

Russell Investments Master Trust: iQ Super – Employer and MySuper Division for CSR Limited, Holcim (Australia) Pty Ltd, Wilmar Sugar Australia Limited and Associated Employers

Use this form to request new insurance, cancel or make a change to your existing insurance cover. In order to complete this form, we recommend you refer to your Insurance, Fees and Costs Guide available via your online account. Print clearly in BLOCK LETTERS.

1. Personal details

! We will use these details to calculate your benefits and communicate with you about your super. If your details change, please let us know by calling 1800 555 667 or visiting russellinvestments.com.au/super.

If you would like more details about how we collect, use and disclose your personal information, you can access the Trustee's privacy policy at russellinvestments.com.au/privacy or call us.

a. Title (please select)

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other ☐ >

b. Surname

c. First name(s)

d. Date of birth (DD MM YYYY)

e. Sex (please select)

Male ☐ Female ☐

f. Member number

g. Address

State Postcode

h. Work telephone

i. Home telephone

IN PREPARING THIS FORM THE TRUSTEE HAS NOT TAKEN INTO ACCOUNT THE INVESTMENT OBJECTIVES, FINANCIAL SITUATION AND PARTICULAR NEEDS (FINANCIAL CIRCUMSTANCES) OF ANY PERSON. ACCORDINGLY, BEFORE ACTING ON ANY ADVICE, YOU SHOULD ASSESS WHETHER THE ADVICE IS APPROPRIATE IN LIGHT OF YOUR OWN FINANCIAL CIRCUMSTANCES. TOTAL RISK MANAGEMENT PTY LIMITED ABN 62 008 644 353, AFSL NO. 238790, TRUSTEE OF THE RUSSELL INVESTMENTS MASTER TRUST ABN 89 384 753 567. SS_F_EMP_InsReq_Special_V1F_2109

1. Personal details (continued)

[illegible][illegible]

2 By providing your email address, you are advising us that online communication is your preferred method of communication. Going forward, we will email you with information and also advise when a communication has been added to your online account. We will issue paper communications rarely or where your email address no longer works. You can change your preferred method of communication at any time by calling us or logging in to your online account at russellinvestments.com.au/login

2. Cancel your insurance cover

☐ Default Death Only, or Death and TPD cover. (Note: Your employer may be paying for this default cover.)

☐ Additional Death Only, or Death and TPD cover.

☐ Income Protection cover

Note: If you decide to reinstate it later, you will have to go through the underwriting process again.

| | |
|--------------------------------|--|
| 3. Reduce your insurance cover | |
|--------------------------------|--|

Complete **one** of the following – Death Only, or Death and TPD cover.

Multiple of Base Salary

Death Only

Death and TPD

Multiple of Base Salary

Death Only

Death and TPD

Complete **one** of the following – Death Only, or Death and TPD cover.

Multiple of Contributory Wage

Death Only

Death and TPD

Multiple of Contributory Wage

Death Only

Death and TPD

4. Increase your insurance cover

Division Two

Complete **one** of the following – Death Only, or Death and TPD cover. **This is in addition to your existing cover.**



Multiple of Base Salary

Death Only

Death and TPD

Division Three

Complete **one** of the following – Death Only, or Death and TPD cover. **This is in addition to your existing cover.**



Multiple of Contributory Wage

Death Only

Death and TPD

Income Protection cover



I want to purchase Income Protection¹ cover.

My annual salary is \$.00

¹ Income Protection cover is 75% of your annual salary, where salary is defined as Ordinary Times Earning (OTE). You may be required to provide proof of your current salary.

Important

- Further details of the insurance cover are provided in your PDS and Insurance, Fees and Costs Guide.
- If you are applying for insurance cover, **you must also provide a completed Personal Statement and Consent for the insurer provided at the end of this form.**
- Additional cover is subject to underwriting by the insurer. You will have to supply health evidence to the insurer before your application can be accepted.
- And remember, insurance cover is subject to the insurer receiving and accepting required medical evidence.

5. Opt in to maintain insurance cover

I wish to maintain the following types of insurance:

- ☐ Death cover only
- ☐ Death and Total and Permanent Disablement (TPD) cover
- ☐ Income Protection cover.

Note, if your insurance fees are paid by your employer, you will receive automatic insurance and do not need to opt-in.

However, if you are transferred to another division of the Fund you will need to opt-in. This could happen, for example, if you leave your employer.

Important information to note

- If you opt-in we will maintain your insurance even if your account is inactive for 16 months or more, or your account is transferred to another division of the fund (this could happen, for example, if you leave your employer).
- By opting-in you acknowledge that you understand the effect this may have on your account balance and you do not require any further information.
- Limited cover may apply for a period, if you opt in after joining. Please see your Insurance, Fees and Costs Guide for more information.
- When you are at least 25 years old and you have a balance of \$6,000 or more, cover will automatically commence (eligibility requirements and limitations may apply).
- Insurance fees will be deducted from your account while you have cover, unless your cover is paid for by your employer.
- If you choose to opt in to some but not all of the insurance cover available to you and your other type(s) of cover lapse, you will have to reapply if you would like that cover in future.
- You can change or opt-out of (i.e. cancel) your insurance cover at any time by completing the relevant section of this form or by calling us on 1800 555 667.

6. Your declaration

I declare that all answers provided by me on this form are true and correct.

- I have read and understood the Duty of Disclosure and I am aware of the consequences of non-disclosure. I understand that the Duty of Disclosure continues after I have completed this statement until my application for cover has been accepted in writing by the Fund and the insurer.
- I understand any reduction in cover will be processed as soon as practicable after this form is received by the Fund.
- I understand the provision of insurance cover is subject to acceptance by the insurer.
- I understand insurance fees, where applicable, will be deducted from my iQ Super account.
- I acknowledge that insurance cover will only be provided on the terms and conditions set out in the contract of insurance with the Fund's insurer and as agreed between the Fund and its insurer from time to time.
- If I have applied for additional insurance cover, I have completed the Personal Statement and Consent for the insurer provided at the end of this form.

For information on the insurer's privacy and information handling practices, read their Privacy Policy Statement at [metlife.com.au](https://www.metlife.com.au) or call 1300 555 625 for a copy.

I acknowledge and declare:

- I have read and understood the current PDS and the Insurance, Fees and Costs Guide for my division of the Fund.
- I have read and understood the contents of this form and have checked that all the information I have provided on this form is correct.
- If signed under Power of Attorney, the attorney verifies that no notice of revocation of power has been received.

Name _____

[illegible]

Signature _____ Date (DD MM YYYY) _____

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Date (DD MM YYYY)

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Consent

Sensitive Information regarding the Underwriting of your Insured Benefits

By signing this Form, you consent to the use and disclosure of your personal information to the Trustee, its service providers and other experts and advisers for the following purpose:

Assessment by the Fund's insurer of your entitlement to be insured for death and/or disablement benefits provided by the Fund, relying on input from others, including medical experts.

If there is a dispute with respect to your entitlement, the Trustee may be required to disclose this information to a Tribunal or Court.

If you do not provide this consent the Insurer may not be in a position to consider whether to provide you with Death and/or Disability Insurance through the Russell Investments Master Trust.

If you would like to view a copy of Russell Investments' Privacy Policy or if you have any questions about privacy and Russell Investments, please call us on 1800 555 667.

| | | | |
|------------------------|----------------------|------|----------------------|
| Signature | <input type="text"/> | Date | <input type="text"/> |
| Name (please print) | <input type="text"/> | | |

Please return to: iQ Super
Locked Bag A4094
Sydney South NSW 1235

➤ **Please return this form to:**
iQ Super by Russell Investments
Locked Bag A4094
Sydney South NSW 1235

You can also contact us as follows:

Toll free on **1800 555 667**
Operating hours are from
Monday to Friday, 9am – 5pm (AEST)
iq@russellinvestments.com.au
russellinvestments.com.au/super

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Application for Insurance

MetLife

About the Application

- This application needs to be completed by the person to be insured.
- Please complete the application in BLACK ink pen only.
- Any changes made to this application are to be initialled by the person to be insured.
- Please answer all the questions as accurately as possible and provide additional information wherever requested.
- As part of your application, you may be required to undergo additional medical tests.
- As part of the overall assessment process MetLife will contact you on your preferred phone number 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' and the 'Insurer')

The personal information you provide in this form is necessary for us to provide you with the products and services you have requested from us, and to manage your claims. You do not have to provide us with your personal information, but if you do not do so we may not be able to provide you with our products or services.

MetLife Insurance Limited complies with the Privacy Act 1988 and the principles laid out in its privacy policy which details information about 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.

Name of Scheme or Superannuation Fund: _____

About You

| | | | |
|--|---|---|----------|
| First Name | Middle Name | Last Name | |
| _____ | _____ | _____ | |
| Residential Address | City | State | Postcode |
| _____ | _____ | _____ | _____ |
| Date of Birth (dd/mm/yyyy) | Gender | Email Address | |
| ____ / ____ / ____ | <input type="checkbox"/> Male <input type="checkbox"/> Female | _____ | |
| Contact Number Preferred | Contact Number Other | Preferred Time of Contact | |
| _____ | _____ | <input type="checkbox"/> Morning (9am-12pm) <input type="checkbox"/> Afternoon (12-6pm) | |
| Are you a permanent resident of Australia? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

About Your Insurance Needs

Total Required Cover:

| | Death Cover | Total & Permanent Disability Cover | Income Protection |
|--|-------------|------------------------------------|--------------------|
| Existing Policy Cover (if known) | \$ _____ | \$ _____ | \$ _____ per month |
| Additional Policy Cover Requested | \$ _____ | \$ _____ | \$ _____ per month |
| Total Cover Requested (= Existing + Additional Policy Cover Requested) | \$ _____ | \$ _____ | \$ _____ per month |

About Your Work

1. What industry do you work in?
(eg. banking, agriculture, education)

What is your current occupation?

What is your current gross annual salary?

2. Do you work more than **15 hours** per week?

☐ Yes

☐ No

About Your Insurance History

3. Has an application for Life, Trauma, TPD or Disability Insurance on your life ever been declined, deferred or accepted with a loading or exclusion or any other special condition or terms?

☐ Yes

☐ No

4. Have you ever made a claim for or received sickness, accident or disability benefits, Workers' Compensation, or any other form of compensation due to illness or injury?

☐ Yes

☐ No

5. Do you currently have or are you applying for insurance with MetLife (in addition to this application) or any other insurance company or superannuation fund?

☐ Yes

☐ No

If "Yes", please give details in the table below.

| Product/Type | Total Amount of Cover | To be replaced by this cover? |
|------------------------------|-----------------------|--|
| Life Insurance | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Total & Permanent Disability | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Income Protection | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

About Your Health

6. What is your height?

What is your weight?

_____ cm

_____ kg

7. Have you smoked in the last 12 months?

☐ Yes

☐ No

8. In the last **3 years** have you suffered from, been diagnosed with or sought medical advice or treatment for any of the following?
Please tick all boxes that apply.

☐ Headache or Migraine (eg. tension or cluster headaches or migraines)

☐ Lung or Breathing Conditions (eg. asthma, sleep apnoea)

☐ Eyesight Conditions (does not incl. contact lenses or glasses for near or far sightedness)

☐ Ear or Hearing Conditions (eg. hearing loss, tinnitus or swimmer's ear)

☐ Muscle, Tendon or Ligament Problems

☐ Trapped Nerves (eg. carpal tunnel syndrome, pinched nerve, tennis elbow)

☐ Infectious Diseases (excl. cold & flu)

☐ Gout

☐ None of the above conditions

If you have selected any of the above conditions in question 8, please give details in the table below.

| Condition | Details (incl. dates, symptoms, treatment) |
|-----------|--|
| | |
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9. In the last **5 years** have you suffered from, been diagnosed with or sought medical advice or treatment for any of the following?
Please tick all boxes that apply.

- ☐ High Blood Pressure ☐ High Cholesterol ☐ Chronic Fatigue / Fibromyalgia
- ☐ **None of the above conditions**

If you have selected any of the above conditions in question 9, please give details in the table below.

| Condition | Details (incl. dates, symptoms, treatment) |
|-----------|--|
| | |
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10. Have you **ever** suffered from, been diagnosed with or sought medical advice or treatment for any of the following?
Please tick all boxes that apply.

- ☐ Bone, Joint or Limb Conditions ☐ Back or Neck Pain ☐ Digestive Conditions
- ☐ Brain or Nerve Conditions (incl. stroke) ☐ Psychological or Emotional Conditions ☐ Cancer, Cyst, Growth, Polyps or Tumour
- ☐ Thyroid Conditions ☐ Skin Disorder ☐ Genitourinary Conditions
- ☐ Autoimmune Diseases ☐ Heart Related Conditions ☐ Kidney or Liver Conditions
- ☐ Diabetes ☐ Blood Conditions
- ☐ None of the above conditions

If you have selected any of the above conditions in question 10, please give details in the table below.

| Condition | Details (incl. dates, symptoms, treatment) |
|-----------|--|
| | |
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11. Are you currently pregnant? (Females Only) ☐ Yes ☐ No

12. What is the name of your usual doctor/medical centre? _____

Address: _____

_____ Contact Number: _____

About Your Family History

13. Has your mother, father, any brother or sister been diagnosed under the age of 55 years, with any of the following conditions: Alzheimer's Disease, Cancer, Dementia, Diabetes, Familial Polyposis, Heart Disease, Huntington's Disease, Polycystic Kidney Disease, Multiple Sclerosis, Muscular Dystrophy, Stroke or any inherited or hereditary disease?

Note: You are only required to disclose family history information pertaining to first degree blood related family members, living or deceased.

☐ Yes ☐ No ☐ Unknown

If "Yes", please give details in the table below.

| Relationship to proposed insured | Age at diagnosis | Specific condition(s) |
|----------------------------------|------------------|-----------------------|
| | | |
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| | | |

About Your Lifestyle

14. Do you have firm plans to travel or reside in another country **other than** New Zealand, America, Canada, the United Kingdom or Europe?

☐ Yes ☐ No

If "Yes", please give details in the table below.

| Country | Length of stay |
|---------|----------------|
| | |
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15. Do you regularly engage in or intend to engage in any of the following activities? Please tick all boxes that apply.

☐ **Water Sports**
(eg. underwater diving, rock fishing)

☐ **Motor Sports**
(eg. motorcycle, auto, motor boat)

☐ **Sky Sports** (eg. skydiving, hang gliding, parachuting, ballooning)

☐ **Aviation** (other than as a fare paying passenger on a commercial airline)

☐ **Horse Sports** (eg. polo, horse riding, rodeo, dressage, jumping)

☐ **Combat Sports or Martial Arts**
(eg. martial arts, boxing, fencing)

☐ **Field Sports** (eg. hockey or football including touch or tag and soccer)

☐ **Hunting** (of any kind)

☐ **Any activity not mentioned**
(eg. base jumping, caving, outdoor rock climbing)

☐ **None of the above activities**

Please provide details for any activities you have selected above:

| Activity | Details |
|----------|---------|
| | |
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16. Have you within the last **5 years** used any drugs that were not prescribed to you (other than over the counter drugs) or have you exceeded the recommended dosage of **any** medication?

☐ Yes ☐ No

If "Yes", please give details in the table below.

| Drug/Medicine | Reason for Use |
|---------------|----------------|
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17. On average, how many standard alcoholic drinks do you consume each week (a standard drink is equivalent to either 125ml glass of wine, a schooner of light beer, a middy/pot of full strength beer or a 30ml shot of spirits)? _____ / week

18. Have you ever been advised by health professional to reduce your alcohol consumption?

☐ Yes ☐ No

19. Do you currently have HIV (Human Immunodeficiency Virus) that causes

AIDS (Acquired Immune Deficiency Syndrome)?

☐ Yes ☐ No

If "No", are you in a high risk category for contracting HIV?

☐ Yes ☐ No

20. Other than already disclosed in this application, do you presently suffer from any condition, injury or illness, which you suspect may require medical advice or treatment in the future?

☐ Yes ☐ No

If "Yes", please provide details below.

| Condition | Details |
|-----------|---------|
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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 us anything that he or she knows, or could reasonably be expected to know, may affect our decision to provide the insurance and on what terms.

The person entering into the contract has this duty until we agree 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 us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something that you know, or could reasonably be expected to know, may affect our decision to provide the insurance and on what terms, this may be treated as a failure by the person entering into the contract to tell us something that he or she must tell us.

IF THE PERSON ENTERING THE CONTRACT DOES NOT TELL US SOMETHING

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

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

If we choose not to avoid the contract, we 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 he or she had told us everything he or she should have.

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

If we choose not to avoid the contract or reduce the amount of insurance provided, we may, at any time vary the contract in a way that places us in the same position we would have been in if he or she had told us 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 us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

DECLARATION

- I have read and understand my Duty of Disclosure and understand that this duty applies until formal notification of acceptance.
- 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 insurance policy document.
- I consent to the collection, use and disclosure of personal information by MetLife and its service providers in order to assess my application and any claim under the policy.
- I have read and understood the Privacy Disclosure Statement contained in the section head "Privacy - Use and Disclosure of personal information." I consent to my personal information being collected and used in accordance with the Privacy Disclosure Statement above and MetLife's Privacy Policy.
- I consent to MetLife seeking medical information from any doctor/hospital/health care professional whom I have consulted.
- 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 the insurance section of the current Product Disclosure Statement.

Signature

Signature of Applicant

Date



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■ Please return completed form to MetLife Insurance Limited, GPO Box 3319, Sydney NSW 2001 or auservices@metlife.com

MetLife Insurance Limited
ABN 75 004 274 882
AFSL No. 238096
www.metlife.com.au