

Plum Personal Plan Insurance Form

plum.

Before you complete this form please read the following:

- We recommend that you refer to your *Insurance Guide* for more information about your insurance cover and the associated premiums. Please note any premiums payable will be deducted from your super account.
- If you're unsure about making a change to your insurance, we recommend you seek licensed financial advice.
- If you're applying to increase your insurance cover you may need to satisfy the insurer's requirements before the insurer can determine whether your increase in cover can be granted.
- If you decide to decrease or cancel your insurance cover and later change your mind, you'll have to re-apply. This means that you'll need to provide satisfactory health evidence before your cover is granted.

What happens next?

We'll contact you if the Insurer requires further medical or other information in support of your application. If accepted by the insurer we'll confirm your new or changed cover details in writing to you.

Will I need to provide health evidence?

This form will outline when you need to provide health evidence, as you go through your choices. When applying for insurance cover where you need to provide satisfactory evidence of health, you'll also need to complete and sign a personal statement. The personal statement is available by logging on to www.plum.com.au using your password, or by contacting us on **1300 55 7586**.

Step 1 - Complete your personal details (please use BLOCK letters)

Member number

Date of birth

 / /

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Male ☐ Female ☐

Given names

Surname (family name)

Unit number

Street number

Street name

Suburb

State

Postcode

Country

Contact number

Email

Trustee

NULIS Nominees (Australia) Limited
ABN 80 008 515 633
AFSL 236465

Fund

MLC Super Fund
ABN 70 732 426 024

Plum Super

GPO Box 63
Melbourne VIC 3001

Telephone 1300 55 7586

Web plum.com.au
Insurer MLC Limited

Step 2 - Select your amount of Death-only or Death and TPD cover

A. I would like to apply for or increase my:

☐ Death-only cover ☐ Death and TPD cover

\$ (total amount of cover required)

B. I would like to decrease my:

☐ Death-only or ☐ Death and TPD or ☐ TPD only

\$ (total amount of cover required)

Please note that any TPD cover you have cannot exceed the amount of Death cover that remains within the Plan.

C. I would like to cancel my:

☐ Death-only or ☐ Death and TPD or ☐ TPD only

If you have selected option A above, you will be required to provide health evidence prior to being accepted for any cover.

Step 3 - Apply for or change your level of SCI cover or change your benefit and/or waiting period



SCI cover provides a monthly benefit of up to 75% of your salary. You're eligible to apply for SCI cover if you're engaged in permanent, or fixed term employment for a period of at least 3 months, for at least 15 hours per week measured over a three month period - but does not include any person engaged on a temporary or seasonal basis.

Tick one of the boxes below to apply for or change your level of SCI cover:

A. I would like to make the following change to my SCI cover:

☐ New cover ☐ Increase cover

☐ Decrease cover ☐ Cancel cover

\$ p.a. (amount of cover required)

B. I would like to nominate or change my SCI waiting period and benefit period:

☐ 30 days/2 years ☐ 60 days/2 years ☐ 90 days/2 years

☐ 30 days/5 years ☐ 60 days/5 years ☐ 90 days/5 years ☐ 180 days/5 years

☐ 30 days/to age 65 ☐ 60 days/to age 65 ☐ 90 days/to age 65 ☐ 180 days/to age 65

Step 4 - Important information for insurance applicants

It's important that you read and understand the following information before signing this application form. Once you've signed, the Trustee and Insurer intend to rely on the information that you provide. If you don't understand any of the information, or if any of the information doesn't reflect your understanding of the arrangement, you should contact us on **1300 55 7586** before signing and returning this form.

Before submitting this application it's important that you understand the following information:

- Premiums are payable by you in respect of your chosen insurance cover as outlined in the *Product Disclosure Statement* (PDS) (including the relevant *Insurance Guide*).
- These premiums will be deducted from your super account and may change in the future.
- Your new or changed insurance cover won't commence until written confirmation of acceptance from the Insurer has been received.
- It's your responsibility to confirm that the choice of insurance cover you're applying for is appropriate for you and you should consider taking licensed financial advice before proceeding.
- None of the representatives of the Trustee or Insurer are authorised to make any specific recommendations or give specific advice to you concerning your selection of insurance cover.
- The level of insurance cover you have chosen is subject to and may be adjusted for any restrictions, conditions and limitations set out in the PDS, the Plan's insurance policy, and the Insurer's underwriting terms as amended from time to time.
- Your TPD cover may reduce annually when you reach a certain age as outlined in the PDS (including the relevant *Insurance Guide*).
- Any personal information you provide will be handled in accordance with the *Insignia Financial Group Privacy Policy*, which outlines how the Trustee will manage your personal information, how you may access or correct your personal information, and how you may complain about a breach of privacy. You may obtain a copy of the *Insignia Financial Group Privacy Policy* by visiting plum.com.au/privacy or calling **1300 55 7586**.
- Your super account needs to have sufficient funds to pay for the cost of your insurance cover to maintain your insurance cover.
- If you cancel your insurance cover, we'll confirm that your insurance cover has been cancelled and the date it was cancelled.
- By signing and submitting this application, you are electing to have any existing or future insurance cover maintained, even if your super account doesn't receive an amount such as a contribution or rollover for a continuous period of 16 months. You can request to cancel your insurance cover at any time.

By signing and submitting this application, you represent that the information you have provided is true and correct.

Your full name (Print in BLOCK LETTERS)	Your signature	Date (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"/>

Please return this completed form to:

Plum Super
GPO Box 63
Melbourne VIC 3001
Email address: plum.insurance.mail@plum.com.au

If you have any questions:

Web: plum.com.au
Phone: 1300 55 7586
Monday to Friday between 8am and 7pm AEST
(8pm daylight saving time)