

White Collar application



Use this form to apply for White Collar insurance cover outside of 120 days of joining Sunsuper.

13 11 84 | sunsuper.com.au
Reply Paid 2924 Brisbane Qld 4001

Use the *Insurance options application* form to apply for White Collar insurance cover within 120 days of joining Sunsuper.

Important: Before completing this form please ensure you read and understand your Duty of Disclosure located at sunsuper.com.au/dutyofdisclosure

Important: Please provide us with as much information as possible. Please tick boxes where appropriate. Use BLOCK letters and dark ink when completing this form and ensure it is signed and dated. If you are under 18 please contact us on 13 11 84 before completing this form. *DENOTES MANDATORY FIELD.

Member number

1 Member details

Title	First name*	Middle name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Last name*	Date of birth (DD/MM/YYYY)*	Gender*		
<input type="text"/>	<input type="text"/>	<input type="button" value="M"/> <input type="button" value="F"/>		
Street Address / PO Box*				
<input type="text"/>				
Suburb/Town*	State*	Postcode*	Home phone number	Daytime phone number*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Personal email address			Mobile phone number	
<input type="text"/>			<input type="text"/>	

Note: Unless you have elected to receive printed information, Sunsuper will confirm this change electronically if we can. We'll email or SMS you when information is ready to view online through *Member Online* or the Sunsuper app. If you would prefer the information to be posted, you can change your preferences in *Member Online*, the Sunsuper app or call us on 13 11 84.

2 Details of your occupation

Your occupation

2A Are you permanently employed for at least 15 hours per week (this does not include casual employees);
And do you spend at least 80% of your time in an office environment;
And are your duties limited to clerical, administration, or managerial;
And your occupation does not involve more than 10% light manual duties?

If you've answered 'no' to 2a then you will not be eligible to receive White Collar cover. You'll continue to be covered for default cover.

Note: If you are not sure which occupational category applies to you, please refer to page 65 of the *Sunsuper for life Insurance guide*.

2B At the date of this application:

- 1) Due to illness or injury are you absent from work or restricted from carrying out all your usual duties on a full time basis for at least 30 hours per week (even if you are currently working on a part-time basis)?
- 2) Have you ever been paid/lodged or are eligible to lodge any Total & Permanent Disability, Terminal Illness or Income Protection claims from any superannuation fund or life insurance policy?
- 3) Have you been diagnosed with an illness that reduces your life expectancy to less than 24 months from today?
- 4) Within the past 12 months have you seen or have you been advised to see within the next 12 months a medical specialist? (Your GP is not a medical specialist.)
- 5) Have you ever had any special conditions or restrictions (loadings or exclusions) placed on any Death, Total & Permanent Disability or Income Protection insurance?

If you've answered 'yes' to any of the questions in 2b then you will not be eligible to receive White Collar cover. You'll continue to be covered for default cover.

Please note: Limited Cover and an At Work requirement may apply to all or some of your cover.

➔ Please continue over page

3 Financial adviser

Please communicate with my financial adviser where possible regarding this form. I have attached (or previously provided) a signed third party authority for my financial adviser to access information about my Sunsuper account(s).

Please communicate with my financial adviser about this form via email. I acknowledge email is not a secure form of communication.

Adviser name/Company:

4 Authorisation and declaration Sign this application form and return to Sunsuper:

Privacy

By completing this form you consent to the collection and use of any personal information, including information that may be of a sensitive nature we or the Insurer may collect about you in the normal course of our and the Insurer's respective Privacy Policies for the purposes of assessing your application. These policies are designed to protect your interests and are consistent with the requirements of the Privacy Act. A copy of the Insurer's privacy policy is available from aia.com.au.


These policies are designed to protect your interests and are consistent with the requirements of the *Privacy Act 1988*.

I declare that:

- I understand that the change to my insurance cover will commence when the Insurer has accepted my application and my account balance is sufficient to cover annual insurance premiums.
- I understand that the Trustee cannot provide me with advice about my insurance options and that I should seek advice from an appropriately qualified adviser for advice that takes into account my personal situation, objectives or needs.
- I acknowledge that I have read the *Sunsuper for life PDS*, *Sunsuper for life Insurance guide* and Sunsuper's Privacy Policy and authorise Sunsuper to collect, use and disclose my personal information in accordance with its Privacy Policy.
- I acknowledge and have read my Duty of Disclosure at sunsuper.com.au/dutyofdisclosure and all of my details on this form are correct.

Member to sign here*

Date application completed
(DD/MM/YYYY)*

 Please return the form to Sunsuper
Reply Paid 2924 Brisbane Qld 4001

We are committed to respecting the privacy of personal information you give us. If you would like a copy of Sunsuper's Privacy Policy, visit sunsuper.com.au/privacy or call 13 11 84.

Sunsuper Pty Ltd ABN 88 010 720 840 AFSL No. 228975 Trustee of the Sunsuper Superannuation Fund ABN 98 503 137 921 MySuper Authorisation 98 503 137 921 996