



AUTOMATIC INSURANCE INCREASE

Date Stamp (Internal Office Use Only)

WA LOCAL SUPER

Please complete this form with a Black pen using BLOCK letters and send it to:
WA Local Government Superannuation Plan, PO BOX Z5493 St Georges Tce, Perth WA 6831
Please fill circles like ● NOT like ⊗ ⊙

→ Please complete this form if you wish to increase your existing insurance cover under the automatic increase provisions

Section 1 Your Personal Details

Client Number

Surname

Given name(s)

Date of birth
 / / Mr Mrs Ms Miss
Postal Address

Suburb
 State
 Postcode

Home Phone incl. area code e.g. 0812345678
 Phone (Day)

Mobile

Email

Section 2 Action required

You can use this form to increase your insurance cover as an annual increase or based on a specific allowable event. Please indicate what action you wish to take by filling in the appropriate circle below and providing the supporting evidence as required.

Annual increase in cover effective 1st July up to an additional amount of \$60,000 (application must be received between 1 July - 15 July each year).

OR

Allowable Event (you must apply within 90 days of the allowable event)

Supporting Evidence

The birth of any two of your children.

The relevant Birth or Adoption certificate.

You get married.

The relevant Marriage certificate.

You become divorced.

The relevant Divorce papers.

First home mortgage (either alone or jointly) or you increase an existing mortgage for the purpose of building or renovating the home. The mortgage must be for your primary place of residence.

The relevant Title Deed and Mortgage Summary.

First occasion your child starts their education in a private secondary school.

The relevant Birth or Adoption certificate and written confirmation of enrolment from the school.

Certified proof of the required supporting evidence maybe requested by TAL or the Fund at any time.

Section 3 Increase Amount

Type of cover
 Death only Death and TPD
Amount of increase requested
\$, .00
Increases are offered as a fixed cover in multiples of \$20,000. Limits apply please see the PDS for further details.



Section 4 Your duty of Disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984 as amended, to disclose to the insurer every matter that you know, or could reasonably be expected to know, that is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose to the insurer before you extend, vary or reinstate a contract of life insurance. Your duty however, does not require disclosure of a matter:

- That diminishes the risk to be undertaken by the insurer;
- That is common knowledge;
- That your insurer knows, or in the ordinary course of business, ought to know; or
- As to which compliance with your duty is waived by the insurer.

Non Disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered in the contract on any terms if the failure had not occurred, the insurer may avoid the contract within 3 years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within 3 years of entering into it, elect not to avoid it but to reduce the sum insured in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

Section 5 Privacy Statement

Privacy laws protect your privacy. We may collect and use or disclose your personal information (including health and sensitive information) to assess, verify and process your application. Please be aware that the duty of disclosure explained in the previous section applies to the information you have submitted. If you fail to comply with this, you may be in breach of it. The consequences of this are in the above section.

We may collect or disclose information in relation to you or your application to or from a range of services including: insurers, past or present medical practitioners, health professionals, hospitals, government department(s) which retain health records or as part of our regulatory requirements, personal accountants or current or former employer or lawyers.

You have a right of access to any personal information held about you unless we are legally entitled to deny access. The way in which we collect, use and handle your information is described in the WA Local Government Superannuation Plan privacy statement. You can view the statement on our website www.walgsp.com.au or call 08 9480 3500 to obtain a copy. To obtain a copy of TAL's privacy statement you can contact TAL on (02)9448 9000.

Section 6 Acknowledgement & declaration (this section MUST be signed by the member)

- I understand that in completing and signing this form that any previous details will be replaced by the new details on this form.
- I acknowledge that the changes requested will become effective when approved by the insurer.
- I have read and understood the Fund's Product Disclosure Statement. In signing this form I acknowledge that I will continue to be bound by the Fund Trust Deed and Rules in all respects.
- I acknowledge that I have read the notice of my duty of disclosure above and understand that this duty also applies until formal notification of acceptance.
- I have read and checked any answers not completed in my handwriting and to the best of my knowledge and belief all the answers to the questions in this application and any supplementary application or personal statement which relate to me are true and correct and no information material to the assessment of this insurance has been withheld.
- I, the applicant, authorise and direct any medical or other practitioner to divulge at any time to the Funds Insurer or to any lawfully constituted tribunal any and all information concerning my state of health and medical history, acquired in the course of professional attendance or consultation. A photocopy of this authority is as valid as the original. To this extent, all professional confidence and privilege is waived.
- I consent to my personal information (including health and sensitive information) being collected, used or disclosed by the Funds Insurer or its 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. This consent applies to any health and sensitive information collected on this form or future forms in relation to this insurance.
- I am not aged over 55.
- I do not intend to make, or am entitled to make a claim for Terminal Illness or TPD.
- My existing cover is not subject to any loading, limitation or exclusion.

Applicants Signature

Date

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