

Defined Benefit Division/ Accumulation 2 – changing your default options form

Who should use this form?

If you're a Defined Benefit Division (DBD) or Accumulation 2 member you can use this form to:

- update your future contributions strategy (SECTION 3)
- update the investment of your current contributions/rollovers (SECTION 3A)
- make a non-binding beneficiary nomination (SECTION 8)

DBD members can also use this form to:

- apply for Death and/or Total and Permanent Disablement (TPD) default cover or top-up cover (SECTION 4 and SECTION 5)
- opt out of automatically receiving default Death and/or TPD cover in the future (SECTION 6)
- convert unitised insurance cover to fixed cover (SECTION 7)

- any accumulation contributions to your account will be invested in the Balanced (My Super) investment option if you haven't chosen an investment strategy
- any Income Protection cover you have will cease
- Any Death and/or TPD cover already in place will continue with any existing restrictions, loadings or exclusions. Otherwise, if you don't already have insurance cover and have not opted out of default cover, you may be eligible to receive 10 units of default Death and TPD cover, and
- Inbuilt benefits are automatically provided and a three-year pre-existing condition exclusion period applies.

If you wish to change any of these arrangements once you've joined the DBD, complete this form and return it to us. Please allow at least two weeks after the date you want to opt into the DBD before submitting this form.

You have two years from the date you join the DBD to decide whether you'd like to remain a DBD member or move to Accumulation 2. Once you've made your decision, you can't change your mind.

The information you provide on this form will also apply to your Accumulation 2 membership, should you choose to transfer. Read more about the difference between the DBD and Accumulation 2—including how to transfer—in the PDS and at unisuper.com.au.

If you're joining, transferring, or are an existing DBD/ Accumulation 2 member, please also note:

- If you wish to reduce your default member contributions complete the *Change my default member contributions* form and return it to your employer.
- If you've previously reduced your default member contributions and have started a new job with a new employer, make sure you let them know your rate.
- This form allows you to make some changes to insurance cover you may have received when you joined UniSuper. You can apply to make changes to insurance cover online or,
 - If you want to apply for additional cover complete the *Application for insurance at UniSuper*.
 - If you want to reduce your insurance cover including amount, waiting periods or benefit period complete the *Changing your insurance cover* form.

All our forms are available at unisuper.com.au/forms.

BEFORE COMPLETING THIS FORM

Read the *Defined Benefit Division and Accumulation 2 Product Disclosure Statement (PDS)* and information documents that form part of the PDS to ensure you understand the benefits and risks associated with membership, as well as your options as a UniSuper member.

JOINING UNISUPER OR TRANSFERRING MEMBERSHIP

Depending on the terms of your employment, you may be eligible to opt in to become a Defined Benefit Division (DBD) member.

If you're not already a DBD or Accumulation 2 member and you're eligible, you have two years to opt into the DBD from the commencement of your DBD eligible employment. Your employer can let you know if you're eligible.

When you've opted into the DBD:

- you'll become a DBD member from the commencement date of your next pay period
- you'll start making default member contributions of 7% of your salary (after tax)

SECTION 1 MEMBER DETAILS

➤ Please complete in BLACK or BLUE BALL POINT PEN using CAPITAL letters. Cross (X) where required.
All fields in SECTION 1 are mandatory.

Existing member number (if known)

Title

☐ Mr ☐ Mrs ☐ Ms ☐ Dr ☐ Professor ☐ Other

Surname

Given name(s)



SECTION 1 CONTINUED

Date of birth (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sex at birth ¹	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Daytime contact number	<input type="text"/>					
Email address	<input type="text"/>					
Employer	<input type="text"/>					
Employment start date (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Residential address (not PO Box)	<input type="text"/>					
Suburb/Town	<input type="text"/>					
State	<input type="text"/>				Postcode	<input type="text"/>
Country (if not Australia)	<input type="text"/>					
Is your postal address different from your residential address?	<input type="checkbox"/> No. Go to SECTION 2. <input type="checkbox"/> Yes. Please provide your postal address below.					
Postal address (PO Box if applicable)	<input type="text"/>					
Suburb/Town	<input type="text"/>					
State	<input type="text"/>				Postcode	<input type="text"/>
Country (if not Australia)	<input type="text"/>					

¹ Your sex at birth helps us calculate your insurance premium. We recognise that it may differ from your gender identity.

SECTION 2 TAX FILE NUMBER (TFN)

If we don't have your TFN, you may pay more tax than you need to and UniSuper will be unable to accept your non-concessional (personal after-tax) contributions.²

If you've already provided your TFN to your employer, there's no need to provide it again. See the PDS and the *How super works* document for more information.

Your TFN

Please read the important information about providing your TFN at unisuper.com.au/tfn. You can also request a copy of that information, free of charge, by calling **1800 331 685**.

² In order to join the Defined Benefit Division it is compulsory to provide your TFN.

SECTION 3 FUTURE CONTRIBUTIONS STRATEGY

If you're an existing UniSuper member, only complete this section if you wish to change your future contributions strategy. Any super transferred from other funds (rollovers) will also be allocated according to your future contributions strategy, unless you've already elected a rollover strategy.

To change your rollover strategy or the way your existing accumulation account/component is invested, log in to your account at unisuper.com.au.

For your accumulation component or account, you can choose a single investment option or a mix of investment options. All future contributions will then be invested in line with these instructions. **The total must equal 100% and each nomination must be in whole numbers.** If you've transferred to the Defined Benefit Division/Accumulation 2 from Accumulation 1 or a Personal Account and you haven't provided a new future contributions strategy, then any contributions received into your new account will be invested as per your existing future contributions strategy.

You should understand the risks and other implications of selecting your investment options. Read the PDS and the latest *How we invest your money* document for more information before completing this form. We recommend you consult a qualified financial adviser before making any investment decisions.

Pre-Mixed	Conservative		%
	Conservative Balanced		%
	Balanced*		%
	Sustainable Balanced		%
	Growth		%
	High Growth		%
	Sustainable High Growth		%
Sector	Cash		%
	Australian Bond		%
	Australian Income		%
	Listed Property		%
	Australian Shares		%
	International Shares		%
	Global Environmental Opportunities		%
	Australian Dividend Income		%
	Global Companies in Asia		%
	Total	100	%

* Balanced is the MySuper option for all non-DBD members.

Sector options are generally less diversified and are not intended to be used in isolation. They're intended to be combined with other investment options to build a diversified portfolio.

SECTION 3A EXISTING ACCUMULATION BALANCE

Your existing accumulation balance (including any contributions or rollovers already received) will be invested in our default Balanced investment option (unless you've instructed us otherwise). When we receive this form, we'll switch your existing accumulation balance to the investment option(s) you've chosen in SECTION 3, as at the date we process the form. Refer to the *How we invest your money* document for when switches are effective.

☐ Select this box if you don't want your existing accumulation balance switched to the investment option(s) you've chosen in SECTION 3.

SECTION 4 INSURANCE COVER – DBD MEMBERS

➤ Care must be taken to answer all questions we ask as part of your insurance application honestly and accurately. Otherwise, you may not be able to rely on your insurance when it's needed the most.

INFORMATION FROM THE INSURER (METLIFE) - THE DUTY TO TAKE REASONABLE CARE NOT TO MAKE A MISREPRESENTATION

When you apply for life insurance, we will ask you a number of questions. Our questions will be clear and specific. They will be about things such as your health and medical history, occupation, income, lifestyle, pastimes, and other insurance. The answers given in response to our questions are very important. We use them to decide if we can provide cover to you and, if we can, the terms of the cover and the premium we will charge.

The duty to take reasonable care

When applying for insurance, there is a duty to take reasonable care not to make a misrepresentation.

A misrepresentation could be made if an answer is given that is false, only partially true, or that does not fairly reflect the truth. This means when answering our questions, you should respond fully, honestly and accurately.

The duty to take reasonable care not to make a misrepresentation applies any time you answer our questions as part of an initial application for insurance, an application to extend or make changes to existing insurance, or an application to reinstate insurance.

You are responsible for all answers given, even if someone assists you with your application.

We may later investigate the answers given in your application, including at the time of a claim.

Consequences of not complying with the duty

If there is a failure to comply with the duty to take reasonable care not to make a misrepresentation, it can have serious consequences for your insurance, such as those explained below:

Potential consequences	Additional explanation	Impact on claims
Your cover being voided	This means your cover will be treated as if it never existed	Any claim that has been made will not be payable
The amount of your cover being changed	Your cover level could be reduced	If a claim has been made, a lower benefit may be payable
The terms of your cover being changed	We could, for example, add an exclusion to your cover meaning claims for certain events will not be payable	If a claim has been made for an event that is now excluded, it will not be payable

If we believe there has been a breach of the duty to take reasonable care not to make a misrepresentation, we will let you know our reasons and the information we rely on and give you an opportunity to provide an explanation.

In determining if there has been a breach of the duty, we will consider all relevant circumstances.

The rights we have if there has been a failure to comply with the duty will depend on factors such as what we would have done had a misrepresentation not been made during your application process and whether or not the misrepresentation was fraudulently made.

If we decide to take some action on your cover, we will advise you of our decision and the process to have this reviewed or make a complaint if you disagree with our decision.

Guidance for answering our questions

When answering our questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question that we ask you.
- Don't assume that we will contact your doctor for any medical information.
- Answer truthfully, accurately and completely. If you're unsure about whether you should include information, please include it or check with us.
- Review your application carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and make corrections if needed) before the application is submitted.

Other important information

Your application for cover will be treated as if you're applying for an individual 'consumer insurance contract'. For this reason, the duty to take reasonable care not to make a misrepresentation applies.

Before your cover starts, we may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

If after the cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has any impact on the cover.

It's important that you understand this information and the questions we ask, so if you have any queries please contact us on [1800 331 685](tel:1800331685).

I want to:

- ☐ elect default cover as I have reduced my default member contributions. Go to SECTION 5.
- ☐ elect top-up cover. Go to SECTION 5.
- ☐ cancel or opt out of default Death and/or TPD insurance cover. Go to SECTION 6.
- ☐ convert death and/or TPD cover from unitised to fixed. Go to SECTION 7.
- ☐ leave my insurance cover as it is. Go to SECTION 8.

SECTION 5 DEATH AND TPD INSURANCE – DBD MEMBERS

If eligible, you'll automatically receive 10 units of Death and TPD cover—known as default cover—when you join the DBD. If you're eligible to receive default cover and you don't complete SECTION 6 of this form you'll retain, and pay for, default cover.

If eligible, you can elect to receive 10 units of top-up cover (in addition to default cover) without providing health evidence to the Insurer. We need to receive your top-up cover election within 180 days of the date your default cover commenced.

If you reduced your default member contributions when you joined UniSuper as a DBD member, you will not receive default cover automatically. If you would like to receive cover without providing health evidence to the Insurer, you'll need to apply for default (and top-up) cover with this form. In addition to receiving an employer contribution within 120 days of you joining the DBD, we must also receive:

- this form within 60 days of you joining the DBD, and
- a contribution or rollover into your accumulation component within 120 days of you joining the DBD.

See the PDS and the *Insurance in your super* document at unisuper.com.au/pds for more information.

ELECTING DEFAULT AND/OR TOP-UP COVER

To determine your eligibility, complete the following questions:

Have you ever received, or are you eligible to receive, a terminal illness type benefit under any policy issued by an insurer (including through a super fund)?

☐ Yes. You are not eligible for Death or TPD insurance cover. Go to SECTION 8.

☐ No. Continue.

What is the **total** number of units of Death cover you wish to receive?

Death cover (number of units between 1 and 20)

Have you ever received, or are you eligible to receive, a total and permanent disablement type benefit under any policy issued by an insurer (including through a super fund)?

☐ Yes. You're not eligible for TPD cover. Go to SECTION 8.

☐ No. Continue.

What is the **total** number of units of TPD cover you wish to receive?

TPD cover (number of units between 1 and 20)

Note: If you want to apply for more than 20 units of Death and/or TPD cover, use the *Application for insurance at UniSuper* form available at unisuper.com.au/forms. You'll need to provide evidence of your health to the Insurer as part of your application. If the Insurer accepts your application, they may apply restrictions, exclusions, loadings or other terms and conditions to your cover.

SECTION 6

CANCELLING OR OPTING OUT OF AUTOMATICALLY RECEIVING INSURANCE COVER

CANCEL YOUR EXISTING COVER

Please cancel my:

☐ Death cover

☐ TPD cover

Your insurance cover will cease effective the day we receive your request.

Note: If you have Death and TPD cover, and cancel only the Death cover, then you will have TPD-only cover. If you cancel only the TPD cover, then you will have Death-only cover.

OPT OUT OF AUTOMATICALLY RECEIVING INSURANCE COVER

If you don't complete this form and are otherwise eligible to receive default Death and TPD cover, you'll receive and start to pay for 10 units of default Death and TPD cover.

Would you like to opt out of automatically receiving insurance cover when you meet the eligibility conditions under this membership and any future memberships? This decision will apply even if you leave UniSuper and re-join, provided your member number doesn't change.

☐ Yes. Go to SECTION 8.

☐ No. Continue.

OPT OUT OF RECEIVING DEFAULT DEATH AND/OR TPD COVER

Would you like to opt out of automatically receiving default Death and/or TPD cover when you meet the eligibility conditions under this membership only?

Default Death (including terminal illness) and TPD cover

☐ Yes. Go to SECTION 8.

☐ No

Default Death (including terminal illness) only cover

☐ Yes

☐ No

Default TPD cover only

☐ Yes

☐ No

SECTION 7

CONVERTING DEATH AND/OR TPD COVER BETWEEN UNITISED AND FIXED

You have the option to convert your Death and TPD insurance cover between unitised cover and fixed cover. Read the *Insurance in your super* document at unisuper.com.au/pds for more information on converting your cover.

What type of cover do you want?

☐ Fixed cover. I understand that my unitised cover will be converted to an equivalent dollar amount of fixed cover, rounded up to the nearest \$1,000.

☐ Unitised cover

Conversion of cover is effective the later of the date we receive your request or the date your cover commences.

SECTION 8 NON-BINDING BENEFICIARY NOMINATION

You can make two types of beneficiary nomination: a non-binding beneficiary nomination and a binding death benefit nomination.

You can only make a non-binding beneficiary nomination on this form.

See the PDS for more information about the two types of beneficiary nominations and who you can nominate.

Which type of beneficiary nomination would you like to make? (Select one box only)

Non-binding beneficiary nomination

☐ Make your nominations below.

Binding death benefit nomination

☐ You need to complete a *Binding death benefit nomination* form, available from [unisuper.com.au/forms](https://www.unisuper.com.au/forms) or by calling **1800 331 685**. Continue to SECTION 9.

NON-BINDING BENEFICIARY NOMINATIONS

Please nominate your non-binding beneficiaries. *The total percentage of benefit nominations must add up to 100%. A non-binding beneficiary nomination is not binding on the Trustee, but will be taken into account when determining who receives your death benefit.*

Beneficiary 1

Surname

Given names

What is the beneficiary's relationship to you? (Select one box only)

☐ Spouse ☐ Child ☐ Financially dependent
☐ Interdependency relationship ☐ Legal personal representative (estate)

Percentage

%

Beneficiary 2

Surname

Given names

What is the beneficiary's relationship to you? (Select one box only)

☐ Spouse ☐ Child ☐ Financially dependent
☐ Interdependency relationship ☐ Legal personal representative (estate)

Percentage

%

Beneficiary 3

Surname

Given names

What is the beneficiary's relationship to you? (Select one box only)

☐ Spouse ☐ Child ☐ Financially dependent
☐ Interdependency relationship ☐ Legal personal representative (estate)

Percentage

%

Beneficiary 4

Surname

Given names

What is the beneficiary's relationship to you? (Select one box only)

☐ Spouse ☐ Child ☐ Financially dependent
☐ Interdependency relationship ☐ Legal personal representative (estate)

Percentage

%

SECTION 9**MEMBER DECLARATION AND SIGNATURE**

➤ Please read this declaration before you sign and date your form.

- I declare the information I have given on this form is true, complete and correct.
- If I've provided my TFN in SECTION 2, I understand the circumstances in which my TFN may be collected and used and I agree my TFN may be used for all super purposes.
- I acknowledge that I've read and understood the information in the *Defined Benefit Division and Accumulation 2 PDS*, this form, the *How we invest your money*, *Insurance in your super* and *How super works* documents, and understand that:
 - the insurance cover that is provided by this application will be determined in line with UniSuper's insurance policy terms and conditions.
 - if eligible, I will automatically receive and start to pay for 10 units of default Death and TPD cover effective from the date I join the DBD, unless I opt-out or cancel cover by completing SECTION 6 of this form.
 - if I joined UniSuper as a DBD member and reduced my default member contributions on joining, I won't automatically receive default Death and TPD cover.
 - if I elect to cancel the cover I automatically receive when I join the DBD, this cover will be cancelled on the day UniSuper receives this form. Insurance premiums will be payable until my cover is cancelled.
 - if I've applied to change my insurance cover under SECTIONS 5 to 7 of this form, I've read and understood the duty to take reasonable care in SECTION 4 and understand my obligations under the *Insurance Contracts Act 1984* (Cth).
 - information in the *Defined Benefit Division and Accumulation 2 PDS* may change from time to time and any updates will be available online at unisuper.com.au/pds.
 - taxes, fees, charges and costs apply.
- I understand that UniSuper intends to provide me with important documents relating to my super by making them available digitally (e.g. as a hyperlink in an email or through my online account). I acknowledge that UniSuper will use the most recent email address according to UniSuper's records, and that I can opt out of this method of disclosure at any time by contacting UniSuper on **1800 331 685**.
- I understand the investment instructions I've made in SECTION 3 of this form won't be processed if UniSuper receives the form more than 30 days from the date I sign and date it.
- I've read and understood the privacy information and consent to my personal information being used in accordance with UniSuper's *Privacy Statement* and *Privacy Policy* and the Insurer's *Privacy Policy*.

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
DD	MM	YYYY

Return your completed form to UniSuper:

Electronically: using the **Upload a document tool** at unisuper.com.au/contact-us. You can chat with us online or call **1800 331 685** if you need assistance.

Mail: UniSuper
Level 1, 385 Bourke Street
Melbourne VIC 3000

For further information

If you need further information:

- call us on **1800 331 685**, or
- visit our website at unisuper.com.au.

PRIVACY STATEMENT

UniSuper is committed to protecting your personal information in accordance with privacy law obligations. The information that you provide to UniSuper on this form is collected and used in accordance with our Privacy Policy which can be found online at unisuper.com.au/privacy. If you have any privacy related questions, please call **1800 331 685**.

PRIVACY - USE AND DISCLOSURE OF PERSONAL INFORMATION

Your privacy with MetLife Insurance Limited ABN 75 004 274 882 AFSL 238096 ('MetLife' or the 'Insurer')

The personal information you provide in the form is necessary for MetLife to provide you with the products and services you have requested from MetLife. You do not have to provide MetLife with your personal information, but if you do not do so MetLife may not be able to provide you with the products or services. MetLife complies with the *Privacy Act 1988* and the principles laid out in its Privacy Policy which details information about the entities that MetLife usually discloses personal information to (including overseas recipients), how you may access or seek correction of your personal information, how we manage that information and our complaints process. MetLife's Privacy Policy is readily available and can be viewed at www.metlife.com.au/privacy.