

Please complete all sections to apply for Standard Insurance Cover.

Cover will not commence until the Fund's insurer accepts your application for insurance cover.

You can use this form to apply for Standard Cover with the Salaam superannuation division of the Russell Investments Master Trust (the Fund) if you:

- a) apply within 60 days of joining the Fund, and
- b) are less than age 60 at the date you complete this form.

### Duty to take reasonable care

#### Please note:

When you apply for insurance, you are treated as if you are applying for cover under an individual consumer insurance contract. A person who applies for cover under a consumer insurance contract has 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 does not fairly reflect the truth.

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

#### If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. Under the Insurance Contracts Act 1984 (Cth) there are a number of different remedies that may be available to the Insurer. They are intended to put the Insurer in the position it would have been in if the duty had been met. For example, the Insurer may:

- avoid the cover (treat it as if it never existed);
- vary the amount of the cover; or
- vary the terms of the cover.

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

- whether reasonable care was taken not to make a misrepresentation. This depends on all of the relevant circumstances.
- what the Insurer would have done if the duty had been met – for example, whether it 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 any of these remedies are exercised, the Insurer will explain the reasons for its decision, how to respond and provide further information, and what you can do if you disagree.

#### Guidance for answering the questions in this form

You are responsible for the information provided to the Insurer. When answering questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask the Fund before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are 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 (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

Please note that there may be circumstances where the Insurer later investigates whether the information given to it was true. For example, it may do this when a claim is made.

#### Changes before your cover starts

Before your cover starts, the Insurer may ask you whether the information that has been given as part of your application for insurance remains accurate or whether there has been a change to any of your circumstances. As any changes might require further assessment or investigation, let the Fund or the Insurer know about any changes when they happen prior to the insurance starting.

#### If you need help

It's important that you understand your obligations and the questions that are being asked. Please contact the Fund for help if you have difficulty understanding the process of obtaining insurance or answering any questions.

Please also let the Fund know if you're having difficulty due to a disability, understanding English or for any other reason – we're here to help and can provide additional support.



## 2. EMPLOYMENT DETAILS

a. Are you currently working?

Yes  No

b. Current annual salary / remuneration package (gross)

c. Name of current employer

**Employment status:**

Self-employed  Employee (full time)  Employee (part-time ) (  hours per week)

Not working  Domestic duties  Casual

d. Your usual occupation (job title)

e. Industry of your usual occupation

f. Outline the duties of your usual occupation:

  

## 3. INSURANCE OPTIONS

Please select the insurance options you require. Please refer to Appendix 1 for cover details.

Death Only   
provides a lump sum should you die

Death & Total and Permanent Disability (TPD)   
provides a lump sum should you die or become totally and permanently disabled.

Sub-scale 1  Sub-scale 2

**Please note:**

You should read the Insurance, Fees and Costs Guide available at [salaam.com.au/super/ifcg](http://salaam.com.au/super/ifcg) for further details.  
All Insurance cover is subject to acceptance by the insurer.

## 4. ASSESSMENT QUESTIONS

- a. Are you under age 60?  
Yes  No
- b. Are you applying within 60 days of joining Salaam Superannuation Fund?  
Yes  No
- c. Are you, due to illness, accident or injury, currently absent from work, or restricted or unable to perform your full and normal duties of your usual occupation, on a full-time basis (for at least 30 hours per week) (even though your actual employment may be full-time, parttime or casual)?  
Yes  No
- d. Have you been diagnosed with, or do you suffer from, an illness that may cause permanent inability to work or reduces, or likely to reduce your life expectancy to less than 12 months from the date of this application?  
Yes  No
- e. Have you ever had an application for death, total and permanent disablement, or income protection cover declined or been offered cover on alternative terms?  
Yes  No
- f. Have you ever been paid or are you eligible to be paid, or have you lodged, or are you entitled to lodge, or in the process of lodging a claim for any injury, or illness through the Fund, Workers' Compensation, other Government benefits (e.g. sickness benefit, invalid pension) or any insurance policy providing total and permanent disablement, terminal illness, or income protection type cover, or accident or sickness cover?  
Yes  No
- g. Have you been absent from work, due to any illness, accident or injury for a total of four or more weeks in the last 12 months from the date of the application?  
Yes  No

**If you have ticked yes to any of the questions in Section 4, you cannot use this form to apply for Standard Insurance Cover within the Fund. Please complete an Application for Insurance (including the TAL Member's Personal Statement).**

Note: Even if your insurance has been accepted by the Funds insurer, a Death or TPD benefit will not be payable for any claim which is directly or indirectly related to a Pre-Existing Condition\*.

\* A Pre-Existing Condition means an illness, injury or a symptom of a Member which existed at any time in the five years immediately prior to, or at the time, that Member's cover commences under the Policy and:

- of which the Member was aware, or a reasonable person in their position should have been aware, at the time of application for cover;
- in respect of which the Member should have sought advice or treatment (conventional or alternative) from a Medical Practitioner or other allied health professional (in circumstances where a reasonable person in their position would have sought such advice or treatment) at the time of application for cover; or
- in respect of which the Member has had a medical consultation or been prescribed medication or therapy at the time of application for cover.

## 5. PRIVACY STATEMENT

Salaam superannuation is administered by Russell Investments along with our service provider, MUFG Pension and Market Services.

The Fund collects, uses and discloses personal information about you in order to manage your superannuation benefits and give you information about your super. The Fund may also use it to supply you with information about the other products and services offered by the Fund and related companies. If you do not wish to receive marketing material, please call 1300 926 626.

Our Privacy Policies are available to view at [russellinvestments.com.au/privacy](http://russellinvestments.com.au/privacy) or you can obtain a copy by calling 1300 926 626.

If you do not provide the personal information requested, we may not be able to manage your superannuation and the insurer may not be able to assess your entitlement to insurance benefits. We may sometimes collect information about you from third parties such as your employer, a previous super fund, your financial adviser, our related entities and publicly available sources.

The Fund may disclose your information to various organisations in order to manage your super, including your employer, our professional advisors, insurers, our related companies which provide services or products relevant to the provision of your super, any relevant government authority that requires your personal information to be disclosed, and our other service providers used to assist with managing your super.

It is possible that your personal information will be disclosed to related parties or service providers in another country. Please refer to our Privacy Policy for more information.

The Fund Privacy Policies set out in more detail how we deal with your personal information and who you can talk to if you wish to access and seek correction of the information we hold about you. It also provides detail about how you may lodge a complaint about the way we have dealt with your information and how that complaint will be handled.

If you have any other queries in relation to privacy issues, please call **1300 926 626** or write to our Privacy Officer, Total Risk Management Pty Ltd, GPO Box 3279, Sydney NSW 2001.

## DECLARATION AND SIGNATURE

- I acknowledge that I have read the notice explaining my duty to take reasonable care in this application and understand that this duty also applies until formal notification of acceptance.
- I have read and checked any answers not completed in my handwriting and to the best of my knowledge and belief, all the answers to the questions in this application and any supplementary application or personal statement which relate to me are true and correct and no information material to the assessment of this insurance has been withheld.
- My application is subject to approval by the insurer and will not commence until I receive written confirmation that my application has been accepted.
- I authorise TAL and the Trustee to contact any relevant authority to obtain confirmation of any information I have provided on this form, and to obtain copies from that authority of relevant documents. A photocopy of this authority is as effective and valid as the original.
- I have read the Privacy Statement in Section 5 of this application, and consent to my personal information (including health and sensitive information) being collected, used and disclosed by the Trustee and TAL or their external service providers/contractors as contemplated by this form and our Privacy Policy, including collecting it from, or disclosing it to, any medical practitioner or third party as required to assess, verify or process this application or any claim I may make. This consent applies to any health and sensitive information that the Trustee or TAL collects on this form or future forms in relation to this insurance.
- If you have provided us with information about another person, we understand you will advise them that:
  - we collect, hold and use the personal information for the purpose set out in the Trustees privacy statement;
  - their personal information may be disclosed to a third party; and
  - they may access or correct any personal information held about them.
- I have read and understood the most current PDS and Insurance Booklet, and understand that if this Application is accepted, my increased cover will be subject to the terms and conditions of the insurance policy.

Member signature

Date (DD MM YYYY)

Member name

## APPENDIX 1: AGE-BASED COVER

Age Next Birthday	Sum Insured Sub-Scale 1 \$	Sum Insured Sub-Scale 2 \$
16-20	75,000	125,000
21-25	100,000	150,000
26-30	150,000	200,000
31-35	200,000	250,000
36-40	250,000	300,000
41-45	250,000	300,000
46-50	200,000	250,000
51-55	150,000	150,000
56-60	90,000	90,000
61-65	60,000	60,000
66-70	Death only cover 30,000	Death only cover 30,000

### Here to help

Please send your completed form to: Salaam superannuation, Locked Bag A4094, Sydney South NSW 1235.

If you have any questions, please call **1300 926 626** (Monday to Friday 8.30am to 5.30pm AEST), email [super@salaam.com.au](mailto:super@salaam.com.au) visit [salaam.com.au/super](http://salaam.com.au/super)

In preparing this form, the Trustee has not taken into account the investment objectives, financial situation or needs of any person. Accordingly, before making a decision to invest in a product, you should read the current Product Disclosure Statement (PDS) and seek advice tailored to your own financial circumstances. Call 1300 926 626 or visit [salaam.com.au/super](http://salaam.com.au/super) for a copy of the PDS. Total Risk Management Pty Limited ABN 62 008 644 353, AFSL 238790, Trustee of the Russell Investments Master Trust ABN 89 384 753 567. Salaam superannuation is a division of the Russell Investments Master Trust.

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