

**Please complete in capital letters and in BLACK INK only**

This form is to be completed if you wish to apply for an additional fourth unit of Standard Death and Total and Permanent Disablement (TPD) Cover. This option is **only** available to Employer members who are eligible for the standard three units of Death and TPD cover. If at any time you elect for a reduction or change in your type of cover, you are no longer eligible to apply for the additional unit of cover.

**Note:** An application to increase your level of cover can only be made within 120 days of the date you first become eligible for membership in the Fund. The effective date of the increase will be the date your completed form is received by the Fund.

### 1. Your details

Member No				Date of birth (dd/mm/yyyy)		/		/	
Title				(e.g. Mr/Mrs/Ms/Miss/Dr)					
Family name									
Given name(s)									
<b>Contact Details (postal address, telephone, email)</b>									
No./Street/PO Box									
Suburb/Town/City									
State/Territory		Postcode		Country (if outside Australia)					
Phone: Home no. (inc. STD/ISD)				Business no. (inc. STD/ISD)					
Mobile no.				Fax no. (inc. STD/ISD)					
E-mail address									
<b>Residential Address</b>									
<input type="checkbox"/>	<b>Same as Postal Address above</b>								
<input type="checkbox"/>	<b>Different from Postal Address above – you MUST complete below</b>								
No./Street									
Suburb/Town/City									
State/Territory		Postcode		Country (if outside Australia)					

### 2. Election choice

By electing to increase my Standard Death and TPD Cover to four units, I understand that my weekly premium will increase to \$4.40 for Death and TPD cover.

**If you have Standard Death and TPD cover:**

- I elect to increase my Standard Death and TPD Cover to four units
- I confirm that on the date of application I am 'At Work'

\*means that you were actively at work and competently performing all the essential duties of your usual occupation without restriction, or are on approved leave other than leave which is taken for reasons related to injury or illness, and you are not receiving or claiming and/or entitled to claim income support benefits from any source including workers' compensation benefits, statutory transport accident benefits and disability income benefits.

I declare that I have fully read this form and the information completed is true and correct.

Signed  Date (dd/mm/yyyy)  /  /



## IMPORTANT NOTES

You should read the **Product Disclosure Statement (PDS)** and **Insurance Fact Sheet** before completing this form as they provide important information about the insurance benefits provided by the Fund. The PDS and Insurance Fact Sheet are available from Member Services and the Fund's website.

### WHEN DOES STANDARD COVER APPLY?

Standard Cover of three units applies from the date you are 'At Work' and first become eligible for cover under the Fund as advised by your employer.

Note that in certain circumstances your employer may provide alternate arrangements which would mean that you do not fall under standard cover and do not have the option to change your insurance arrangements. Please contact Member Services for more information.

### WHAT COVER IS PROVIDED?

The amount of cover depends upon your age at the time a claim arises. It is \$103,125 for each unit of cover up to age 30 and decreases progressively. Cover ceases once you reach age 70. Full details are contained in the PDS and the Insurance Fact Sheet, available from Member Services.

### INCREASING COVER

By electing to increase your cover to four units the cost of your insurance will increase from \$3.30 per week to \$4.40 per week.

### ADDITIONAL INSURANCE COVER

Additional insurance cover may be available through a Group Insurance Policy arranged by the Trustee. Full details may be obtained through Member Services.

### PROTECTING YOUR PRIVACY

Some of the personal information you are requested to provide is required to establish and maintain your membership in FuturePlus Super while other information is required under Australia's Anti-Money Laundering and Counter-Terrorism Financing laws.

The Trustee is fully committed to comply with the National Privacy Principles in the way in which your personal information is stored and used. Full details of how this is achieved are contained in the Trustee's Privacy Policy, which is available from Member Services or the website at [www.futureplussuper.com.au](http://www.futureplussuper.com.au).

### TRUSTEE INFORMATION

Please note that the information contained in this document is of a general nature only and does not constitute personal advice as it does not take into account your personal objectives, financial situation or needs. Any advice in this document is provided by Chifley Financial Services Limited (ABN 75 053 704 706), as an Australian Financial Services Licensee (AFSL 231148). Chifley Financial Services Limited is an APRA Registrable Superannuation Entity Licensee and the trustee of FuturePlus Super (ABN 76 829 356 693). Chifley Financial Services Limited is co-owned by Energy Industries Superannuation Scheme Pty Limited (ABN 72 077 947 285), Unions NSW, Australian Workers Union (ABN 28 853 022 982 trading as the Australian Workers Union National Office) and the Australian Workers Union (ABN 70 662 384 762 trading as The Australian Workers Union Greater New South Wales Branch).

You should not rely solely on this information and you should consider your own personal objectives, financial situation and needs before acting on this information. Prior to making any investment decision you should obtain and consider the relevant Product Disclosure Statement (PDS) or other offer document and seek professional investment advice.

### Where to send this form/enquiries

FuturePlus Super  
PO Box N835  
GROSVENOR PLACE NSW 1220  
website: [www.futureplussuper.com.au](http://www.futureplussuper.com.au)

Phone: 1800 067 059  
(8.30 am – 5.00 pm Mon – Fri)

enquiries: [info@futureplussuper.com.au](mailto:info@futureplussuper.com.au)

**DO NOT FAX OR EMAIL THIS FORM AS YOUR ORIGINAL AUTHORISATION IS REQUIRED**

