

Additional insurance cover – multiple amount

Information sheet

When to use this form

Use this form to apply for additional Death and, if applicable, TPD insurance cover on your SignatureSuper – Signature Protection insurance.

What you need to tell us

When you apply for insurance

When you apply for insurance, the insurer conducts a process called underwriting. It's how the insurer decides whether they can cover you, and if so on what terms and at what cost.

The insurer will ask questions they need to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give in response to their questions is vital to their decision.

The duty to take reasonable care not to make a misrepresentation

Your legal duty

When you apply for insurance and up until your application is accepted by the insurer, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which doesn't fairly reflect the truth.

You have the same duty if anything changes, or you remember more information, while the insurer is processing your application.

If you want to change your insurance cover at any time, extend it or reinstate it, you'll also have the same duty to take reasonable care not to make a misrepresentation to the insurer at that time.

You are responsible for all answers given, even if someone assists you with your application.

The insurer may later investigate the answers given in your application, including at the time of a claim.

If you don't meet your legal duty

If you don't meet your duty to take reasonable care not to make a misrepresentation, this 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.

Note: There may be circumstances where the insurer later investigates whether the information given to them was true, eg the insurer may do this when a claim is made.

If there is a failure to comply with the duty to take reasonable care not to make a misrepresentation, there are different remedies that may be available to the insurer. These are set out in the *Insurance Contracts Act 1984* (Cth). These are intended to put the insurer in the position it would've been in if the duty had been met. Therefore, if the person who answers the insurers questions doesn't take reasonable care not to make a misrepresentation, it can have serious consequences for your insurance, such as those explained below:

- The insurer may **treat the contract (or your cover) as if it never existed**—the insurer can only do this within three years of your cover starting.
- The insurer may **reduce the amount you've been insured for**—to reflect the premium you've been paying. There is a link between the premium you pay and your level of cover. If you fail to tell us something, your premiums may have been too low. The insurer may reduce the amount you've been insured for, taking into account the premium you would have had to pay if you'd told them everything you should have. For Death cover the insurer can only reduce the amount you've been insured for within three years of your cover starting.
- The insurer may **vary your cover**—to take into account the information you didn't tell them and put the insurer in the same position as it would've been if you'd told the insurer. Variations could mean, for example, that waiting periods, exclusions or premiums may be different. The insurer can't make variations to Death cover.
- Your total insurance cover forms one insurance contract. If you don't meet your legal duty, the insurer may treat your different types of cover as separate contracts when it takes action to address this.

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

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

Before the insurer exercise any of these remedies, they will let you know their reasons and the information they rely on and give you an opportunity to provide an explanation.

If the insurer decides to exercise one of these remedies, they will advise you of their decision and the process to have this reviewed or make a complaint if you disagree with their decision.

Guidance for answering our questions

When answering the insurers questions, please:

- Think carefully about each question before you answer. If you're unsure of the meaning of any question, please ask AMP before you respond.
- Answer every question that the insurer ask you.
- Don't assume that AMP will contact your doctor for any medical information.
- Answer truthfully, accurately and completely. If you're unsure about whether you should include information, please include it or check with AMP.
- Review your application carefully. If someone else helped prepare your application (eg your adviser), please check every answer (and make corrections if needed) before the application is submitted.

Changes before your cover starts

Before your cover starts, the insurer may ask about any changes that means you would now answer the questions differently. As any changes might require further assessment or investigation, it could save time if you let AMP or the insurer know about any changes when they happen.

After your cover starts

If, after the cover starts, you think you may not have met your duty, please contact AMP immediately.

Please keep this information sheet for your records—don't return it with your completed form(s).

Additional insurance cover – multiple amount

Use this form to apply for additional Death and, if applicable, TPD insurance cover on your SignatureSuper – Signature Protection insurance.

Insurance for members is subject to a minimum age of 15 years. You may also be required to complete the **Resolution Life Stand alone group insurance personal statement** (see section 4).

For details on the insurance cover arrangements that apply to you, please refer to your **plan summary** or **member benefit schedule** (as applicable).

Please print in CAPITAL LETTERS and place a cross ☒ in any applicable boxes.

1. Personal details

Account number

Product type

SignatureSuper

Title

Date of birth

Surname

Given name(s)

Residential address (a PO Box is not acceptable)

Suburb

State

Postcode

Contact phone number

Mobile number

Email address

Address for communications

☐ Please cross ☒ if same as residential address.

Address

Suburb

State

Postcode

2. Additional Death/TPD insurance cover

- a. What total multiple of the standard insurance cover for your Plan would you like to apply for (including your current cover)?

Note: The maximum is 99 times the standard cover.

- b. What type of insurance cover are you applying for?

☐ Death Only

☐ Death and TPD



Large amounts of insurance cover may erode retirement income. Please consult your financial adviser for advice on what level of insurance cover is appropriate for your needs.

3. Insurance in super election

To prevent your super balance from being reduced by the cost of insurance, under super laws, you now need to make an election to include additional insurance cover inside your super.

To apply for additional insurance cover, please read the **important details** at amp.com.au/whyinsurance and then complete the election below.

- ☐ I'd like the insurance cover (including any additional insurance) to be provided and kept within my super account, even if:
- I'm under 25,
 - my balance is below \$6,000, or
 - my account doesn't receive a contribution or rollover for 16 months.

4. Eligibility questionnaire

If you answer 'No' to any of the four questions below, please complete a **Resolution Life Stand alone group insurance personal statement** (form number NS7580_RL) and return it with this application. That form may still be requested if any additional information is required.

- a. Are you applying within three months of first being eligible for additional insurance cover or within 30 days of your **welcome letter** date (whichever is later)?

☐ No

☐ Yes

Issue date: 1 July 2022

Issued by N.M. Superannuation Pty Ltd ABN 31 008 428 322 (trustee), which is part of the AMP group (AMP).

The insurer of this plan is Resolution Life Australasia Limited ABN 84 079 300 379 (insurer), which is part of the Resolution Life Group.

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4. Eligibility questionnaire continued

- b. On the day you signed this application, were you at work actively performing your normal duties and work hours or on leave for reasons other than illness or injury?
- ☐ No
- ☐ Yes
- c. Is the amount of insurance cover you are applying for equal to or less than the eligible amount offered within three months of joining the Plan or, if later, 30 days from your welcome letter date? (Refer to your plan summary or member benefit schedule as applicable.)
- ☐ No
- ☐ Yes
- d. Will your total cover remain under the automatic acceptance limit (AAL) once the additional insurance is added to it? (Refer to your plan summary or member benefit schedule as applicable.)
- ☐ No
- ☐ Yes

5. More information

For more information about insurance and automatic acceptance, refer to the **product disclosure statement (PDS)**.

The insurer will assess your application and we'll advise you if you need to provide evidence of health before the increase can be accepted. Until we advise you, your current level of insurance cover will apply. If your application is accepted, we will confirm the increase in cover and the premium rate which will apply.

6. Acknowledgement and signature

I acknowledge that:

- I've read and understood the important details provided at amp.com.au/whyinsurance.
- I've read and understood the information in my member statement and the most recent PDS and request that my membership of the plan reflect my requirements as above.
- I've read the duty to take reasonable care not to make a misrepresentation and understand that the duty to take reasonable care not to make a misrepresentation continues after completion of this form up until the time AMP advises me in writing that it has accepted the risk.
- I understand that if I don't comply with the duty to take reasonable care not to make a misrepresentation, the insurance I have applied for might be avoided (treated as if it never existed) or the terms may be altered by the insurer and any claim under the insurance I have made may not be payable.

If I'm under age 18:

- I should speak to my parent or guardian about my application for additional insurance cover before signing this form, and understand that by signing this form I give up any claims against the Trustee in relation to the additional insurance cover in this form arising out of or in connection with being a minor.
- I won't commence any action against the Trustee or AMP in relation to any additional insurance cover I obtain through SignatureSuper arising out of or in connection with my being under age 18.

6. Acknowledgement and signature continued

Parent or legal guardian (if applicable):

I agree and declare that:

- I'm the parent or legal guardian of the applicant for additional insurance.
- The applicant has the capacity to understand the consequences of applying for additional insurance cover for their account.
- I understand and the applicant understands the consequences of applying for additional insurance cover, including through reading all parts of the applicable PDS and by obtaining professional advice.
- To the best of my knowledge, information and belief (after undertaking all reasonable enquiries), the information provided in this application is true and correct.
- I take joint and several responsibility for the consequences of this application, and will reimburse and make the Trustee and AMP whole in respect of any successful claims against the Trustee or AMP made by or in respect of the applicant in relation to this application.

Member signature

X

Date

D	D	M	M	Y	Y	Y	Y
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Parent or legal guardian signature (if applicable)

X

Date

D	D	M	M	Y	Y	Y	Y
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Where to send this form

Mail this completed form to:

AMP Limited
PO Box 300
PARRAMATTA NSW 2124

Any questions?
1300 366 019