

Use this form to provide details about your occupation or smoking status. Your occupation rating or smoking status may impact the amount of insurance cover you receive or the cost of cover.

Bendigo SmartStart Super's insurer is TAL Life Limited ABN 70 050 109 450 AFSL 237848 (TAL).

Please PRINT your answers within the boxes in CAPITAL LETTERS using a BLACK or BLUE pen. Mark answer boxes with an [X].

1. Your duty to take reasonable care

When you apply for insurance, you are treated as if you are applying for cover under an individual consumer insurance contract. A person who applies for cover under a consumer insurance contract has a legal duty to take reasonable care not to make a misrepresentation to the Insurer before the contract of insurance is entered into.

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 duty

If you do not meet your legal duty, this can have serious impacts on your insurance. Under the *Insurance Contracts Act 1984 (Cth)* there are a number of different remedies that may be available to the Insurer. They are intended to put the Insurer in the position it would have been in if your duty had been met. For example, the Insurer may:

- avoid the cover (treat it as if it never existed);
- vary the amount of the cover; or
- vary the terms of the cover.

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 your 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 else you can do if you disagree.

Guidance for answering the questions in this form

You are responsible for the information provided to the Insurer. When answering 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.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

Please note that there may be circumstances where the Insurer later investigates whether the information given to it was true. For example, it may do this when a claim is made.

Changes before your cover starts

Before your cover starts, the Insurer may ask you whether the information that has been given as part of your application for insurance remains accurate or whether there has been a change to any of your circumstances. As any changes might require further assessment or investigation, it could save time if you let us or the Insurer know about any changes when they happen.

If you need help

It's important that you understand your obligations and the questions that are being asked. Please contact us for help if you have difficulty understanding the process of obtaining insurance or answering any questions.

Please also let us know if you're having difficulty due to a disability, understanding English or for any other reason - we're here to help and can provide additional support.

2. Member details

Member number

Title

Surname

Given name(s)

Current residential address

Unit No

Street No

Street name

Town/Suburb

State

Postcode

Employer's name

Employer's industry

Position/Title

Gross salary

\$

What is the nature of your duties and the environment performed in (e.g. office, warehouse, building site, underground) and the percentage of time performing each (total 100%)

Details of any tertiary qualifications

3. Questionnaire

1. Have you smoked tobacco or any other substance or used e-cigarettes or any nicotine-containing product in the last 12 months?

Yes No

2. Have you been advised to stop smoking or medical reasons?

Yes No

3. Do you plan to seek or are you awaiting medical advice, investigation or treatment for any current health condition?

Yes No

4. Since the commencement of your policy with TAL, have you had or received medical advice or treatment (including surgery) for any of the following conditions?

a) Chronic asthma, bronchitis, obstructive airways disease or any other lung or respiratory disorder.

Yes No

b) Heart attack, chest pain, stroke, diabetes, or any other heart disorder.

Yes No

c) Cancer or tumour of any kind.

Yes No

Please provide details if you answered "yes" to any of the above.

Question number _____

Question number _____

Question number _____

Note: A false declaration will result in TAL reducing the sum insured payable to the level that the premium paid should have purchased had the declaration been made correctly, ie you or your family could receive a payment of less than half the expected amount if you do not comply with your legal duty of disclosure as explained below.

4. Privacy statement

Privacy laws protect your privacy. The way in which Bendigo Super and TAL collect, use, disclose and handle your information is described in the Bendigo Super and TAL's Privacy Policies. Please be aware that the Duty of Disclosure explained in the current Bendigo SmartStart Super Insurance Guide and in Section 1 of this declaration form applies to the information you give in this form. If you fail to comply with this duty you may be in breach of it. The consequences of this are explained in this form. Bendigo Super and TAL may collect and use or disclose your personal information (including health and sensitive information) to assess, verify and process your application and any claim made.

In order to manage your insurance cover under the group insurance policies, Bendigo Super and its agents may collect or disclose information relating to you or your application or any claim you may make to TAL, financial advisers, reinsurers, superannuation trustees, past or present medical practitioners, health professionals, hospitals, government department(s) which retain health records or as part of our regulatory requirements, personal accountants, current or former employers, lawyers or claim investigators and other third party service providers.

Bendigo Super's Privacy Policy contains information about how Bendigo Super will handle your personal information. If this information is not provided, your application for insurance or an insurance claim may not be processed. You have a right to access any personal information held about you unless Bendigo Super or TAL is legally entitled to deny access.

If you have provided Bendigo Super and TAL with information about another person, you undertake to advise them that:

- Bendigo Super and TAL collect hold and use the personal information for the purpose set out in Bendigo Super's and TAL's privacy statement
- their personal information may be disclosed to a third party
- they may access or correct any personal information held about them.

If you want to know more about Bendigo Super's or TAL's approach to privacy, please contact Bendigo Super on 1800 033 426 or TAL on 1300 209 088.

5. Member declaration

I confirm that the statements made in this declaration are true and correct.

Yes No

- I acknowledge that I have read the current Bendigo SmartStart Super Product Disclosure Statement (PDS) and the current Bendigo SmartStart Super Insurance Guide.
- I acknowledge and agree that the information contained in the PDS is a summary of the main terms and conditions of the insurance offered under the Plan and I agree that I can access the full terms and conditions governing the insurance arrangements by contacting Bendigo Super's Client Services Team on 1800 033 426
- I acknowledge that I have read the notice explaining my duty to take reasonable care and understand that this duty also applies until formal notification of acceptance.
- I acknowledge that I may be asked to complete a Medical Consent Authority to allow collection of health information from my health providers. Failure to complete the consent form may cause TAL to not consider my application or delay my application.
- I have read the Privacy Statement in Section 4, and consent to my personal information (including health and sensitive information) being collected, used or disclosed by Bendigo Super or TAL or its external service providers / contractors as contemplated in this form, including collecting it from, or disclosing it to, any medical practitioner or third party as required to assess, verify or process my application or any claim I may make. This consent applies to any health and sensitive information Bendigo Super or TAL collects on this form or future forms in relation to this insurance.

Member signature

Date

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Please forward all correspondence and queries to:

Bendigo SmartStart Super

GPO Box 264

Melbourne VIC 3001

Telephone: 1800 033 426

Facsimile: (03) 6215 5800

Email: super@betashares.com.au

Website: www.betashares.com.au/super

The trustee of Bendigo SmartStart Super is Bendigo Superannuation Pty Ltd ABN 23 644 620
128 AFSL 534006.

Occupational Duties Questionnaire & Smoker Declaration **Page 3 of 3** OA637 (09/24)