

# Insurance Form



## For members of iQ Super – Employer

Use this form to request new insurance, make a change or cancel 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](http://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](http://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

j. Mobile telephone<sup>1</sup>

k. Email address<sup>2</sup> (Give us your email address to receive all future communications electronically.)

<sup>1</sup> We may SMS you from time to time.

<sup>2</sup> 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](http://russellinvestments.com.au/login)

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\_Gen\_V1F\_2109

## 2. Cancel your insurance cover

I want to cancel my:

- 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.

## 3. Reduce your insurance cover

To reduce your additional insurance cover, please complete the sections below. Your TPD cover cannot be higher than your Death cover. Please note, you can cancel, but cannot reduce, your default insurance cover.

My existing level of cover is:

<p><input checked="" type="radio"/> <b>Unit based cover</b></p> <p>Death Only      <input type="text"/><input type="text"/><input type="text"/> units</p> <p>Death and TPD      <input type="text"/><input type="text"/><input type="text"/> units</p>	<p><b>OR</b></p> <p><b>Fixed cover (multiples of \$1,000)</b></p> <p>Death Only</p> <p>\$ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> .00</p> <p>Death and TPD</p> <p>\$ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> .00</p>
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I want to reduce my level of cover so that the new level of cover is:

<p><input checked="" type="radio"/> <b>Unit based cover</b></p> <p>Death Only      <input type="text"/><input type="text"/><input type="text"/> units</p> <p>Death and TPD      <input type="text"/><input type="text"/><input type="text"/> units</p>	<p><b>OR</b></p> <p><b>Fixed cover (multiples of \$1,000)</b></p> <p>Death Only</p> <p>\$ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> .00</p> <p>Death and TPD</p> <p>\$ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> .00</p>
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#### 4. Increase your insurance cover

In order to complete this form, we recommend you refer to your Insurance, Fees and Costs Guide available via your online account. Complete this section, if you want to increase your insurance cover. You may be able to choose between unit based or fixed cover:

- **Unit based cover is where the value of each unit varies with your age, as shown in the Insurance, Fees and Costs Guide.**
- **Fixed cover allows you to choose and maintain the same amount of cover until the maximum age within the policy.**

##### Death Only, and Death and TPD Cover

Select **one** of the following – unit based or fixed cover.

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

<p><b>➤ Unit based cover</b></p> <p>Death Only <input type="text"/><input type="text"/> units</p> <p>Death and TPD <input type="text"/><input type="text"/> units</p>	OR	<p><b>Fixed cover (multiples of \$1,000)</b></p> <p>Death Only \$ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/>.00</p> <p>Death and TPD \$ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/>.00</p>
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**Request Income Protection cover (if available, refer to your Insurance, Fees and Costs Guide).**

<p><b>➤</b> I want to purchase Income Protection<sup>1</sup> cover.</p> <p>My annual salary is \$ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/>.00</p>
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<sup>1</sup> 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.

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## 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.

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## 6. Cost of your insurance cover

Your PDS and the Insurance, Fees and Costs Guide explain the cost of your insurance. Any insurance fees you need to pay will be deducted from your iQ Super account.



**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" value="/"/>	<input type="text" value="/"/>	<input type="text"/>
Name (please print)	<input type="text"/>				

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