

4 – Your beneficiaries

You can use this section to nominate who you would prefer your death benefit to be paid to. **The trustee of Equip is not legally bound by your nominations below but will take them into account.** For more information, please refer to the *PDS*. Once you have received your account login details, you can also add or change your non-binding nomination online. If you would like to make a binding nomination, you will need to complete a *Making a death benefit nomination* form on our website or contact us for a copy.

Name	Beneficiary type	% of benefit
<input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependant	<input type="checkbox"/> Financial dependant <input type="checkbox"/> Legal personal representative (executor or administrator of your estate)
<input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependant	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependant	<input type="checkbox"/> Financial dependant <input type="checkbox"/> Legal personal representative (executor or administrator of your estate)
<input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependant	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependant	<input type="checkbox"/> Financial dependant <input type="checkbox"/> Legal personal representative (executor or administrator of your estate)
<input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependant	<input type="text"/> <input type="text"/> <input type="text"/> %

Must total 100%

5 – Your insurance cover

Death and total and permanent disablement (TPD) cover

Death and TPD cover starts automatically when you meet Equip's eligibility and cover conditions, unless you opt out of it by ticking the appropriate box/es below. You can also choose to opt in to cover so it starts when we process your application and have received an employer contribution. For full details of our death and TPD cover, please refer to the *PDS* and the *Insurance in your super guide*.

I would like to opt in to insurance cover (tick both boxes if you want to opt in to death and TPD cover)	<input type="checkbox"/> Default death cover <input type="checkbox"/> Default TPD cover	The default death and TPD cover varies depending on your employer's arrangement with Equip and whether or not you are a permanent employee - refer to the <i>PDS</i> for details.
I would like to opt out of insurance cover (tick both boxes if you want to opt out of death and TPD cover)	<input type="checkbox"/> No death cover <input type="checkbox"/> No TPD cover	If you opt out of your cover, then later decide to apply for cover, you will need to provide detailed evidence of health.

If you wish to make other changes to your death and TPD cover, such as requesting a higher amount or setting your cover to a fixed dollar amount, you will need to complete the *Change insurance cover* form on our website or contact us for a copy.

Salary continuance (SC) cover

We don't automatically provide SC cover when you join Equip, but you can apply for it by completing the *Change insurance cover* form and *Personal Statement* on our website or contact us for a copy.

Need help?

☎ Call us on 1800 682 626 or 🌐 www.equipsuper.com.au 📍 Equip, GPO Box 4303, Melbourne VIC 3001

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6 – Occupation ratings

The premiums you pay for death and TPD insurance cover vary based on your occupation rating. Occupation ratings reflect the different levels of risks associated with different roles and duties. For example, a member who works primarily in an office-based role is considered low risk, whereas someone operating heavy machinery is considered a higher risk. For most new members (but not all) the default occupation rating is **Standard**.

You should review the descriptions below and select the occupation rating that describes your work. By selecting a rating, you may be eligible to pay less for your cover. Your response will only be used to determine if you are eligible to pay lower premiums than the occupation rating assigned to your account. We may check your occupation rating if you make a claim so contact us if you're not sure which rating applies to you.

<input type="checkbox"/> Blue collar	<input type="checkbox"/> Standard	<input type="checkbox"/> White collar	<input type="checkbox"/> Professional
<ul style="list-style-type: none"> ■ You are currently employed ■ You don't perform any duties of a <i>hazardous occupation</i> 	<ul style="list-style-type: none"> ■ You are currently employed ■ You don't perform any duties of a <i>hazardous occupation</i> ■ You don't perform any manual or physical work OR if you do, it is only light manual duties (example occupations for light manual duties may include retail or sales personnel, computer technicians, supervisors of manual work or professionals who do some fieldwork) 	<ul style="list-style-type: none"> ■ You are currently employed ■ You don't perform any duties of a <i>hazardous occupation</i> ■ You don't perform any manual duties or physical work ■ You spend at least 80% of your time on administrative type duties in an office environment 	<ul style="list-style-type: none"> ■ You are currently employed ■ You don't perform any duties of a <i>hazardous occupation</i> ■ You don't perform any manual duties or physical work ■ You spend at least 80% of your time on administrative type duties in an office environment ■ You have a tertiary qualification ■ You earn greater than \$100,000 per annum (pro rata for part time) ■ You are a senior manager or executive responsible for the work of other supervisory, managerial or professional employees or managing a key business function in your organisation.

Hazardous occupations include security guards and crowd control. The full list of hazardous occupations can be found in the *Insurance in your super* guide.

Duty of disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, may affect the insurer's decision to insure and the terms of that insurance. This duty of disclosure continues after you have completed this statement until after the cover has been issued by the insurer. The same duty applies before you extend, vary or reinstate the contract. You do not need to tell the insurer anything that:

- reduces the risk they insure you for; or
- is common knowledge; or
- the insurer knows or should know as an insurer; or
- the insurer waives your duty to tell them about.

If you do not tell the insurer something

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, the insurer may apply the following rights separately to each type of cover. If you do not tell the insurer something that you are required to tell the insurer, and they would not have insured you on the same terms if they had been told, they may avoid your cover within 3 years of issuing it.

If the insurer chooses not to avoid your cover, they may, at any time, reduce the amount for which you have been insured. This would be worked out using a formula that takes into account the premium that would have been payable if you had told them everything you should have. However, for death cover, the insurer may only exercise this right within 3 years of issuing the cover. If the insurer chooses not to avoid the cover or reduce the amount for which you have been insured, they may, at any time, vary the cover in a way that places them in the same position they would have been in if they had been told everything they should have been told. However, this right does not apply to death cover.

If the failure to tell the insurer is fraudulent, they may refuse to pay a claim and treat the cover as if it never existed.

Our duty of disclosure

We, the trustee, also have a duty to tell the insurer anything that we know that may affect their decision to offer you cover. The consequences of non-disclosure are the same as described above.

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Privacy

The personal information you provide on this form will be used in accordance with Equip's Privacy Statement, which you can view online at www.equipsuper.com.au/privacy or you can obtain a copy by contacting us on 1800 682 626.

We collect, use and disclose personal information about you in order to manage your superannuation benefits and give you information about your super. We may also use it to supply you with information about the other products and services offered by us and our related companies. If you do not wish to receive marketing material, please contact us on 1800 682 626. You can also manage your communication preferences via Equip's secure website or by following any instructions in the emails we may send you.

Equip's Privacy Statement details 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 includes details on how we collect, disclose and manage your personal information, including other entities and offshore locations that may receive or provide your information. Our administrator, Mercer Outsourcing (Australia) Pty Ltd, will also handle your personal information. You can view Mercer's Privacy Policy online at www.mercer.com.au/privacy.html.

If you have any other queries in relation to privacy issues, you can contact us or write to our Privacy Officer, GPO Box 4303, Melbourne VIC 3001.

7 – Sign the form

By signing this form I:

- acknowledge that I have received all information I require in order to exercise the choices I have made.
- acknowledge that I am not applying for, intending to apply for or have not been paid a TPD or terminal illness benefit from any Australian superannuation fund or life insurance policy, otherwise I am not eligible for any cover.
- acknowledge that I have read and understood the *Product Disclosure Statement (PDS)* and *Financial Services Guide* and agree to be bound by the terms and conditions outlined in them, and the trust deed and rules which govern the operation of Equip.

Signature

Date (ddmmyyyy)

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Please return your completed form to Equip, GPO Box 4303, Melbourne VIC 3001

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