

Office Worker occupation declaration

Use this form to advise AMIST Super that you qualify as an Office Worker in order to receive higher Life insurance and TPD cover at no extra cost, and be entitled to a reduced premium for Income Protection.

Please complete this form in BLOCK letters using a BLACK ballpoint pen.
Once you have completed this form, please return to AMIST Super Locked Bag 5390 Parramatta NSW 2124

DUTY OF DISCLOSURE - IMPORTANT INFORMATION BEFORE YOU BEGIN THIS APPLICATION

You have a duty of disclosure when applying for insurance. If you do not comply with your duty of disclosure MetLife or Windsor Income Protection may avoid or vary your cover. This means you may not be able to claim your benefit or the amount you will receive will be reduced. Before answering the questions contained in this application form it is important that you carefully read the Duty of Disclosure section on page 2 of this form which explains what you must disclose and the effect if you don't comply with your duty of disclosure.

1. MEMBER DETAILS

AMIST Super member no:

(This information will be used to update our records where necessary.)

Mr/Mrs/Ms/Miss/Other

Surname

Given Names

Residential Address

Street Number

Street Name

Suburb/Town

State

Postcode

Postal Address (if different from residential address)

Street Number / PO Box

Street Name

Suburb/Town

State

Postcode

Date of Birth (ddmmyyyy)

Telephone (daytime)

Mobile

Email

Employer Name

2. ELIGIBILITY QUESTIONS

Please complete the questions below to determine if you qualify as an Office Worker. If so, you will receive higher Life insurance and TPD cover at no extra cost and be entitled to a reduced premium for Income Protection.

- a) Are you able to carry out the identifiable duties of your current and normal occupation on a full-time basis without restriction due to illness or injury (even if you are not currently working on a full-time basis)?

 Yes No

Full-time basis is considered to be at least 30 hours per week.

- b) Are the duties of your occupation limited to professional, managerial, administrative, clerical, secretarial or similar 'office worker' tasks which do not involve manual work and are undertaken entirely (or at least 75%) within an office environment (excluding travel time from one office environment to another)?

 Yes No

If 'Yes' to questions a and b, you qualify as an Office Worker.

Members who do not qualify as Office Workers will maintain their existing level of cover or premium rates.

3. DECLARATION AND SIGNATURE

By signing this form I am making the following statements:

- I have fully read and understood this form including the Important information.
- I declare that the answers to the questions in this application are true and correct.
- I have read and understood the Duty of Disclosure below and I have not withheld any information that may affect the insurer's decision as to whether or not to accept my application for cover.
- I have read the Privacy section below. I understand that AMIST Super and its insurer may undertake appropriate enquiry and investigation to verify the answers I have provided.
- I understand that the increase in my insurance cover provided per unit will not commence until this declaration has been received and accepted by AMIST Super.

Signature

Date

IMPORTANT INFORMATION

YOUR DUTY OF DISCLOSURE

A person who enters into a life insurance contract in respect of your life has a duty, before entering into the contract, to tell the insurer anything that he or she knows, or could reasonably be expected to know, which may affect the insurer's decision to provide the insurance and on what terms.

The person entering into the contract has this duty until the insurer agrees to provide the insurance.

The person entering into the contract has the same duty before he or she extends, varies or reinstates the contract.

The person entering into the contract does not need to tell the insurer anything that:

- reduces the risk the insurer insures him or her for; or
- is common knowledge; or
- the insurer knows or should know as an insurer; or
- the insurer waives his or her duty to tell them about.

If the person does not tell the insurer something that he or she knows, or could reasonably be expected to know, this may affect the insurer's decision to provide the insurance and on what terms, and may be treated by the insurer as a failure by the person entering into the contract to tell the insurer something that he or she must disclose to the insurer.

If the person entering the contract does not tell the insurer something

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, the insurer may apply the following rights separately to each type of cover.

If the person entering into the contract does not tell the insurer anything he or she is required to, and the insurer would not have provided the insurance if he or she had disclosed the information, the insurer may avoid the contract within 3 years of entering into it.

If the insurer chooses not to avoid the contract, the insurer may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if the person had told the insurer everything he or she should have.

However, if the contract has a surrender value, or provides cover on death, the insurer may only exercise this right within 3 years of entering into the contract.

If the insurer chooses not to avoid the contract or reduce the amount of insurance provided, the insurer may, at any time vary the contract in a way that places the insurer in the same position the insurer would have been in if the person had told the insurer everything he or she should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If the failure to tell the insurer is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

YOUR PRIVACY

Personal information is protected by the AMIST Super Privacy Policy. The AMIST Super Privacy Policy outlines the approach that Australian Meat Industry Pty Limited, takes to the personal information which is collected in the course of work. AMIST Super is bound by the National Privacy Principles contained in the Privacy Act 1988 (and subsequent amendments). For more information, please contact AMIST Super or obtain a copy of the Privacy Policy from www.amist.com.au.

CONTACT AMIST SUPER

Telephone: 1800 808 614

Facsimile: 1300 855 378

Website: www.amist.com.au



Australian Meat Industry Superannuation Pty Limited (Trustee) ABN:25 002 981 919 RSE Licence: L0000895 AFSL: 238829 as Trustee for Australian Meat Industry Superannuation Trust (AMIST) ABN: 28 342 064 803 Registration No. R1001778