

Application for Voluntary Insurance within the Manildra Flour Mills Retirement Fund (ABN 32 448 411 930)

Please note that your application for voluntary insurance will **not** be valid unless you complete **all** sections of this application form and **sign and date** the form. Your insurance cover will not start until approved by the Fund's insurer, OnePath Life Limited (ABN 33 009 657 176).

When completed, please return this form to: Mr. Peter May, Fund Administrator, Manildra Flour Mills Retirement Fund, GPO Box 2128, Sydney NSW 2001 or email to petermay@pfsconsulting.com.au.

1. Personal Details:

Manildra Fund Membership Number: _____

Full Name (Title, First and Middle Names, Surname): _____

Job title and brief description of duties _____

Do you work more than 15 hours per week? (please circle) Yes / No

Full Residential Address: _____

Postal Address (if different from residential address): _____

Business hours telephone number, including area code: _____

Mobile telephone number, if any: _____

Email address, if any: _____

Date of Birth: _____

Sex (please circle): Male / Female

I am:

[tick one]

an Australian citizen

a New Zealand citizen

a permanent resident of Australia.

2. Voluntary insurance required

I am applying for the following amount of voluntary cover, in addition to any insurance cover provided as part of the standard insured benefit in the fund.

\$_____ death and TPD cover

or

\$_____ death only cover

3. Duty of Disclosure

Your Duty of Disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose to the insurer before you extend, vary or reinstate a contract of life insurance. Your duty however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is common knowledge;
- that your insurer knows, or in the ordinary course of business, ought to know; or
- disclosure of which is waived by the insurer

The duty of disclosure applies even after this application is completed until the Fund's insurer advises acceptance of insurance.

Non Disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered in the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum you have been insured for, in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

4. Declaration and signatures

I, the undersigned, being a member of the Manildra Flour Mills Retirement Fund (the Fund) apply for voluntary insurance cover within the Fund. I acknowledge that I have read the insurance and privacy information in the Fund's current Product Disclosure Statement and the Duty of Disclosure section of this form.

I confirm that the information I have provided on this form is correct and complete.

I understand that:

- premiums for voluntary insurance cover will be deducted from my Company Accumulation Account in the Fund;
- my voluntary insurance cover will not commence until my application has been assessed and approved by the Fund's insurer, which will be advised to me in writing;
- I will need to provide additional information required by the Fund's insurer, and that this may involve completing more detailed forms for the insurer or undergoing a medical examination and I consent to the use of this information by the Fund's insurer and its service providers to assess my application for voluntary insurance and any related insurance claim;
- the Fund's insurer has the right to accept or decline my application for cover;
- insurance cover will only be provided on the terms and conditions set out in the contract of insurance with the Fund's insurer and insured benefits can only be paid to me in accordance with the Fund's governing rules and superannuation law; and
- neither the Trustee nor my employer has provided any advice on the appropriateness of this voluntary insurance cover for me and that the Trustee has advised me that I should seek advice from a licensed financial adviser.

Signature of Applicant: _____ Date: _____ / _____ / 20

Signature of Witness: _____

Full Name of Witness: _____

Fund use only

Standard insurance: \$ _____
Proposed voluntary insurance: \$ _____
Total: \$ _____

Date application forwarded to OnePath: _____

Decision date: _____

Decision: accepted accepted subject to special terms rejected

Date member advised of decision: _____

Notes