover commences.

In any event, if you're not at work performing your normal duties on the date you join the Mercer Super Trust, then the insurer won't provide you with disablement insurance cover before you return to your normal duties.

Please read the important notes below, together with your Product Disclosure Statement, member kit and any other relevant member materials and sign below.

Continued over



Step 3 Choose level of cover (continued)

Accumulation (Choice)

Death and TPD cover

Basic Insurance cover

I'd like the following total number of units of insurance cover (subject to eligibility, your units of insurance cover will be increased or decreased to the number(s) you apply for).

- Death units (*maximum of 6 units*)
- TPD units* (*maximum of 6 units*) *TPD units cannot be greater than total death units.

Voluntary Insurance cover

I'd like the following amount(s) of Voluntary Insurance cover (must be a multiple of \$1,000) (subject to eligibility, the amount of your Voluntary Insurance cover will be increased or decreased to the amount(s) you apply for):

- I'd like voluntary insurance cover of \$ * payable on death and TPD.
- I'd like voluntary insurance cover of \$ * payable on death.
- I'd like voluntary TPD cover of \$ * (to be completed if you currently have voluntary death only cover and wish to change your cover to voluntary death and TPD).

The amount of voluntary TPD cover requested cannot exceed your voluntary death cover.

IP cover

You can apply to have IP cover if you are a Permanent Employee or Contractor employed to work 15 or more hours per week.

- Yes, I would like to apply for IP cover

Special note: The Mercer Super Trust's insurer may require you to provide satisfactory evidence of good health, financial and other evidence before any increase in cover is provided. The administrator will forward details or any health evidence requirements on receipt of this form.

The Insurer may accept, decline or impose special conditions (such as an exclusion, restriction or premium loading) for the amount of cover that is subject to underwriting.

You will be advised of the date your cover starts if the Insurer accepts your application.

Your Privacy

We collect, use and disclose personal information about you in order to manage your superannuation benefits and give you information about your super. We may also use it to supply you with information about the other products and services offered by us and our related companies. If you do not wish to receive marketing material, please contact us on **1800 682 525**.

Our Privacy Policy is available to view at mercersupertrust.com or you can obtain a copy by contacting us on **1800 682 525**.

If you do not provide the personal information requested, we may not be able to manage your superannuation.

We may sometimes collect information about you from third parties such as your employer, a previous super fund, your financial adviser, our related entities and publicly available sources.

We may disclose your information to various organisations in order to manage your super, including your employer, the fund's administrator, our professional advisors, insurers, our related companies which provide services or products relevant to the provision of your super, any relevant government authority that requires your personal information to be disclosed, and our other service providers used to assist with managing your super.

In managing your super your personal information will be disclosed to service providers in another country, most likely to our administrator's processing centre in India. Our Privacy Policy lists all other relevant offshore locations.

Our Privacy Policy sets out in more detail how we deal with your personal information and who you can talk to if you wish to access and seek correction of the information we hold about you. It also provides detail about how you may lodge a complaint about the way we have dealt with your information and how that complaint will be handled.

If you have any other queries in relation to privacy issues, you may contact us on **1800 682 525** or write to our Privacy Officer, **GPO Box 4303, Melbourne, VIC, 3001**.



Step 4 Sign the form

If my request is agreed to, I understand that:

- provision of any higher insurance cover will be subject to the provision of satisfactory evidence of good health, financial and other evidence to the insurer and will not be provided until the insurer has advised me in writing of its acceptance of the increased insurance cover
- any reduction to my insurance cover will take effect from the date the trustee receives my request. If in the future I elect to increase my cover, I understand I will be required to provide satisfactory evidence of good health to the insurer and will not be provided higher cover until the insurer has advised me in writing of its acceptance of the increased cover
- my choice is binding on my dependants and my legal personal representative
- premium for the above insurance cover will be deducted from my super account – premium rates applying from time to time are available from the trustee on request or by referring to the latest Product Disclosure Statement
- I consent to my information being collected, disclosed and used in the manner set out in this form.

Signature

X

Date

/ /

Please return your completed form to Mercer Super Trust, GPO Box 4303, Melbourne, VIC 3001.

