

# SWITCH INTO OR OUT OF FIXED BASIC COVER

## IMPORTANT INFORMATION

This form is for members who hold insurance in the DEFAULT DIVISION. Generally, you're in the Default Division if you joined the Fund on or after 20 May 2024, are eligible for insurance and haven't opted in to the MINING DIVISION.

If you hold insurance in the MINING DIVISION you're covered under different insurance arrangements.

If you currently have insurance, you can find the Division you're part of by logging in to your online account at [teamsuper.com/login](https://teamsuper.com/login) or by calling us on 13 64 63.

## Before you start...

Fill this form out in **BLOCK** letters using a black or blue pen. Write 'X' to mark boxes.

Complete this form if you want to switch from 'unitised' to 'fixed' Basic Cover (or switch back again).

- **Fixed Basic Cover** - Your level of insurance cover stays the same, but premiums generally increase as you get older.
- **Unitised Basic Cover** - Your level of insurance cover is based on your age and changes as you get older. The premiums are based on the level of cover provided and your age.

### The duty to take reasonable care

If you apply for life insurance, you will be treated as if you are applying for cover under an individual consumer insurance contract. The Insurer will conduct a process called underwriting. It's how it decides whether it can cover you, and if so on what terms and at what cost.

As part of underwriting, the Insurer will ask questions it needs to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance.

The information you provide in response to those questions will be vital to the Insurer's decision. As such, when applying for life insurance you have a legal duty to take reasonable care not to make a misrepresentation to the Insurer. A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your legal duty, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed.

This may also result in a claim being declined or a benefit being reduced.

Whether the Insurer can exercise one of these remedies depends on a number of factors, including:

- whether reasonable care was taken not to make a misrepresentation. This depends on all of the relevant circumstances.
- what the Insurer would have done if the duty had been met - for example, whether it would have offered cover, and if so, on what terms
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before any of these remedies are exercised, the Insurer will explain the reasons for its decision, how to respond and provide further information, and what you can do if you disagree.

## Turn over to finish filling out this form...

Locked Bag 2020 Newcastle NSW 2300 | T 13 64 63 | [teamsuper.com](https://teamsuper.com)  
Insurance is provided by TAL Life Limited ABN 70 050 109 450 AFS licence 237848 under a life insurance policy issued to Team Super Pty Ltd ABN 70 003 566 989 AFS licence 246864 as trustee of Team Superannuation Fund ABN 16 457 520 308 MySuper authorisation number 16457520308485.



## 1. Your personal details

|  |                          |                          |                          |                          |                          |                            |                          |                      |                      |                      |                      |                      |                      |                      |                      |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Mr   | Ms                       | Mrs                      | Miss                     | Dr                       | Other                    | Male                       | Female                   | Member number        |                      |                      |                      |                      |                      |                      |                      |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="text"/> |                      |                      |                      |                      |                      |                      |                      |
| Given names  |                          |                          |                          |                          |                          |                            |                          |                      |                      |                      |                      |                      |                      |                      |                      |
| <input type="text"/>   |                          |                          |                          |                          |                          |                            |                          |                      |                      |                      |                      |                      |                      |                      |                      |
| Surname  |                          |                          |                          |                          |                          | Date of birth (DD-MM-YYYY) |                          |                      |                      |                      |                      |                      |                      |                      |                      |
| <input type="text"/>   |                          |                          |                          |                          |                          | <input type="text"/>       | <input type="text"/>     | -                    | <input type="text"/> | <input type="text"/> | -                    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Residential address  |                          |                          |                          |                          |                          |                            |                          |                      |                      |                      |                      |                      |                      |                      |                      |
| <input type="text"/>   |                          |                          |                          |                          |                          |                            |                          |                      |                      |                      |                      |                      |                      |                      |                      |
| Suburb   |                          |                          |                          |                          |                          | State                      |                          | Postcode             |                      |                      |                      |                      |                      |                      |                      |
| <input type="text"/>   |                          |                          |                          |                          |                          | <input type="text"/>       | <input type="text"/>     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |
| Postal address. If the same as your residential address, mark 'X' in this box <input type="checkbox"/> |                          |                          |                          |                          |                          |                            |                          |                      |                      |                      |                      |                      |                      |                      |                      |
| <input type="text"/>   |                          |                          |                          |                          |                          |                            |                          |                      |                      |                      |                      |                      |                      |                      |                      |
| Suburb   |                          |                          |                          |                          |                          | State                      |                          | Postcode             |                      |                      |                      |                      |                      |                      |                      |
| <input type="text"/>   |                          |                          |                          |                          |                          | <input type="text"/>       | <input type="text"/>     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |
| Mobile phone   |                          |                          | Home phone               |                          |                          | Work phone                 |                          |                      |                      |                      |                      |                      |                      |                      |                      |
| <input type="text"/>   |                          |                          | <input type="text"/>     |                          |                          | <input type="text"/>       |                          |                      |                      |                      |                      |                      |                      |                      |                      |
| Preferred email  |                          |                          |                          |                          | Other email              |                            |                          |                      |                      |                      |                      |                      |                      |                      |                      |
| <input type="text"/>   |                          |                          |                          |                          | <input type="text"/>     |                            |                          |                      |                      |                      |                      |                      |                      |                      |                      |

## 2. Switch into or out of Fixed Basic Cover

Please mark 'X' either A or B

### A. Switch to Fixed Basic Cover

**I would like to switch to Fixed Basic Cover.**

I understand that my Fixed Basic Cover will be equal to my current Unitised Basic Cover.

Please refer to the **PDS** and **Insurance Guide - Default Division** for more information about Fixed Basic Cover and the premiums that apply for your level of cover, Occupation Group and age.

**OR**

### B. Switch to Unitised Basic Cover

**I would like to switch to Unitised Basic Cover.**

I understand that my Basic Cover will switch back to the number of units of Basic Cover I had before I fixed my cover, and my level of cover per unit of Basic Cover will now be calculated on my age next birthday.

Please refer to the **PDS** and **Insurance Guide - Default Division** for more information about unitised cover and the premiums that apply for your Occupation Group and age.

## 3. Your declaration

**I declare that:**

- have read and carefully considered the PDS and **Insurance Guide - Default Division**.
- understand that my request will take effect on the date this form is received by the Fund.

Your signature



Date (DD-MM-YYYY)

**When complete return this form to us by:**

**Post** Team Super  
Locked Bag 2020 Newcastle NSW 2300  
**Email** help@admin.teamssuper.com

Locked Bag 2020 Newcastle NSW 2300 | T 13 64 63 | [teamssuper.com](https://www.teamssuper.com)  
Insurance is provided by TAL Life Limited ABN 70 050 109 450 AFS licence 237848 under a life insurance policy issued to Team Super Pty Ltd ABN 70 003 566 989 AFS licence 246864 as trustee of Team Superannuation Fund ABN 16 457 520 308 MySuper authorisation number 16457520308485.