

Insurance Application and Variation Form

Please complete this form in BLOCK LETTERS.

Questions? Contact us on support@smartMonday.com.au

Important information

- Use this form to update any personal member details, decrease or cancel your existing insurance cover, vary or increase your insurance cover.
- We will send you written confirmation within 30 days of receiving your completed form. If you do not receive confirmation, please contact us on 1800 816 575.
- Before you complete this form, you should have read the smartMonday PRIME Enterprise Product Disclosure Statement and Insurance Reference Guide which explains the specific insurance cover options available to you.

Section 1

Member details

Member number

Date of birth

Title

Given Name(s)

Surname

Postal address

Residential address (if same as postal address write 'as above')

Phone (home)

Phone (work)



Mobile

Email

I authorise smartMonday PRIME Enterprise to update my address and contact details if the details provided above differ to the details currently held.

Section 2

Insurance variation – My options and Instructions

Cancel my current:

death only cover, or death and TPD cover, or income protection.

(Note: By cancelling your cover you will no longer have insurance cover with the Fund. If you wish to have insurance cover in the future you will need to apply, provide medical evidence and be accepted by the Insurer.)

Vary my insurance*:

death and TPD cover to death only cover

income protection:

waiting period	30 days	90 days
amount	75% of salary**	fixed amount per month

Benefit payment period

2 years	5 years	To age 65
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Reduce my cover by: \$ (or unit)

death only or death and TPD income protection

Increase my cover* by:** \$ (or unit)

death only or death and TPD income protection

* Vary my insurance cover refers to your new total insurance cover i.e. any increase or decrease plus any existing cover.

** Plus an additional amount equal to the current level of the superannuation Contribution Levy.

*** To increase insurance cover I understand I will need to provide a personal health statement for the Insurer and medical evidence, and I understand this will have to be accepted by the insurer before the additional cover begins.

Transfer my insurance cover in from another superannuation fund

(Terms and conditions apply. A transfer in form from the Insurer will need to be completed in addition to this form.)

Life event increase* - I wish to increase my cover without medical underwriting, due to the occurrence of one of the following life events:

Marriage Birth or adoption of a child My child commenced secondary school

You first take a mortgage on the purchase of a home

* Terms and conditions apply. A life Event Cover Increase Form from the Insurer will need to be completed in addition to this form.

If you have any questions regarding the information you need to provide for your application to be considered please contact support@smartMonday.com.au

Privacy Policy

Aon and the trustee are committed to protecting your personal information in accordance with the Australian Privacy Principles under the Privacy Act 1988 (Cth). We collect, use and disclose personal information to offer, promote, provide, manage and administer the many financial services and products we and our group of companies are involved in as set out in the [Aon Privacy Policy](#) and the [ETSL Privacy Policy](#). In order to do this, we may also share your information with other persons or entities who assist us in providing or promoting our services as set out in these Policies.

I declare that:

- I have received a copy of the Product Disclosure Statement (PDS) and Insurance Reference Guide, and if I received a copy from the internet or other electronic means, I received a complete copy of it personally or a printout of it.
- I have read and understood, and agree to be bound by any terms and conditions contained in the smartMonday PRIME Enterprise PDS and smartMonday PRIME Enterprise Insurance Reference Guide, and the Trust Deed as amended from time to time, including any documents incorporated by reference.
- I have read the Duty of Disclosure in the PDS and I am aware of the consequences of non-disclosure. I understand that the duty of Disclosure continues after I have completed this statement until my application for cover has been accepted in writing by smartMonday PRIME Enterprise and the Insurer.
- I declare that all of the information provided in my Insurance Application and Variation form is true and correct, including those not in my own handwriting, and I have told the Insurer everything I know that could affect its decision to accept my application for insurance. I understand that the information provided in this form may alter my entitlement eligibility and insurance arrangements.
- I am not restricted by illness or injury from carrying out all my normal work duties and I am actively working my normal hours.

Section 3

Member declaration

I authorise:

- The release to the Insurer or any other organisation duly appointed by the Insurer, of any medical information needed in connection with this application, including full details of my past medical history. A photocopy (or similar) of this authorisation will be valid as the original.
- I understand and accept the information contained in this form may be shared with staff and service providers of smartMonday PRIME Enterprise, and by providing email addresses I agree that the Fund may use this address to provide me with information about the Fund (such as transaction confirmations, statements, reports and other material).

I understand that:

- The only insured benefits that will be paid by the Fund are those that are payable under the Policy held with the Insurer, and neither of the Trustee or any service provider to the Fund guarantees the payment of any benefit or sum insured or the return of any money.
- I do not have any right of ownership or participation in the Policy.
- If I cancel my cover, I will not be insured by smartMonday PRIME Enterprise and will not be entitled to claim an insurance benefit.
- In choosing to cancel or reduce my cover, the changes will take effect from the date smartMonday PRIME Enterprise receive the form and I will no longer be insured for that amount and type of cover. If I decide I require insurance cover in the future, I understand that I will need to apply and provide medical evidence.
- In choosing to increase my cover, I will need to provide a personal statement and medical evidence, and that this will have to be accepted by the insurer before the additional cover begins.
- If this application is signed under Power of Attorney, the Attorney declares that s/he has not received notice of revocation of that power (certified copy of that Power of Attorney must be submitted with this application unless we have already sighted it).

Section 4

Signature

Member Signature

Date

Please send the completed form to: smartMonday, PO Box 1282, Albury NSW 2640

Phone: 1800 816 575

Email: support@smartMonday.com.au

Website: smartMonday.com.au

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Send your completed form to: smartMonday, PO Box 1282, Albury, NSW 2640

SBSM0084 T DATE ISSUED: JUL 2020