

Additional insurance cover – nominated 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 Cover provided by Zurich Australia Limited.

About this application

When you apply for life insurance, the insurer conducts a process called underwriting. It's how they decide 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 provide in response to these questions is vital to the insurer's decision.

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 before the contract of insurance is entered into.

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

This duty applies to a new contract of insurance and also applies when extending or making changes to existing insurance, and reinstating insurance.

If you don't meet your duty

If you don't meet your legal duty, this can have serious impacts on your insurance. 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 AMP and the insurer in the position we would've been in if the duty had been met.

Your cover could be avoided (treated as if it never existed), or its terms may be varied. This may also result in a claim being declined or a benefit being reduced.

Before the insurer exercises any of these remedies, we will explain the insurer reasons and what you can do if you disagree.

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

Guidance for answering our questions

You're responsible for the information provided to AMP and the insurer. When answering our questions, please:

- Think carefully about each question before you answer. If you're unsure of the meaning of any question, please ask us before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you're unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (eg your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

Changes before your cover starts

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

If you need help

It's important that you understand this information and the questions AMP and the insurer asks. Ask AMP, the insurer or a person you trust, such as your adviser for help if you have difficulty understanding the process of buying insurance or answering our questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help. If you want, you can have a support person you trust with you.

Notifying the insurer

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

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

Additional insurance cover – nominated amount

Use this form to apply for additional Death and, if applicable, TPD insurance cover on your SignatureSuper® Signature Protection Insurance Cover provided by Zurich Australia Limited.

Insurance for members is subject to a minimum age of 15 years. You may also be required to complete the insurer's **personal statement/member's declaration** form.

For details on the insurance cover arrangements that apply to you, please refer to your **plan summary**.

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

1. Account/Plan details

Member number

Plan name

2. Member details

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

☐ if same as residential address.

Address

Suburb

State

Postcode

3. Request for additional Death/TPD insurance cover

If you're eligible, your category in your plan provides you with default Death and TPD insurance cover as detailed in your plan summary.

a. What is the amount of insurance cover you're applying for?

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

☐ Death only

☐ Death and TPD

4. 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.

5. Eligibility questionnaire

If you answer 'No' to any of the questions below, please complete the insurer's **personal statement/member's declaration** form and return it with this **additional insurance cover – nominated amount** application.

a. On the day you signed this form, were you either at work, actively performing your normal duties and work hours, or on leave for reasons other than illness or injury?

☐ No

☐ Yes

5. Eligibility questionnaire continued

- b. Have you provided the insurer's **personal statement/ member's declaration**?
- ☐ No
- ☐ Yes
- c. Will your total cover remain **under** the automatic acceptance limit (AAL) once the additional insurance is added to it?
- ☐
- ☐

 The insurer will assess your application and advise you if you need to provide details of health before the increase can be accepted. Until the insurer advises 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 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 and understand that my duty to take reasonable care continues after completion of this form up until the time AMP advises me in writing that it has accepted the risk. If I fail to comply with this duty, the insurance may be cancelled or altered.
- I've read and understood the important details provided at amp.com.au/whyinsurance.

If I am 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 will not 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 am 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.

Signature of member

X

Date

D	D	M	M	Y	Y	Y	Y
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Signature of parent or legal guardian (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