



IOOF SMSF Insurance

# Participating Trustee Application Form

## The Insurer, Administrator and Issuer of this product:

TAL Life Limited  
ABN 70 050 109 450, AFSL 237848

Level 16, 363 George Street  
Sydney, NSW 2000

Phone: 1800 130 869  
www.tal.com.au

## YOUR DUTY OF DISCLOSURE

Before you enter into a life insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure your member and on what terms.

You have this duty until we agree to insure the member.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell us anything that:

- reduces the risk we insure the member for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If the member does not tell us everything they should have, this may be treated as a failure by you to tell us something that you must tell us.

In exercising the following rights, we may consider whether different types of cover can constitute separate contracts of life insurance. If they do, we may apply the following rights separately to each type of cover.

If you do not tell us anything you are required to, and we would not have insured the member if you had told us, we may avoid the contract within three years of entering into it.

If we choose not to avoid the contract, we may, at any time, reduce the amount insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told us everything you should have. However, if the contract has a surrender value, or provides cover on death, we may only exercise this right within three years of entering into the contract.

If we choose not to avoid the contract or reduce the insured amount, we may, at any time vary the contract in a way that places us in the same position we would have been in if you had told us everything you should have.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Participating Trustee

as Trustee of the  Superannuation Fund (Fund)

Address

Suburb  State  Postcode

Hereby applies for insurance cover in respect of its member(s) as a participating trustee under the group risk policy known as 'IOOF SMSF Insurance' (**Policy**) held by IOOF Investment Management Limited (**IIML**) and issued by TAL Life Limited (**Insurer**) and makes the following declarations:

- 1) I nominate the members listed overleaf for insurance cover under Policy between the Insurer IIML; and
- 2) I agree to be bound by the terms and conditions of the Policy and the trust deed governing the Fund; and
- 3) I confirm I have power under the trust deed and/or constitution of the company governing the Fund to effect cover under the Policy; and
- 4) I warrant that I and IIML have been specifically authorised by each member listed overleaf to make disclosure on his or her behalf pursuant to the Personal Statement or any other such declaration of health, occupation and pastimes, or the Individual Insurance Transfer Application (if applicable); and
- 5) I acknowledge and understand that:
  - a) the Insurer relies on the information provided about members in the Personal Statement and any such other declaration of health, occupation and pastimes, in determining whether or not to provide insurance cover in respect of those members and on what terms; and
  - b) where an application is made to "transfer" existing insurance cover to new insurance under this Policy, the Insurer relies on the information provided about members in the Individual Insurance Transfer Application, and evidence of the existing insurance cover must be provided to the Insurer prior to application; and
  - c) insurance cover is not provided by the Insurer under the Policy until such time as the Insurer has assessed the application and accepted the application in writing in respect of a member and
  - d) any insurance cover provided in respect of a member is provided subject to the terms and conditions of the Policy, a copy of which is available for inspection at the office of the Insurer.
- 6) I undertake to pay to the Insurer, as and when required, the premiums and fees payable in respect of the insurance cover for the Fund's members; and
- 7) I have received, read and understood:
  - a) IOOF SMSF Insurance Product Disclosure Statement dated 1 July 2016 issued by the Insurer; and
  - b) Duty of Disclosure and the Privacy Statement of the Product Disclosure Statement and understand that payment of benefits under the Policy is subject to full and proper disclosure by the Life Insured and or by me the Participating Trustee on behalf of the Life Insured and I undertake to provide such information as may be required by the Insurer in respect of a prospective member and declare the information overleaf is true and correct; and
- 8) I acknowledge that if this application to become a Participating Trustee is accepted by the Insurer, the Participating Trustee:
  - a) will not be a party to the Policy but will have a beneficial entitlement to claim under the Policy, subject to the payment of premiums and the conditions of the Policy; and
  - b) will not acquire any rights of ownership, or rights to amend, vary or cancel the Policy.

**Signatures where the Participating Trustee is one or more individuals:**

Name	<input type="text"/>	
Signature	<input type="text" value="X"/>	Date <input type="text" value="DD / MM / YYYY"/>
Name	<input type="text"/>	
Signature	<input type="text" value="X"/>	Date <input type="text" value="DD / MM / YYYY"/>
Name	<input type="text"/>	
Signature	<input type="text" value="X"/>	Date <input type="text" value="DD / MM / YYYY"/>

Executed on behalf of the Company, where the Participating Trustee is a company:

**Director**

Name

Signature  Date

**Director/Secretary**

Name

Signature  Date

**INSURANCE COVER DETAILS**

Nominated commencement date of insurance:

Benefits to be provided: Death  Death and Total & Permanent Disablement

**LIST OF MEMBERS FOR WHOM YOU ARE APPLYING FOR INSURANCE**

Member's Name	Date of Birth	Sum Insured for Death	Sum Insured for Total & Permanent Disablement
1.	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	<input type="text"/>

**NOTE**

This insurance cover is subject to:

- 1) the completion by the nominated members of:
  - a) a Personal Statement (in the form approved by the Insurer), or
  - b) an Individual Insurance Transfer Application if a "transfer" of existing insurance cover is requested (in the form approved by the Insurer),
- 2) assessment of the application by the Insurer, and
- 3) acceptance of the application in writing by the Insurer.

This insurance cover only commences on written notification of acceptance by the Insurer.

**ADVISER'S DETAILS**

Adviser's Name

Company

Address

Suburb  State  Postcode

Email  Phone

Adviser commission payable? Yes  No

**Please send the completed form to:**  
**TAL Life Limited**  
Group Life Insurance  
GPO Box 5380 Sydney, NSW 2001