

Application to increase

Death, Total and Permanent Disablement (TPD) and Income Protection Benefits



When to complete this form

Complete this application if you are applying for any of the following:

- | | |
|--|--|
| <input type="checkbox"/> Death and/or Death & TPD cover | <input type="checkbox"/> Increase Income Protection cover |
| <input type="checkbox"/> Increase to Death and/or Death & TPD cover | <input type="checkbox"/> Additional Income Protection cover (extended benefit to age 65) |
| <input type="checkbox"/> An Additional 1 unit of Death insurance for Key Life Events, or after 10 years continuous QIEC Super membership | |

How to apply

1. Read the conditions for increasing your level of cover set out in the QIEC Super Product Disclosure Statement (PDS) and the Death and TPD Fact Sheet or Income Protection Fact Sheet located on our website, www.qiec.com.au.
2. Read the duty of disclosure section and the declaration on the short form Personal Statement or full Personal Statement.
3. Choose the number of units of Death Cover, TPD and/or Income Protection cover you wish to have from the levels of cover set out in the section overleaf.
4. If you:
 - (a) wish to apply for increased cover;
 - (b) satisfy the conditions; and
 - (c) intend to meet the disclosure requirements;please complete either the short form Personal Statement or full Personal Statement, depending on your requested level of cover.
5. When you have read the declaration section please sign and date it. The Application and Statement must then be mailed to:

QIEC Super Administration
PO Box 2130, Milton Qld 4064

Need help?

If you have any questions or would like help completing your application please contact QIEC Super Administration on 1300 360 507.

This information is of a general nature only. It does not take into account your individual financial situation, objectives or needs. You should consider your own financial position and requirements before making a decision. You may like to consult with a licensed financial adviser in order to assist you with this. You should also refer to the QIEC Super Product Disclosure Statement (PDS) before making a decision. QIEC Super Pty Ltd ABN 81 010 897 480, the Trustee of QIEC Super ABN 15 549 636 673, is Corporate Authorised Representative No. 268804 under AFS Licence No. 238507

QIEC INS 12/09 V.3

qiec
super
first in our class

Application to Increase Death, TPD and Income Protection Benefits

Conditions for increasing your level of cover:

Death and TPD cover

Death cover is \$1.20 per unit per week and \$2.54 per unit per week for Death and TPD cover. You may apply to increase your level of cover under QIEC Super (refer tables below) to a maximum of \$5M for Death cover and \$2M for TPD cover at any time, provided that:

- You complete the short form Personal Statement (for cover up to \$800,000), or the full Personal Statement for amounts above that;
- You are not restricted by injury or illness from carrying out all of the duties of your usual occupation ; and provided that,
- Your completed application is accepted by the insurer.

Please note: The maximum amount of cover available to spouse members is 3 units of Death cover.

Income Protection cover

You may apply to increase your level of Income Protection cover with QIEC Super to the lesser of 85% of your pre-disability income or \$10,000 per month (see table to the right for Age Based premiums), provided that:

- You complete the short form Personal Statement (for cover up to \$6,000 per month), or the full Personal Statement for amounts above that;
- You are not restricted by injury or illness from carrying out all of the duties of your usual occupation; and provided that,
- Your completed application is accepted by the insurer.

Please note: Income Protection is not available to spouse members and if you are self-employed you can have a maximum of 2 units of cover.

The following table outlines the maximum Income Protection benefits available to those members who adequately insure their salary:

Benefits Scale

| Salary per annum | No of units req'd | Based on 85% cover, this would be equivalent to a maximum monthly benefit of up to: | | |
|-----------------------|-------------------|---|--|---|
| | | Maximum Benefit payable to member (subject to 75% of pre-disability income) | Maximum Super contribution (subject to 10% of pre-disability income) | Maximum total benefit per month (subject to 85% of pre-disability income) |
| Up to \$28,235 | 2 | \$1,764.68 | \$235.32 | \$2,000.00 |
| \$28,235 – \$42,352 | 3 | \$2,647.00 | \$353.00 | \$3,000.00 |
| \$42,352 – \$56,470 | 4 | \$3,529.37 | \$470.62 | \$4,000.00 |
| \$56,470 – \$70,588 | 5 | \$4,411.75 | \$588.25 | \$5,000.00 |
| \$70,588 – \$84,705 | 6 | \$5,294.06 | \$705.94 | \$6,000.00 |
| \$84,705 – \$98,823 | 7 | \$6,176.44 | \$823.56 | \$7,000.00 |
| \$98,823 – \$112,941 | 8 | \$7,058.81 | \$941.19 | \$8,000.00 |
| \$112,941 – \$127,058 | 9 | \$7,941.13 | \$1,058.87 | \$9,000.00 |
| \$127,058 – \$141,176 | 10 | \$8,823.50 | \$1,176.50 | \$10,000.00 |

If you die while insured with QIEC Super or become TPD, your insured benefit will be:

| Age next birthday | Death cover per unit | TPD cover per unit |
|-------------------|----------------------|--------------------|
| 15 to 40 | \$181,500 | \$181,500 |
| 41-45 | \$148,400 | \$148,400 |
| 46-50 | \$121,900 | \$121,900 |
| 51-55 | \$90,100 | \$90,100 |
| 56-60 | \$63,600 | \$63,600 |
| 61 | \$37,100 | \$37,100 |
| 62 | \$37,100 | \$29,680 |
| 63 | \$37,100 | \$22,260 |
| 64 | \$37,100 | \$14,840 |
| 65 | \$37,100 | \$7,420 |
| 66 - 70 | \$21,200 | - |

You can only apply for Death cover or Death and TPD cover. You can not have TPD cover by itself.

| Age next birthday | Premium rate per week per unit (one unit \$1,000) |
|-------------------|---|
| Less than 30 | \$0.79 |
| 30 – 44 | \$1.18 |
| 45 - 55 | \$1.92 |
| 56 – 65 | \$2.97 |

Additional Income Protection cover

The maximum length of time that a QIEC Super income protection benefit is payable is 5 years. You can apply to the insurer to extend the benefit payment period beyond the 5 years. The extended benefit payment period ceases at age 65. Any application for this optional benefit is subject to approval by the insurer. The cover is offered in units of \$1,000 per monthly benefit, with a minimum of 2 units available (\$2,000 per month). You may apply for a level of cover up to the lesser of 85% of your pre-disability income or a maximum of \$10,000 per month. The table below outlines the cost per week for \$1,000 monthly benefit.

| Age Next Birthday | Premium rate per week per unit (\$1,000) | Age Next Birthday | Premium rate per week per unit (\$1,000) | Age Next Birthday | Premium rate per week per unit (\$1,000) | Age Next Birthday | Premium rate per week per unit (\$1,000) |
|-------------------|--|-------------------|--|-------------------|--|-------------------|--|
| 16 | 0.32 | 29 | 0.46 | 42 | 0.99 | 55 | 2.55 |
| 17 | 0.33 | 30 | 0.48 | 43 | 1.04 | 56 | 2.55 |
| 18 | 0.33 | 31 | 0.51 | 44 | 1.04 | 57 | 2.69 |
| 19 | 0.35 | 32 | 0.54 | 45 | 1.18 | 58 | 2.81 |
| 20 | 0.36 | 33 | 0.56 | 46 | 1.28 | 59 | 2.72 |
| 21 | 0.37 | 34 | 0.60 | 47 | 1.38 | 60 | 1.34 |
| 22 | 0.38 | 35 | 0.64 | 48 | 1.48 | 61 | n/a |
| 23 | 0.40 | 36 | 0.68 | 49 | 1.60 | 62 | n/a |
| 24 | 0.41 | 37 | 0.73 | 50 | 1.73 | 63 | n/a |
| 25 | 0.43 | 38 | 0.77 | 51 | 1.87 | 64 | n/a |
| 26 | 0.44 | 39 | 0.82 | 52 | 2.02 | 65 | n/a |
| 27 | 0.44 | 40 | 0.88 | 53 | 2.18 | | |
| 28 | 0.45 | 41 | 0.93 | 54 | 2.35 | | |

Application to Increase Insurance

Additional Income Protection

I would like to apply for additional Income Protection cover (with an extended benefit period to age 65) for:

| | | |
|------------------------------------|----------------------|-------|
| <input type="text"/> | <input type="text"/> | units |
| (1 unit = \$1,000 monthly benefit) | | |

Please note the maximum amount of Income Protection cover is the lesser of:

- \$10,000 per month; or
- 85% of your pre-disability income.

Please complete the short form Personal Statement (for cover up to \$6,000 per month), or the full Personal Statement for amounts above that.

Key Life Events

I would like to apply for 1 unit of additional Death insurance, as a result of one of the following events:

| Event | Supporting documents to be attached |
|---|--|
| <input type="checkbox"/> Marriage | Certified photocopy of a Marriage certificate; or Notice of marriage in any newspaper which includes your name. |
| <input type="checkbox"/> Birth or Adoption of a child | Certified photocopy of a Birth certificate; or Notice of birth in the paper which includes the person/parent's name; or Adoption papers. |
| <input type="checkbox"/> New Mortgage | Letter from the bank confirming the commencement of a new mortgage |

I have attached evidence of the event by providing a certified photocopy or other supporting documentation as outlined above. I have not previously exercised this option.

(This option can be exercised once only by an insured member, e.g. if you apply in the event of your marriage, you would not be eligible to apply on the birth of a child or when you undertake a mortgage. You would also not be eligible to apply for an additional unit of Death insurance under the 10 continuous years of the rewarding loyalty benefit. Your application must be made within 60 days of the event occurring.)

Rewarding Loyalty

I would like to apply to receive 1 additional unit of Death insurance cover. *Your application must be made within 60 days of the event occurring. I have been a member of QIEC Super for 10 continuous years and have not already taken advantage of the extra cover available at key life events.*

Please ensure that you have fully completed this form (including any relevant questions on the attached Short Form Personal Statement or Full Personal Statement available on www.qiec.com.au, as applicable). If the form is incomplete or unsigned your application will be declined and you will be required to complete a new application.

Any changes to your answers must be initialled. Please DO NOT use liquid paper.

THE ORIGINAL OF THIS FORM MUST BE RECEIVED – WE ARE UNABLE TO ACCEPT FAXED COPIES

Please note: A detailed medical report may be requested (paid for by the Fund's Insurer) from the member's own doctor at any level of cover.

A Biochemical Profile includes MBA20 (to include Hepatitis B & C Marker Tests) and HIV Antibody tests.

SIGNATURE

| |
|----------------------|
| <input type="text"/> |
|----------------------|

DATE SIGNED

| | | | | | | | | | |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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Short Form Personal Statement

ALL SECTIONS MUST BE COMPLETED

PLEASE NOT

PLEASE USE BLOCK LETTERS

A - YOUR DETAILS

NAME OF SUPERANNUATION FUND

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|
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QIEC Super MEMBER NUMBER

| | | | | | | | | | | | | | | | | | | | |
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EMPLOYER

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OCCUPATION

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SALARY OR YEARLY REMUNERATION

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B - SHORT PERSONAL STATEMENT

If you answer 'Yes' to any of the questions below, please do not continue completing this section. Instead a Full Personal Statement will need to be completed, please contact QIEC Super for a copy.

- If this application is accepted, will either of the following apply?

| | |
|--|--|
| a. Your total cover for Death and/or Death and TPD will exceed \$800,000; or | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| b. your total cover for Income Protection will exceed \$6,000 per month. | No <input type="checkbox"/> Yes <input type="checkbox"/> |
- Has an application for life, disability, trauma, accident or sickness insurance on your life ever been declined, deferred or accepted with a loading, exclusion or special terms?

| | |
|--|--|
| | No <input type="checkbox"/> Yes <input type="checkbox"/> |
|--|--|
- Are you claiming or have you ever claimed a benefit from any source, eg. TPD benefit from any superannuation fund, worker's compensation, disability pension, Veterans' Affairs pension or any other insurance policy providing accident or sickness benefits?

| | |
|--|--|
| | No <input type="checkbox"/> Yes <input type="checkbox"/> |
|--|--|
- Are you at the date of this application, due to injury, accident or illness:

| | |
|---|--|
| a off work? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| b restricted from being capable of performing your full and normal duties on a full-time basis (for at least 30 hours per week), even though your actual employment can be on a full-time, part-time or casual basis? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
- Have you lost the sight of an eye or the total and permanent loss of the use of a limb ('limb' includes whole hand or whole foot)?

| | |
|--|--|
| | No <input type="checkbox"/> Yes <input type="checkbox"/> |
|--|--|
- Please provide the following details: Height cm and Weight kg

| | | |
|--|----------------------------------|----------------------------------|
| | Height <input type="text"/> (cm) | Weight <input type="text"/> (kg) |
|--|----------------------------------|----------------------------------|
- Excluding the contraceptive pill and inhaled asthma medication, have you been advised to take, or been given prescribed medication by a medical practitioner that has intended to be used for three months or longer within the last year (including but not limited to blood pressure, diabetes, oral steroids for asthma or depression medication)?

| | |
|--|--|
| | No <input type="checkbox"/> Yes <input type="checkbox"/> |
|--|--|
- Have you been unable to work because of sickness or injury for more than two consecutive weeks in the last three years?

| | |
|--|--|
| | No <input type="checkbox"/> Yes <input type="checkbox"/> |
|--|--|
- Have you undergone any medical treatment, investigation or an operation, suffered from or are you contemplating surgery for any illness or injury that would affect your long-term health and require ongoing medical supervision. This includes, but is not limited to:
 - cancer or diabetes
 - high blood pressure, cholesterol or any heart complaint
 - alcohol or drug abuse
 - stroke, paralysis, neurological disorder or multiple sclerosis

| | |
|--|--|
| | No <input type="checkbox"/> Yes <input type="checkbox"/> |
|--|--|
- Have you been infected with, or have you ever tested positive for AIDS (Acquired Immune Deficiency Syndrome), HIV (Human Immunodeficiency Virus) or hepatitis B and C?

| | |
|--|--|
| | No <input type="checkbox"/> Yes <input type="checkbox"/> |
|--|--|
- Have you received any medical advice, or undergone any medical treatment, investigation or an operation, suffered from or are you contemplating surgery, for any of the following:

| | |
|---|--|
| a Any injury or complaint of the back, neck, knee or shoulder requiring time off work in the last twelve months and/or any disease, disorder or degeneration to the muscles, tendons, bones, discs or joints? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| b Depression or mental disorder (including but not limited to stress, anxiety, chronic tiredness or fatigue, panic attacks, post traumatic stress, behavioural or nervous disorder)? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| c Chest pain, asthma, bronchitis or any other lung complaint requiring hospitalisation within the last five years? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| d Disorders of the kidney, bladder, prostate, ovaries, gall bladder, bowel, or liver? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| e Epilepsy? | No <input type="checkbox"/> Yes <input type="checkbox"/> |

PLEASE COMPLETE ALL RELEVANT PARTS OF THIS FORM

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Short Form Personal Statement (continued)



ALL SECTIONS MUST BE COMPLETED

PLEASE NOT

PLEASE USE BLOCK LETTERS

C - DUTY OF DISCLOSURE

Your Duty Of Disclosure

Before you enter into, or become insured, under a contract of life insurance with an insurer, you have a duty under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, 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 those matters to the insurer before you extend, vary or reinstate your insurance. Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer
- that is of common knowledge
- that your insurer knows or, in the ordinary course of its 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 covered you on any terms if the failure had not occurred, the insurer may avoid the cover within three years of issuing it. If your non-disclosure is fraudulent, the insurer may avoid your cover at any time. An insurer who is entitled to avoid your cover may, within three years of issuing it, elect not to avoid it but to reduce the sum that you have been insured for 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.

D - DECLARATION

I have read the Duty of disclosure in this Personal Statement and I am aware of the consequences of non-disclosure.

I understand that the Duty of disclosure continues after I have completed this statement until my application for cover has been accepted by the insurer, CommInsure, in writing. CommInsure is the registered business name of The Colonial Mutual Life Assurance Society Limited (CMLA) (ABN 12 004 021 809) CMLA is a wholly owned, but non-guaranteed subsidiary of Commonwealth Bank of Australia.

I authorise:

- the insurer to refer any statements that have been made in connection with my application for cover and any medical reports to other entities involved in providing or administering the insurance (for example reinsurers, medical consultants, legal advisers);
- the insurer and any person appointed by the insurer to obtain information on my medical claims and financial history from the Insurance Reference Association and any other body holding information on me;
- any hospital, doctor or other person who has treated or examined me to give to the insurer any information on my illness or injury, medical history, consultation, prescription or treatment or copies of all hospital or medical reports.

I declare that:

- the answers to all the questions and the declarations on this Personal Statement are true and correct (including those not in my own handwriting);
- I have not withheld any information which may affect the insurer's decision to provide insurance.
- I acknowledge that the answers I have provided, together with any special conditions, will form the basis of the contract of insurance.
- I have read and understood "Privacy of your Personal Information" Section outlined below.
- I acknowledge and consent to the use and disclosures of my personal information as detailed in that section.
- I have read and understand the obligations outlined in the Duty of Disclosure, section C above.

A photocopy of this authorisation is as valid as the original. I agree to provide further medical authorities if requested.

Signature of life to be insured

SIGNATURE

DATE

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

PRIVACY OF YOUR PERSONAL INFORMATION (CommInsure)

Personal information is information or opinion that allows others to identify you. It includes your name, age, gender, contact details as well as your health and financial information. CommInsure is part of the Commonwealth Bank Group. We will act to protect your personal information in accordance with the National Privacy Principles or an industry privacy code. The Group is a collection of related organisations that provide banking, finance, insurance, funds management, financial planning and advice, superannuation, stockbroking and other services. The Group values your trust and aims to help you manage and build wealth over a long period. The protection of your personal information is a vital part of this relationship. It is supported by our long experience of keeping personal information confidential. We collect personal information to provide you with the products and services you request as well as information on other products and services offered by or through us. The law may also require us to collect personal information. We will tell you who collects the personal information, advise you of their contact details, your right of access to that information and what will happen if you choose not to provide the information. Personal information may be used and disclosed within the Group to administer our products and services, as well as for prudential and risk management purposes and, unless you tell us otherwise, to provide you with related marketing information. We also use the information we hold to help detect and prevent illegal activity. We co-operate with police and other enforcement bodies as required or allowed by law. We disclose relevant personal information to external organisations that help us provide services. These organisations are bound by confidentiality arrangements. They may include overseas organisations. You can seek access to the personal information we hold about you. If the information we hold about you is inaccurate, incomplete or outdated, please inform us so that we can correct it. If we deny access to your personal information, we will let you know why. For example, we may give an explanation of a commercially – sensitive decision, rather than direct access to evaluative information connected with it.

HAVE YOU COMPLETED THE RELEVANT SECTIONS ON THE PERSONAL STATEMENT, IF APPLICABLE?

HAVE YOU ATTACHED ANY SUPPORTING DOCUMENTATION, IF APPLICABLE?

RETURN COMPLETED FORM TO: QIEC SUPER PO BOX 2130 MILTON QLD 4064

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