

### What you need to do

Complete this form and return it to GuildSuper, GPO Box 1088 Melbourne VIC 3001, within three months of your Default Death, Total and Permanent Disablement (TPD) and Income Protection (IP) cover commencing.

### **About the application**

- MetLife will be treating this contract as a 'consumer insurance contract'.
- Please answer all the questions accurately and provide additional information wherever requested.
- The person to be insured must complete this application and initial any changes.
- As part of the overall assessment process MetLife will contact you if further information is required.

### Privacy – Use and disclosure of personal information

### Your privacy with MetLife Insurance Limited ABN 75 004 274 882 AFSL 238096 ('MetLife' or the 'Insurer')

The personal information you provide in the form is necessary for MetLife to provide you with the products and services you have requested from MetLife. You do not have to provide MetLife with your personal information, but if you do not do so MetLife may not be able to provide you with the products or services. MetLife complies with the Privacy Act 1988 and the principles laid out in its Privacy Policy which details information

about the entities that MetLife usually discloses personal information to (including overseas recipients), how you may access or seek correction of your personal information, how we manage that information and our complaints process.

MetLife's Privacy Policy is readily available and can be viewed at www.metlife.com.au/privacy.

# Duty to take reasonable care not to make a misrepresentation – Important information before commencing this application

There is a duty to take reasonable care not to make a misrepresentation when applying for insurance. Before answering the questions in this application form it is important that the person answering the questions carefully reads the 'Duty to take reasonable care not to make a misrepresentation' section on pages 3–4 of this form which explains the duty, the consequences of not complying with the duty, and guidance for answering the questions. If the duty is not complied with, MetLife may be able to void or change cover; this means a benefit may not be able to be claimed or the amount we pay may be reduced.





### 1. Personal details (please complete all sections in BLOCK letters)

Member no.				Date	of birth		Gender at birt			
Mr	Mrs	Miss	Ms		Dr	Other:	Female	Mal	е	
Given name(s)					Surname					
Phone no. (home)			Phone no. (v	work)			Mobile phone n	0.		
Email				Pre	ferred time	of contact				
					Morning (90	am-12pm)	Afternoon	(12pm-	6pm)	Any time
RESIDENTIAI	ADDRE	SS								
Street no.	Street	name								
Suburb							State		Postco	de
POSTAL ADDR	ECC (if diff	orant to rac	idential addr	000)						
Street no./PO Box			sideritidi ddar	E33/	Suburb			St	ate	Postcode
20.000	00.000.100				0 0 0 0 1 0					· oscoda

### 2. Do you qualify for Insurance Boost?

Insurance Boost enables you to increase your Death, Total and Permanent Disablement, and/or Income Protection cover. Check that you qualify for Insurance Boost by checking the Insurance Boost terms and conditions in the Insurance Guide, and by answering the three limited health questions below. If you do not qualify, you can still apply for additional insurance cover by completing the Application for Insurance form on our website. You may be asked to provide detailed health information.

### Insurance Boost limited health questions

Do you have any illness or injury that prevents you from performing any of the duties of your usual occupation in a full-time capacity (even if you are not currently employed on a full-time basis)?

Have you been diagnosed with an illness that, in the opinion of a medical professional, reduces your life expectancy to less than 24 months?

Have you ever claimed, or are you considering claiming, any sickness, accident, disability or life insurance

Yes

No

If you have answered 'Yes' to any of the above limited health questions, then you will not qualify for Insurance Boost.

You will also not qualify for Insurance Boost if:

• you opted-in to Default Cover outside the automatic eligibility criteria

benefits, worker's compensation, or any other benefits for illness or injury?

- your Default cover commenced more than three months ago, or
- your cover is not Default cover, or
- you have reduced the Default cover that you now wish to increase with Insurance Boost.

If your Default Cover is for New Events Cover only, the same New Events Cover provisions will apply to your Insurance Boost.

If you qualify for Insurance Boost, then complete section 3.



# 3. Nominate your Insurance Boost for Death, Total and Permanent Disablement, and/or Income Protection cover

If you qualify, then you can apply for the lesser of \$100,000 or 25% of your existing Death, and Total and Permanent Disablement cover, or up to double the number of default Income Protection units of cover.					
Income protection					
1. Tick the box to apply for double the number of default units you have for Income Protection					
OR					
2. Choose the number of extra units you want to apply for. The number of units cannot be greater than double the number currently held.					
Death, and Total and Permanent Disablement	Death	Total and Permanent Disablement			
Select the amount of additional Death and/or Total and Permanent Disablement	\$	\$			
Select the amount of additional Death and/or Total and Permanent Disablement cover you wish to apply for. Contact GuildSuper if you want to know the level of cover you currently have.	\$	\$			

### 4. Is your Occupational Classification up to date?

Occupational Classifications – Active, White Collar and Professional – will determine how much you pay for cover. It is essential we have your correct Occupational Classification on record so you pay the right amount.

Contact GuildSuper to find out the Occupational Classification we have on record for you. To update your Occupational Classification, complete the Update Your Occupational Classification form found on our website or call us on 1300 361 477 if you need assistance.

## 5. Information from the Insurer (MetLife) – The duty to take reasonable care not to make a misrepresentation

Care must be taken to answer all questions we ask as part of your insurance application honestly and accurately. Otherwise, you may not be able to rely on your insurance when it's needed the most.

When you apply for life insurance, we will ask you a number of questions.

Our questions will be clear and specific. They will be about things such as your health and medical history, occupation, income, lifestyle, pastimes, and other insurance.

The answers given in response to our questions are very important. We use them to decide if we can provide cover to you and, if we can, the terms of the cover and the premium we will charge.

#### The duty to take reasonable care

When applying for insurance, there is a duty to take reasonable care not to make a misrepresentation.

A misrepresentation could be made if an answer is given that is false, only partially true, or that does not fairly reflect the truth. This means when answering our questions, you should respond fully, honestly and accurately.

The duty to take reasonable care not to make a misrepresentation applies any time you answer our questions as part of an initial application for insurance, an application to extend or make changes to existing insurance, or an application to reinstate insurance.

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

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



# 5. Information from the Insurer (MetLife) – The duty to take reasonable care not to make a misrepresentation (continued)

#### Consequences of not complying with the duty

If there is a failure to comply with the duty to take reasonable care not to make a misrepresentation, it can have serious consequences for your insurance, such as those explained below:

Potential consequences	Additional explanation	Impact on claims
Your cover being voided	This means your cover will be treated as if it never existed	Any claim that has been made will not be payable
The amount of your cover being changed	Your cover level could be reduced	If a claim has been made, a lower benefit may be payable
The terms of your cover being changed	We could, for example, add an exclusion to your cover meaning claims for certain events will not be payable	If a claim has been made for an event that is now excluded, it will not be payable

If we believe there has been a breach of the duty to take reasonable care not to make a misrepresentation, we will let you know our reasons and the information we rely on and give you an opportunity to provide an explanation.

In determining if there has been a breach of the duty, we will consider all relevant circumstances.

The rights we have if there has been a failure to comply with the duty will depend on factors such as what we would have done had a misrepresentation not been made during your application process and whether or not the misrepresentation was fraudulently made.

If we decide to take some action on your cover, we will advise you of our decision and the process to have this reviewed or make a complaint if you disagree with our decision.

### Guidance for answering our questions

When answering our questions, please:

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

### Other important information

Your application for cover will be treated as if you are applying for an individual 'consumer insurance contract'. For this reason, the duty to take reasonable care not to make a misrepresentation applies.

Before your cover starts, we 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 us know about any changes when they happen.

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

It's important that you understand this information and the questions we ask, so if you have any queries please contact us on 1300 361 477.



### 5. Declaration

### I declare the following:

- I have read and understand the Duty to take reasonable care on pages 3–4 and understand that this duty applies any time I answer MetLife's questions as part of an application for insurance.
- My answers to the questions are true, and I have not deliberately withheld any information or material to the proposed insurance.
- I agree to be bound by the terms and conditions set out in the MetLife Group Insurance Policy.
- I have read and understood the Privacy Disclosure Statement entitled 'Privacy - Use and Disclosure of personal information'. I consent to the collection, use and disclosure of my personal (including sensitive) information in accordance with the terms of these documents.
- I understand that cover under a policy does not begin until acceptance by the insurer, of which I will be notified in writing.
- I have read and understood the current Insurance Guide and Product Disclosure Statement.

#### Furthermore, I acknowledge that:

- I understand that this application is subject to acceptance by the Insurer (MetLife Insurance Limited ABN 75 004 274 882 AFS Licence No. 238096 (MetLife)) and that insurance cover commences on acceptance.
- I also understand that no Death, or Income Protection benefit will be payable in respect of the increase in cover where an exclusion applies in relation to the increased amount, or my cover generally.

- I understand that if my GuildSuper account has not received any contributions or other amounts for a continuous period of 16 months (inactive), superannuation legislation will prohibit GuildSuper from providing me with insurance cover unless I make an appropriate election.
- I direct GuildSuper to accept this application as an *election* to be provided with insurance cover even if my account is inactive, has an account balance of less than \$6,000 or I am under 25 years of age.
- I understand this election will apply to all insurance cover through my account, including any cover for Death, Total and Permanent Disablement, and Income Protection that I already hold in my account and that I am applying for by this application.
- I understand this *election* will continue to apply to my insurance cover, unless and until it is withdrawn by me in writing. I understand that I can withdraw my *election* at any time.
- I also understand that I can, at any future time, decrease or cancel my insurance cover by contacting GuildSuper.
- I understand that additional premiums will be deducted from my GuildSuper account for additional insurance cover obtained through Insurance Boost.

Signature	×
Date	

### **Next steps**

Send completed form to:
GuildSuper, GPO Box 1088, Melbourne, VIC 3001

### **Need help?**

Please call GuildSuper on **1300 361 477** from 9am to 6pm (AEST) Monday to Friday.

This document is issued by Equity Trustees Superannuation Limited ABN 50 055 641 757 AFSL 229757 RSE Licence L0001458 as Trustee of the Guild Retirement Fund ABN 22 599 554 834 (the Fund). GuildSuper, GuildPension and Child Care Super are products of the Fund. © 2023 Guild Super Services Pty Ltd

We collect your personal information for purposes as detailed in the Privacy Statement and Privacy Policy which you can access at guildsuper.com.au/privacy. Call GuildSuper on 1300 361 477 to access or update the personal information we hold about you.

GTS011 GS Insurance Boost DRC Form 12/23