



## Step 1 – Complete your personal details (continued)

I authorise one of the Insurer's underwriting service representatives to contact me by phone if further information is required.

I can be contacted during the following times:

- Monday  
 Tuesday  
 Wednesday  
 Thursday  
 Friday  
 Any business day

Between

 AM  PM

and

 AM  PM

Please tick your preferred contact phone number:

- Home  
 Work  
 Mobile

## Step 2 – Choose level of death only or death and TPD cover

I wish to:  (Select an option)

- increase my death only insurance cover to \$
- increase my death and TPD insurance cover to \$

### Please note:

1. You may only apply for death or death and Total and Permanent Disablement insurance cover of up to \$1 million using this form. If you wish to increase your cover to \$1 million or more, you will need to complete our *Application for or to change Personal or Partner Section insurance cover over \$1 million* form available at [anzstaffsuper.com](http://anzstaffsuper.com) or by calling us on **1800 000 086**.
2. **For Partner Section members, the minimum level of cover is \$50,000. Please nominate your level of insurance cover in increments of \$50,000.**
3. **You must complete the Personal Statement and Declaration (Steps 3 and 4) if you are applying for insurance cover or additional insurance cover in the Personal or Partner Section of ANZ Staff Super.**
4. Your application for insurance cover or additional insurance cover will not be effective until the Insurer has accepted your application.
5. The cost of your insurance cover is deducted from your account balance monthly or on exit from these Sections by redeeming some units

## Step 3 – Complete Personal Statement

### Personal Statement

You are required to disclose in this Personal Statement every matter that you know or could reasonably be expected to know, which is relevant to the Insurer's decision whether to accept the risk of insuring your life on any terms.

**Please tick the appropriate box to answer each question.**

1. a. Are you, at the date of this application, working in paid employment?  Yes  No  
If yes, please advise your current occupation and complete b and c.  
Occupation
- b. Are you, at the date of this application, on leave for reasons other than sickness or injury?  Yes  No
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2. Have you ever had any medical advice, investigations or treatment for any of the following:
- a. Diabetes  Yes  No
- b. Heart disease or stroke  Yes  No
- c. Cancer or tumour of any kind  Yes  No
- d. Infection with the Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related conditions  Yes  No
- e. Kidney or liver disease  Yes  No
- f. Emphysema or chronic bronchitis  Yes  No
- g. Any other disease or conditions lasting more than four weeks or of an ongoing nature  Yes  No

Continued over

## Step 3 – Complete Personal Statement (continued)

3. Have you lost the sight of any eye or the total and permanent loss of the use of a limb ("limb" includes the whole hand or foot)?  Yes  No

4. Have you ever had any medical advice, investigation or treatment for any diseases or disorder of the joints, bones or muscles, including the neck and back, which has required more than two weeks off work?  Yes  No

5. Have you ever made a claim or received benefits under disablement insurance, Worker's Compensation, Motor Vehicle Accident Insurance, Social Security or Veterans' Affairs sickness or invalidity benefits for more than two weeks?  Yes  No

If you respond "yes" to any part of Question 2 or to Questions 3, 4, or 5, please provide details: (eg. when advice was sought, diagnosis, treatment prescribed, time off work, whether the condition is fully resolved, when the accident or claim occurred)

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(If there is insufficient space, please include further details on an attachment.)

6. a. What is your Height?  cm

b. What is your Weight? (in indoor clothes without shoes)  kg

7. a. Have you seen a doctor or any other medical professional in the last six (6) months?  Yes  No

b. Do you currently have an appointment booked with a doctor or any other medical professional who you will be consulting in the future?  Yes  No

If you responded "yes" to one or both of these questions, please provide the name and type of medical professional you have consulted or will be consulting, the nature of the medical condition to which the consultation relates and the current status of that medical issue.

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(If there is insufficient space, please include further details on an attachment.)

8. Is there anything else about your state of health which you know (or a reasonable person in the circumstances could be expected to know) to be a matter relevant to the Insurer's decision in relation to your application?  Yes  No

If you responded "yes", please provide details:

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(If there is insufficient space, please include further details on an attachment.)

## About the Insurer

Insurance cover is provided by Zurich Australia Limited ABN 92 000 010 195 (the “Insurer”) and subject to the terms and conditions of the insurance policy issued to ANZ Staff Superannuation (Australia) Pty Limited ABN 92 006 680 664 AFSL 238268 RSEL L0000543 (the Trustee of ANZ Staff Super) by the Insurer (the “Policy”). You should read the Product Disclosure Statement (PDS) for Personal or Partner Section members for a summary of the terms and conditions of the Policy. You can download your PDS from [anzstaffsuper.com](http://anzstaffsuper.com) or contact ANZ Staff Super on **1800 000 086** if you would like a copy of the Policy. Your Section application will be assessed by the Insurer and ANZ Staff Super will advise you of the outcome in writing.

The Insurer requires the information from this form to determine your application for cover or additional cover. The Insurer’s Privacy Policy details how the Insurer manages personal information. It is available free of charge by calling Zurich on 131551 or may be downloaded from [zurich.com.au/important-information/privacy.html](http://zurich.com.au/important-information/privacy.html).

## The duty to take reasonable care

**When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer. To meet this duty, you must also take reasonable care not to make such a misrepresentation.**

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 duty

Not meeting your legal duty 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.

Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

### About this application

When you apply for life insurance, we conduct a process called underwriting. It’s how we decide whether we can provide cover, and if so on what terms and at what cost.

We will ask questions we need to know the answers to. These will be about personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information given to us in response to our questions is vital to our decision.

When you apply for insurance benefits through a superannuation fund or ask to extend or make changes to existing insurance benefits, the fund trustee may pass on to us personal information you provide to them. You also therefore need to take reasonable care not to make a misrepresentation when providing this information to the fund trustee.

### Guidance for answering our questions

You are responsible for the information you provide to us. When answering our questions, you should:

- think carefully about each question before answering. If you are unsure of the meaning of any question, please ask us before you respond
- answer every question

- answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it. Please don’t assume we will ask others such as your doctor.
- review your application carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections).

### Changes before your cover starts

Before your cover starts, please tell us about any changes that mean you would now answer our questions differently. It could save time if you let us know about any changes as and when they happen. This is because any changes might require further assessment or investigation.

### Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please tell us immediately and we’ll let you know whether it has any impact on the cover.

### Telephone contact

After you submit your application, we may contact you by phone to collect any information missing from your application. The information you provide will be recorded and used in the assessment of your application for insurance cover. The need for you to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into also applies during any phone contact with us.

### If you need help

It’s important that you understand this information and the questions we ask. Ask us for help if you have difficulty answering our questions or understanding the application process.

If you’re having difficulty due to a disability, understanding English or for any other reason, we’re here to help and can provide additional support for anyone who might need it. You can have a support person you trust with you.

### What can we do if the duty is not met?

If you do not take reasonable care not to make a misrepresentation, there are different remedies that may be available to us. These are set out in the Insurance Contracts Act 1984 (Cth). They are intended to put us in the position we would have been in if the duty had been met.

For example, we may do one of the following:

- avoid the cover (treat it as if it never existed)
- vary the amount of the cover
- vary the terms of the cover.

Whether we can exercise one of these remedies depends on a number of factors, including all of the following:

- whether you took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances. This includes how clear and specific our questions were and how clear the information we provided on the duty was
- what we would have done if the duty had been met – for example, whether we would have offered cover, and if so, on what terms
- whether the misrepresentation was fraudulent
- in some cases, how long it has been since the cover started.

Before we exercise any of these remedies, we will explain our reasons, how to respond and provide further information, and what you can do if you disagree.

## Step 4 – Declaration and consent

I have obtained, read and understand the insurance information in the PDS and the In Detail booklets for Personal or Partner Section members (as applicable).

I have read and understand the questions in this Personal Statement.

I confirm the truth and accuracy of the responses given by me in this Personal Statement.

I understand and acknowledge that:

- this Personal Statement and any other evidence required by the Insurer will form the basis of my application for insurance cover or for an increased level of insurance cover; and
- the Insurer may require me to provide further additional medical or other evidence for the assessment of my application for insurance cover or for an increased level of insurance cover.

I have read the “Protecting members’ privacy” statement on this form (see below).

I also acknowledge that the Insurer’s Privacy Policy details how the Insurer manages personal information and is available free of charge by calling 131551 or may be downloaded from [zurich.com.au/important-information/privacy.html](http://zurich.com.au/important-information/privacy.html).

I consent to the collection, use, storage and disclosure of my personal information (including health information) as described in the “Protecting members’ privacy” statement on this form and the Insurer’s Privacy Policy.

I have read the “duty to take reasonable care” and understand the remedies available to the Insurer if I fail to take reasonable care not to make a misrepresentation to the Insurer. I understand that the duty to take reasonable care continues after I have completed this application until I am notified in writing that my application for insurance cover or additional insurance cover has been accepted.

I understand that if my application is accepted by the Insurer:

- the cover or additional cover I have applied for will not commence under the Policy until my application is accepted by the Insurer in writing and the increased premium for that cover will apply from that day;
- any existing cover will not be affected should my application be declined by the Insurer; and
- any insurance cover will be provided to me on the terms contained in the Policy as changed from time to time.

I acknowledge that if I do not complete this form correctly or I do not sign and date this Declaration, my application will not be considered by the Insurer.

Signature

X

Date

□ □ / □ □ / □ □ □ □

## Step 5 – Decrease or cancel insurance cover

I wish to:  (Select an option)

- decrease my death only insurance cover to \$
- decrease my death and TPD insurance cover to \$
- cancel my death and TPD insurance cover
- cancel my TPD insurance cover but retain my death insurance cover.

## Step 6 – Sign the form

### Decrease or cancel insurance cover

I acknowledge that:

- I have read and understand the information provided in the PDS and In Detail booklets for the Personal and Partner Sections (as applicable) on insurance cover.
- I have read the “Protecting members’ privacy” statement on this form (see below).
- I consent to the collection, use, storage and disclosure of my personal information as described in the “Protecting members’ privacy” statement on this form.

- I understand that decreases in or cancellation of my cover will take effect when ANZ Staff Super receives this form (signed and dated) and premiums for my current level of cover will be deducted until that day. The reduced premium for any remaining cover will apply from that day.
- I understand that if I cancel or reduce my cover and wish to increase it in the future, I’ll need to provide detailed health and other personal information which will be assessed by the Insurer and the cover or additional cover I have applied for will not commence under the Policy until my application is accepted by the Insurer.

Signature

X

Date

□ □ / □ □ / □ □ □ □

Please return your completed form to: ANZ Staff Super, GPO Box 2139, Melbourne VIC 3001

## Protecting members' privacy

The Trustee, ANZ Staff Superannuation (Australia) Pty Limited, seeks to take all reasonable steps to protect members' privacy and the confidentiality of members' personal information.

The administrator, Australian Administration Services Pty Limited (ABN 62 003 429 114) which forms part of the Link Group of companies, collects (on behalf of the Trustee) personal information directly from members and their employers.

Sometimes information about you may be collected from other third parties such as a previous superannuation fund, your financial adviser or publicly available sources. We collect, use and disclose personal information about you to provide and manage your account and give you information about your super, or as required by super and tax laws.

If you do not provide the personal information requested or it is incomplete or inaccurate, we may not be able to manage your account properly and processing of transactions to, from or in relation to your account may be delayed.

Members' personal information is kept confidential but may be disclosed by the Trustee or administrator to third parties, such as ANZ Staff Super's actuary, insurer, medical consultants, underwriter, legal adviser and auditor and other external service providers who are contracted to assist with administering members' benefits. It may also be disclosed where expressly authorised or required by law, for example to government agencies such as the Australian Taxation Office and Australian Financial Complaints Authority. Members' personal information may also be disclosed to the Group Superannuation Department of ANZ for the purposes of administering members' benefits or resolving members' enquiries or complaints.

Members' personal information may be disclosed to related entities of the administrator located overseas (in particular, its related entity Link Administration Private Limited (India)) as part of the day-to-day provision of administration or ancillary services.

The Trustee's Privacy Policy Statement contains more detail about how we deal with your personal information and information about how you can access and seek correction of information we hold about you. It also includes information about how you can lodge a complaint about how we've dealt with your personal information and how that complaint will be handled.

If you have any queries in relation to privacy issues, please contact:

ANZ Staff Super  
Mail: GPO Box 2139  
Melbourne VIC 3001  
Phone: 1800 000 086  
Fax: (02) 9287 0320  
Email: [enquiry@anzstaffsuper.com](mailto:enquiry@anzstaffsuper.com)

The Trustee's Privacy Policy Statement is available on ANZ Staff Super's website [anzstaffsuper.com](http://anzstaffsuper.com) or by calling us on **1800 000 086**. You can also access the administrator's privacy policy on our website.

The Insurer's Privacy Policy details how the Insurer manages personal information. It is available free of charge by calling Zurich on 131551 or may be downloaded from [zurich.com.au/important-information/privacy.html](http://zurich.com.au/important-information/privacy.html).