

# Super Member Application Form

Complete this form to become a member of LUCRF Super.

## Step 1 Your details

Please tick  one of the two descriptions below that applies to you:

Your employer is contributing to this account. Please complete all steps. Provided you meet our insurer's eligibility requirements, you'll automatically be allocated with our default insurance and have the opportunity to increase your cover to our automatic acceptance levels.

**OR**

You're self-employed or you don't have an employer contributing to this account. You're known as a Personal Plan member. Complete all steps **except** 3, 4, 5 and 6. You must provide proof of identification (see the back page for more information). If you'd like to apply for insurance, complete our Member Insurance Election Form and a OnePath Personal Statement which you can find at [lucrf.com.au](http://lucrf.com.au).

Please read our Personal Information Collection Statement at [lucrf.com.au/privacy](http://lucrf.com.au/privacy).

Date of birth (dd/mm/yyyy)

 /  / 

Gender: Please tick  the appropriate box: Female

Male

Other

Please tick  the appropriate box: Mr

Mrs

Miss

Ms

Other (please specify)

First name(s)

Last name

### Residential/Street address

Unit/Street number

Street name

Suburb/City/Town

State/Territory

Postcode

### Postal address – if different to residential

Unit/Street/PO Box number

Street name

Suburb/City/Town

State/Territory

Postcode

### Contact details

Email address

Mobile phone

Work phone

Home phone

From time to time we send marketing material. If you'd prefer not to receive this, please tick  this box



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Issued 26 March 2018 by L.U.C.R.F Pty Ltd ABN 18 005 502 090 AFSL 258481 as Trustee for Labour Union Co-operative Retirement Fund ABN 26 382 680 883 (LUCRF Super).

LUCRF0550\_0318

## Step 2 Tax file number (TFN) and super search consent

We're authorised to seek your TFN under superannuation law. We'll use your TFN only for lawful purposes and to help us identify you. You don't have to provide your TFN, but if you don't, we may not be able to accept after-tax contributions from you and may deduct tax at the highest marginal rate plus the Medicare levy. It will also make it easier to keep track of your super. If we transfer your super to another fund, we may disclose your TFN to the other fund unless you request from us in writing not to disclose it.

**I am aware I do not have to provide my TFN, but by providing it I understand LUCRF Super will only use it for legal purposes.**

**I choose to provide my TFN and declare that it is:**

### Your super search consent and authorisation

I consent to LUCRF Super using my TFN to search for any super held by other super providers or the Australian Taxation Office (ATO). I understand that any super held with the ATO will automatically be transferred into my LUCRF Super account. LUCRF Super will notify me of any accounts held with other super providers before seeking my approval to transfer these funds into my LUCRF Super account.

I understand that my consent will remain in place until I contact LUCRF Super to cancel it. Before combining my super accounts, I understand that I should consider how it might affect my insurance in other funds and if they have any exit fees.

Note: We'll only use your TFN in accordance with your consent. You can cancel your consent by calling **1300 130 780** or writing to us at [mypartner@lucrf.com.au](mailto:mypartner@lucrf.com.au).

Superannuation amounts held with other providers and reported to the ATO as a result of a super search may differ to the amount transferred to your LUCRF Super account as a result of investment returns, exit fees or penalties by the other provider.

## Insurance Your default cover when you have an employer who pays super contributions into your account

When you first join LUCRF Super, you're automatically allocated the following insurance (known as your default cover) provided you meet our insurer's eligibility requirements:

<b>Up to age 69</b>	1 unit of Light Blue Fixed Premium Death & Total and Permanent Disablement (TPD) cover (\$2.55 per week*)
<b>70 and over</b>	No insurance

\*Cost of insurance is deducted directly from your super account.

**Note:** Default cover is only available once per account and on one account at a time. Any future LUCRF Super accounts you hold may also be eligible for default cover. If you're a **Personal Plan member** (i.e. you're self-employed or you don't have an employer contributing to this account) you can apply for cover by completing our Member Insurance Election Form and a OnePath Personal Statement.

**Please ensure you have read our Insurance Guide** which includes all relevant tables. It's available at [lucrf.com.au](http://lucrf.com.au) or by calling **1300 130 780**.

### Insurance Your options

We offer insurance options that give you flexibility to tailor cover that best suits your personal circumstances.

#### LUCRF Super insurance options

Products	Types of cover	Work categories covered
<b>Death &amp; TPD</b> Provides a benefit to you if you become totally and permanently disabled or suffer a terminal illness (upon acceptance) or to your dependants, nominated beneficiaries or legal personal representative (your estate) in the event of your death (upon acceptance).	Fixed Premium or Fixed Amount	Light Blue White Collar Professional
<b>Death Only</b> Provides a benefit to you if you suffer a terminal illness, or to your dependants, nominated beneficiaries, or your legal personal representative (your estate) in the event of your death (upon acceptance).	Fixed Premium or Fixed Amount	Light Blue White Collar Professional
<b>Income Protection</b> Provides you with temporary financial support if you're unable to work through illness, injury or accident (upon acceptance). <b>To apply for Income Protection cover, please complete the Super Member Income Protection Form.</b>	Fixed Amount (30, 60 or 90-day waiting period)	Light Blue Heavy Blue White Collar Professional

## Types of Death & TPD cover

- **Fixed Premium (default)** This is where the cost of your insurance is set at a fixed price per unit. While the cost remains the same, the amount of cover will reduce as you grow older.
- **Fixed Amount** This type of cover provides a specific dollar amount of insurance. While the amount of cover is fixed and will not change, the cost you pay will increase as you grow older.

## Work categories for Death & TPD

To reflect the various risks associated with different jobs, there are three work categories under which you can be covered by Death & TPD or Death Only insurance: Light Blue, White Collar and Professional.

**Light Blue (default)** Your work includes some degree of manual labour usually conducted outside an office environment.

**White Collar** Your work is limited to professional, administrative, clerical, secretarial, or similar desk-bound (sedentary) tasks that don't involve manual work and are undertaken entirely (or at least 80%) within an office environment.

**Professional** Your current annual salary package (including Superannuation Guarantee contributions) is in excess of \$150,000 per annum and you spend at least 80% of your time in an office environment. You're also:

- a professional white-collar worker with a university degree qualification relevant to the field of your main occupation

**OR**

- an executive or senior managerial white-collar worker and not self-employed.

Note: In the event of a claim, our insurer will assess your details including whether you've fully disclosed all relevant information. Insurance eligibility is at the discretion of the insurer.

## Fixed Premium

The table below shows the amount and cost of Fixed Premium default cover available.

Fixed Premium cover						
Current age	Light Blue		White Collar		Professional	
	Death & TPD \$2.55 per week per unit of cover	Death Only \$1.28 per week per unit of cover	Death & TPD \$2.55 per week per unit of cover	Death Only \$1.28 per week per unit of cover	Death & TPD \$2.55 per week per unit of cover	Death Only \$1.28 per week per unit of cover
14 to 29	\$134,730	\$90,720	\$219,350	\$147,720	\$253,980	\$171,040
30 to 34	\$132,050	\$68,300	\$214,900	\$111,200	\$248,830	\$128,760
35 to 39	\$106,290	\$68,300	\$173,170	\$111,200	\$200,500	\$128,760
40 to 44	\$59,180	\$51,130	\$96,320	\$83,340	\$111,520	\$96,500
45 to 49	\$29,650	\$29,650	\$48,230	\$48,230	\$55,830	\$55,830
50 to 54	\$16,630	\$29,650	\$27,110	\$48,230	\$31,380	\$55,830
55 to 59	\$9,790	\$29,650	\$16,170	\$48,230	\$18,710	\$55,830
60 to 64	\$8,850	\$26,570	\$14,500	\$43,260	\$16,790	\$50,090
65 to 69	\$6,040*	\$16,780	\$9,550*	\$27,990	\$11,050*	\$32,410

\*TPD cover is restricted to TPD Definition 2 only, if you're 65 or over on the event date (please refer to our Insurance Guide for details, including TPD Definition 2).

## Increasing your default cover up to the automatic acceptance level

### Within 90 days of joining

Provided you have a contributing employer, within 90 days from the date of your welcome letter you may increase your default cover up to the automatic acceptance levels\*, which are:

- from 1 unit of Death Only to a maximum of 6 units of Death Only<sup>^</sup>#

**OR**

- from 1 unit of Death & TPD to a maximum of 4 units of Death & TPD<sup>^</sup>.

To increase your cover within these levels, please complete steps 3 and 4 of this form. If you'd like to apply for insurance above these levels, you must complete a Member Insurance Election Form and, if required, a OnePath Personal Statement.

\*Automatic acceptance of cover is only available once per account. Any future LUCRF Super accounts you hold may also be eligible for automatically accepted cover. You're only eligible for insurance cover on one LUCRF Super account at a time.

<sup>^</sup>Any cover in excess of \$1.1 million will require completion of a OnePath Personal Statement.

<sup>#</sup>By choosing to increase your Death Only cover, your TPD cover will cease from the date your application is accepted.

### After 90 days of joining

If you want to increase your cover after 90 days from the date of your welcome letter, you'll need to complete a Member Insurance Election Form and, if required, a OnePath Personal Statement.

### Step 3 Increase your insurance cover (when joining or within 90 days from the date of your welcome letter)

If you'd like to increase your insurance cover within our automatic acceptance levels, please complete the section(s) below.

**You must also complete step 4.**

#### Death & TPD

Total number of insurance units

units of insurance cover



This number needs to include your existing Death & TPD cover, including any default cover. For example, if you already have 1 unit and you'd like an additional 3 units, you need to apply for 4 units.

OR

Total amount of fixed cover (must be a multiple of \$1,000)

\$

This number needs to include your existing Death & TPD cover, including any default cover. For example, if you already have \$100,000 of cover and you'd like an additional \$50,000 of cover, you need to apply for \$150,000 of cover.

OR

#### Death Only

Total number of insurance units

units of insurance cover



This number needs to include your existing Death Only cover, including any default cover. For example, if you already have 1 unit and you'd like an additional 5 units, you need to apply for 6 units.

OR

Total amount of fixed cover (must be a multiple of \$1,000)

\$

This number needs to include your existing Death Only cover, including any default cover. For example, if you already have \$100,000 of cover and you'd like an additional \$50,000 of cover, you need to apply for \$150,000 of cover.

Any cover in excess of \$1.1 million will require completion of a OnePath Personal Statement, even if you're applying within 90 days of the date of your welcome letter.

Limits apply – please refer to the 'Increasing your default cover up to the automatic acceptance level' section of this form for more information.

### Step 4 Screening questions (for increased insurance cover up to our automatic acceptance levels)

**IMPORTANT: Your responses to the questions below will be checked at the time you make a claim. Therefore, you must answer all of these questions truthfully and accurately. If you don't, any insurance claim you make may be reduced or declined.**

1. Other than for colds, flu, minor upper respiratory tract infections or minor headaches,
  - a are you now off work due to illness or injury? YES  NO
  - b have you been absent from work for 7 consecutive calendar days in the last 12 months due to illness or injury? YES  NO
2. Are you currently prevented from performing all the usual duties of your occupation on a full-time basis of at least 30 hours per week due to illness or injury (even if you're currently working less than 30 hours per week for non-medical reasons)? YES  NO
3. Have you ever made or are you entitled to make a claim for any type of sickness, accident or disability benefit(s), workers' compensation or any other form of compensation (including Centrelink payments) due to injury or illness? YES  NO
4. Have you been diagnosed with a medical condition that's expected to reduce your life expectancy to less than 12 months from today? YES  NO
5. Have you ever had an application for life, trauma or disability insurance declined, deferred, accepted with a higher than normal premium (other than for smoking) or issued with a restriction or exclusion? YES  NO
6. Other than for colds, flu, minor upper respiratory tract infections or minor headaches,
  - a do you have a medical condition for which you take or have been advised to take medication or undergo any other form of medical treatment? YES  NO
  - b are you currently under investigation or been advised to undergo investigations for any medical condition or symptom? YES  NO

You must be able to truthfully answer NO to all of the above questions to be eligible for increased cover within our automatic acceptance levels.

If you answered YES to any of the above questions, you can still apply for additional cover by completing a OnePath Personal Statement.

## Step 5 Your work category

### You must answer these questions.

To determine your work classification, answer the following questions:

- Do you spend at least 80% of your total working time in an office or similar environment performing administrative, clerical or sedentary-type duties? YES  NO
- Do you have a university degree qualification relevant to the field of your main occupation OR are you an executive or senior managerial white-collar worker and not self-employed OR are you a member of a professional institute? YES  NO
- Is your current annual salary package (including Superannuation Guarantee contributions) in excess of \$150,000 and do you spend at least 80% of your time in an office environment? YES  NO

## Step 6 Your employer's details

Employer name  Date you joined employer (dd/mm/yyyy)

Employer contact/representative  Employer phone number

### Workplace address

Unit/Street number  Street name

Suburb/City/Town  State/Territory  Postcode

What's your main occupation?  Are you engaged in any other occupations? YES  NO

If yes, please specify your other occupation(s)

## Step 7 Your investment choice

### You must complete this step.

Your funds are automatically invested in the MySuper Balanced (default) investment option. This option has a diversified mixture of growth assets, such as shares and property, and defensive assets, like cash and fixed interest.

Please indicate how you'd like your super invested. If you don't make a selection from below, your super will be invested in the MySuper Balanced (default) option.

I'd like my super invested in the MySuper Balanced (default) option.

OR

I'd like my super invested in the following options (choose one option or a mix of options):

Visit [lucrf.com.au](http://lucrf.com.au) for more information about our investment options.

Investment options			
MySuper Balanced (default)	%	Australian Shares	%
High Growth	%	International Shares	%
Targeted Return	%	Indexed Shares	%
Moderate	%	Property	%
Conservative	%	Cash	%
<b>MUST TOTAL 100%</b>			

## Step 8 Your beneficiary details

When you open a LUCRF Super account, it's important that you carefully consider who you want to receive your superannuation benefit in the event of your death. There are two options to choose from (please select one only):

### Option 1 Non-binding nomination

This type of nomination is used as a guide for the trustee when deciding how your death benefit (your super and any insurance amount) will be distributed. To advise us of your preferred nomination, please list your beneficiaries below.

First name and initial (e.g. John D)	Relationship to you
<input type="text"/>	<input type="text"/>

Last name	% share
<input type="text"/>	<input type="text"/>

First name and initial	Relationship to you
<input type="text"/>	<input type="text"/>

Last name	% share
<input type="text"/>	<input type="text"/>

First name and initial	Relationship to you
<input type="text"/>	<input type="text"/>

Last name	% share
<input type="text"/>	<input type="text"/>

First name and initial	Relationship to you
<input type="text"/>	<input type="text"/>

Last name	% share
<input type="text"/>	<input type="text"/>

**MUST TOTAL 100%**

If you'd like to nominate more beneficiaries, attach your own list to this form, or call us on **1300 130 780** to obtain a Change of Details Form.

### Option 2 Binding nomination

This type of nomination means the trustee must pay your death benefit to the person(s) you have nominated (subject to superannuation law). Binding nominations are valid for three years and you'll need to confirm your nomination within this period for it to remain valid.

**You can change or cancel your nomination at any time.**

**Important:** If you'd like to choose this option, you must complete a Binding Death Benefit Nomination Form available at [lucrf.com.au](http://lucrf.com.au) or by calling us on **1300 130 780**.

## Step 9 Sign and date this form

### Duty of disclosure

The Trustee who enters into a life insurance contract in respect of your life has a duty, before entering into the contract, to tell the insurer, OnePath Life Limited (Insurer), anything that they know, or could reasonably be expected to know, may affect the Insurer's decision to provide the insurance and on what terms. The Trustee has this duty until the Insurer agrees to provide the insurance.

The Trustee has the same duty before they extend, vary or reinstate the contract. The Trustee does not need to tell the Insurer anything that:

- reduces the risk the Insurer insures you for, or
- is of common knowledge, or
- the Insurer knows or should know as an insurer, or
- the Insurer waives your duty to tell the Insurer about.

In order for the Trustee to comply with the duty of disclosure, we require you to tell us (Trustee) and the Insurer anything you know, or could reasonably be expected to know, that may affect the Insurer's decision to insure you and on what terms.

If you do not tell the Trustee and Insurer something that you know, or could reasonably be expected to know, this may affect the Insurer's decision to provide the insurance and on what terms. This may be treated as a failure by the Trustee entering into the contract to tell the Insurer something that we must tell the Insurer.

### If you do not tell the Insurer something

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

If you do not tell the Insurer or Trustee anything you are required to, and the Insurer would not have provided the insurance or entered into the same contract with the Trustee if you had told the Insurer, the Insurer may avoid the contract within three years of entering into it.

If the Insurer chooses not to avoid the contract or reduce the amount of insurance provided, the Insurer may, at any time, vary the contract in a way that places the Insurer in the same position it would have been in if you had told the Insurer and the Trustee everything you should have. However, this right does not apply if the contract provides cover on death.

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

### I declare that:

- The answers that I have provided to all questions in this application are true and correct.
- I have read the duty of disclosure and understand the consequences available to OnePath Life if I fail to tell them any matter relevant to its decision to provide insurance. I understand that the duty of disclosure continues after I have completed this application until I am notified in writing that my application for insurance has been accepted.
- I understand that my insurance will not become effective until OnePath Life has accepted my application for insurance cover in writing.
- I have read and understood the information contained in the Super Member Guide (Product Disclosure Statement), the Super Member Guide – Additional Information, the Fees and Costs booklet, the Insurance Guide and the Investments Guide.
- If I give OnePath Life information about someone else, I will inform them of the contents of this authorisation so that they understand how their information may be used and disclosed.
- I understand that if my application for cover is accepted, insurance cover will be provided to me on the terms contained in the Trustee's insurance policy with OnePath Life as changed from time to time.
- I have read OnePath Life's Privacy Statement attached detailing how OnePath Life manages personal information. It is also available in the Insurance Guide, at [lucrf.com.au](http://lucrf.com.au) or by calling OnePath Life Customer Services on 133 667. It can also be downloaded from [onepath.com.au/privacy-policy](http://onepath.com.au/privacy-policy).
- I consent to OnePath Life collecting, using, storing and disclosing my personal information (including health information) to assess and process my application, as well as to manage and administer my insurance in accordance with OnePath Life's Privacy Statement.
- I understand that OnePath Life may require additional information or medical tests to enable assessment of my application and I authorise any medical practitioner or other health professional to release to OnePath Life or any other organisation appointed by OnePath Life any medical information needed in connection with my application.
- I understand that if I fail to attend any required medical appointments, my application may not be finalised and insurance cover may not be offered by OnePath Life.
- I acknowledge that if I do not complete the form correctly or I do not sign and date this declaration, my application will not be considered by OnePath Life.
- I consent to the collection, use and disclosure of my personal information in accordance with the LUCRF Super Personal Information Collection statement and the Privacy Policy available at [lucrf.com.au/privacy](http://lucrf.com.au/privacy) or by calling 1300 130 780.
- I understand that the document details I provide as evidence of my identity may be checked with the relevant government agency via the Document Verification Service (more information can be found at [dvs.gov.au](http://dvs.gov.au)).

### Signature



### Date (dd/mm/yyyy)

		/			/				
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## Further information Proof of identification (Personal Plan members only)

When you open a LUCRF Super Personal Plan account, you'll need to provide a certified copy of your proof of identification.

### What is a certified document?

It's a 'true copy' of an original document, sighted and signed by an authorised individual.

### Who can certify a document?

Only certain individuals are authorised to certify copies of original documents. These include:

- a pharmacist
- a registered medical practitioner
- a police officer
- a Justice of the Peace
- a permanent employee of Australia Post with two or more years of continuous service, and
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL) with two or more years of continuous service.

The individual must view both the original and the copy to make sure that both documents are identical. They must then write or stamp 'certified true copy' on each of the pages, followed by their signature, printed name, qualifications and date.

### What certified documents are accepted?

Accepted documents include the following:

1. One of these government-issued photographic ID documents:
  - current Australian driver licence
  - Australian passport (current or that has not been expired for more than two years)
  - current foreign passport
  - other current Australian government-issued photographic ID (such as a proof of age card or Australian tertiary institution student card).

### OR

2. One of these government-issued non-photographic ID documents:

- birth certificate or birth extract
- citizenship certificate
- current foreign driver licence
- current Centrelink pension card.

### And one of these documents showing your address:

- utility bill (less than 3 months old)
- local government rates notice (less than 3 months old)
- government benefits notice (less than 12 months old)
- tax assessment notice (less than 12 months old).

## Checklist

Before you send this form to us, make sure you have:

- completed all relevant steps
- signed and dated this form at step 9
- included proof of identification (Personal Plan members only).

## Send this form to:

LUCRF Super  
PO Box 211  
North Melbourne VIC 3051

Or scan and email it to:  
[mypartner@lucrf.com.au](mailto:mypartner@lucrf.com.au)

If you need any help completing this form, please call us on **1300 130 780** or email [mypartner@lucrf.com.au](mailto:mypartner@lucrf.com.au).