



CustomSuper®

Additional insurance cover form

You can use this form to apply for additional Death/TPD insurance cover. Some CustomSuper plans allow members to apply for a multiple of the standard Death/TPD insurance cover for that plan. Your New Member Statement or Annual Statement will show whether you can apply for additional Death/TPD insurance.

Mark boxes with (X) where appropriate, otherwise print within boxes. Leave a box between words.

If you have questions on completing this form please call AMP Corporate Superannuation Customer Service on 1300 653 456.

ADDRESS FOR RETURN - Complete this form and return to:

AMP Corporate Superannuation
Locked Bag 5400
PARRAMATTA NSW 1741

1. MEMBER DETAILS

Member number	Plan number	+
<input type="text"/>	<input type="text"/>	

Plan name

Title Surname

Given names Date of birth

Address for communications

Unit No.	Street No.	Street name	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb				
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

Phone number Fax number Mobile phone number

Email address

Occupation category

- | | | |
|---|---|--|
| <input type="checkbox"/> 1A - Professionals | <input type="checkbox"/> 1 - White Collar | <input type="checkbox"/> 2 - Light Blue Collar |
| <input type="checkbox"/> 3 - Blue Collar | <input type="checkbox"/> 4 - Heavy Blue | <input type="checkbox"/> 5 - Hazardous |

Type of Occupation included in category

(For a full list of occupations you can refer to the Occupational Guide by visiting www.customsuper.amp.com.au.)

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|---|--|
| <p>1A. One of the listed professionals for which membership of a government body is necessary. No or minimal site attendance and no supervision of manual work (eg accountant, doctor, lawyer, actuary, solicitor).</p> <p>1. White collar/professional workers working in office environment. White collar workers who travel/have regular customer contact outside office environment (eg clerks, administration staff, lecturers, brokers).</p> <p>2. Skilled craftsmen and tradesman whose duties involve light manual work occupations involving some manual and supervision of manual work (eg electricians, cabinet makers, bakers, sales staff (travelling)).</p> | <p>3. Skilled or semi-skilled workers in manual/process work that is non-hazardous. Skilled workers involved in light manual work in heavy industry (eg bus drivers, security guards (unarmed), stores personnel, sales staff (delivery)).</p> <p>4. Skilled workers performing heavy manual work. Unskilled workers in heavy industry (eg factory workers, process workers, interstate bus/truck drivers, linesman).</p> <p>5. Special Risk occupations engaged in hazardous duties (eg miners, demolition workers, ammunition workers, riggers, tree loggers).</p> |
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2. REQUEST FOR ADDITIONAL DEATH/TD INSURANCE COVER

1. What total multiple of the standard insurance cover for your plan would you like to apply for times standard cover (including your current cover)? Note: maximum = 99 times
2. Are you applying within 3 months of first being eligible for additional insurance cover in CustomSuper OR within 30 days of the date of your welcome letter (whichever is later)? Yes No
3. On the day you signed this form, were you at work actively performing your normal duties and work hours OR on leave for reasons other than illness or injury? Yes No

Note: your application for additional insurance cover will need to be assessed if:

- You apply for more than 3 times the standard insurance cover.
- You answer "No" to any of the above questions, or
- The total amount of insurance cover you are applying for exceeds the automatic acceptance limit for insurance in your plan.

If your CustomSuper employer has selected 2 times the standard formula for your plan or membership category as your default insurance, generally only 3 times the standard formula and not 3 times the default will be available without the need for you to provide information about your health.

You will need to check your New Member Statement, your Annual Statement or call AMP Corporate Superannuation Customer Service to check the conditions that apply to you.

For more information about insurance and automatic acceptance, refer to the CustomSuper Product Disclosure Statement.

AMP Life will assess your application and advise you if you need to provide details of health before the increase can be accepted. Until AMP Life advises you, your current level of insurance cover will apply.

If your application is accepted, AMP Life will confirm the increase in cover and the premium rate which will apply.

Your Duty of Disclosure

When we are considering your application for additional insurance cover we need to know exactly what risk we are to insure. This helps us to decide:

- whether to provide the insurance
- how much to charge for it, and
- whether any special rules should apply.

Consequently, you must answer all the questions on the application completely and accurately.

As well, you must tell us about anything:

- you know which will be relevant to our decision, or
- anything which a reasonable person in the circumstances could be expected to know would be relevant to our decision.

This duty continues until we confirm the increase in your cover. Therefore, you must tell us about any changes to your health, occupation, pastimes, or other relevant matters which happen after this application has been completed, but before we tell you in writing that we agree to provide you with additional cover.

If you don't tell us

If you fail to comply with your Duty of Disclosure, or don't tell us what you are supposed to tell us, and we would not offer you insurance cover on standard terms if this matter were known, we may, within 3 years:

- Treat the additional insurance cover as if it never existed and pay nothing.
- Keep the additional insurance cover going but reduce the amount we pay, or
- Keep the additional insurance cover going but increase the premium you pay.

3. SIGNATURE

I have read and understood the information in my plan's New Member Statement and the most recent Product Disclosure Statement for CustomSuper and request that my membership of the plan reflect my requirements as above.

Member's signature

Date

X

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