

4. Your insurance

When you join Transuper, you automatically receive our basic insurance cover, provided you meet our eligibility criteria.

Basic insurance cover consists of 2 units of Death (including Terminal Illness) cover and 2 units of Total and Permanent Disablement (TPD) cover. Please read the Insurance section of the *Member Information Booklet* (PDS) to understand the conditions you must meet to qualify for basic insurance cover.

Insurance group

The following questions will help us determine which insurance group applies to you. This determines how much basic cover you receive and how much that cover costs.

Occupation (please describe briefly)

For the full definitions of these groups, please refer to the *Insurance* section of the *Member Information Booklet* (PDS).

If you do not elect a group, you will automatically be placed in Group 1.

For insurance purposes, I am a:

- Group 1: Manual (do not meet Group 2 or 3 definitions)
- Group 2: Non-manual (working at least 75% of the time in an office environment without manual duties)
- Group 3: Professional (working in an office environment 100% of the time in a sedentary capacity, earning \$80,000 pa or more – or pro rata equivalent if not working full time – and hold an accredited higher education qualification or are eligible to belong to a recognised professional body).

Insurance cover options

If you are a new member of Transuper, you can apply for an additional unit of basic cover without the need to provide evidence of health. Conditions apply. Refer to the *Insurance* section of the *Member Information Booklet* (PDS) for more information.

If you do not elect a basic cover option, you will automatically receive 2 units of Death cover and 2 units of TPD cover.

Please tick one option below:

- 1 unit of Death (including Terminal Illness) cover and 1 unit of TPD cover
- 2 units of Death (including Terminal Illness) cover and 2 units of TPD cover – **Default**
- 3 units of Death (including Terminal Illness) cover and 3 units of TPD cover

If you do not want insurance cover, please call us on 1800 808 799 to request a *Change insurance cover* form.

Find out how you can top up your basic insurance cover by reading the *Insurance* section of the *Member Information Booklet* (PDS).

5. Your preferred beneficiaries

Beneficiaries are the people you want to receive your super if you die while you are a member of Transuper.

A Dependant is currently defined as your spouse (of the opposite or same sex, including de facto relationships), children, someone who is wholly or partially financially dependent on you, or someone with whom you have an interdependency relationship. See the *Other Information* section of the *Member Information Booklet* (PDS) for full definitions.

This nomination is not binding. The Trustee makes the final decision on who receives your benefit if you die while a member of Transuper.

First person's full name

Mr Mrs Miss Ms Dr

Sex M/F

Date of birth

 / /

Street number

Street name

Suburb/Town/City

State

Postcode

Relationship to you

How much?

 %

Second person's full name

[Grid for name entry]

Mr Mrs Miss Ms Dr

Sex M/F

Date of birth

[Grid for title, sex, and date of birth]

Street number

Street name

[Grid for street address]

Suburb/Town/City

State

Postcode

[Grid for suburb, state, and postcode]

Relationship to you

How much?

[Grid for relationship and percentage allocation]

Third person's full name

[Grid for name entry]

Mr Mrs Miss Ms Dr

Sex M/F

Date of birth

[Grid for title, sex, and date of birth]

Street number

Street name

[Grid for street address]

Suburb/Town/City

State

Postcode

[Grid for suburb, state, and postcode]

Relationship to you

How much?

[Grid for relationship and percentage allocation]

Total = 100%

1 0 0 %

You can nominate more beneficiaries by attaching their details on a separate signed sheet. Make sure that you include all the information requested above and that the total allocation of your super adds up to 100%.

6. Spouse or third party authority (optional)

Complete this section if you want to give another person authority to either act on your behalf or to obtain information about your Transuper account.

I hereby authorise the person or company below to:

obtain information about my Transuper account

AND/OR (tick one or both boxes)

act on my behalf by giving instructions about my Transuper account

I understand that this authorisation will remain in force until revoked in writing by me.

Name of person

Relationship to you

[Grid for name and relationship]

Name of company (if applicable)

[Grid for company name]

Street number

Street name

[Grid for street address]

Suburb/Town/City

State

Postcode

[Grid for suburb, state, and postcode]

7. Your TFN

Why we need your TFN

Under the *Superannuation Industry (Supervision) Act 1993*, your superannuation fund is authorised to collect your Tax File Number (TFN), which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change. The trustee of your superannuation fund may disclose your TFN to another superannuation provider when your benefits are being transferred, unless you request the trustee of your superannuation fund in writing that your TFN not be disclosed to any other superannuation provider.

It is not an offence not to quote your TFN. However, giving your TFN to your superannuation fund will have the following advantages (which may not otherwise apply):

- your superannuation fund will be able to accept all types of contributions to your account/s;
- the tax on contributions to your superannuation account/s will not increase;
- other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits; and
- it will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

I agree to provide my TFN under the conditions stated above. My TFN is

We respect your privacy

Our *Member Information Booklet* (PDS) explains how we collect, use and protect your personal information. Call us on 1800 808 799 or visit www.transuper.com.au for a copy.

Direct marketing

From time to time, Transuper may send members direct marketing material (including marketing material from third parties) about special offers and promotions which are available to members of Transuper only.

If you do not want Transuper to use your personal information to send you direct marketing material, please tick this box:

Read and sign

I declare that:

- I have read and carefully considered the questions in the *Membership application* form and all answers provided on this form are true and correct
- I am aware of the terms and conditions for insurance cover (including defined terms) as summarised in the *Member Information Booklet* (PDS) and acknowledge that the terms and conditions apply to me
- I agree to the collection, use and disclosure of my personal information by the insurer as set out under the heading 'Protecting your privacy' in the *Member Information Booklet* (PDS).

Signature (please sign here)

X

Date



Send your completed form to: Transuper, Locked Bag 5094, Parramatta NSW 2124 or fax it to 1300 889 807