

## 100F

20 April 2018

## Insurance Tele Interview Request Form

- IOOF Employer Super
- IOOF Personal Super

This form should be used by a new or existing member (Applicant) of IOOF Employer Super or IOOF Personal Super to apply for insurance over the telephone. The Applicant will be guided through an insurance application by a TAL Tele Service Consultant at a scheduled time, which takes between 15-30 minutes, depending on any disclosures the individual Applicant may have.

Please complete these instructions in BLACK INK using CAPITAL LETTERS (except for your email address) and ✓ boxes where provided.

## **Step 1: Applicant details**

Are you applying as a New Member or an Existing Member?

New member						
Existing member	Account number		(to be comp	oleted by Existing	Members only)	
Title (Dr/Mr/Mrs/Ms/Miss)		Surname				
Given name(s)						
Residential address						
Suburb				State	Postcode	
Email						
Date of birth Are you an Australian resident?	/ Yes No	/		Gender	Male	Female
Tele Interview Req	uest details					
Phone (bh) Best day to call (Monday – Friday)		3)	Mobile  Best time to call 3:30am – 4:00pm)	:	am to :	:pm

Occupation details																					
Employer's name																					
Occupation Annual salary/remuneration package (gross)* \$																					
* This comprises your current an benefit by your employer.	nual wage	e or sa	alary, p	olus com	nmissi	ons, plu	s all oth	ner regular	cash	and r	non-c	ash pa	ayme	ents and	bene	fits pro	ovided	l to y	ou or	for y	our
Employment status	imployment status  Part time Hours worked per week (less than 15 hours)*																				
Full time Hours worked per week (15 hours and over)																					
	Casual/Contractor																				
	Other																				
* To be eligible to apply for incor									_					oer week							
Please provide details of your	daily du	ıties	(eg, 0	clerical,	, light	manu	ıal, co	unter sal	es, m	nanu	al wo	ork, e	tc.)								
Step 2: Death or	Deat	h 8	₹ T	otal	Pe	rma	nei	nt Dis	sak	ole	me	ent	(T	PD)	CO	ver	•				
Do you have existing Death o	r Death	& TP	D co	ver wit	h TA	_?															
No																					
Yes. If yes, what is your existing sum insured?																					
Death cover	\$																				
Death and TPD cover	\$																				
Please specify the total amou	ınt of co	ver y	ou w	ish to a	apply	for (ir	ıcludir	ng any ex	xistir	ng co	ver):										
		Fixe	ed do	ollar co	ver																
Total Death cover	\$							\$		] :											
Total Death and TPD cov	/er \$							\$ _		:											
<b>Please note:</b> TPD cover is unavailable without Death cover. You must apply for Death & TPD cover if you wish to have TPD cover. The TPD cover cannot exceed the amount of Death cover.																					
Step 3: Income p	rote	ctic	on	cove	er																
Do you have existing Income	Protecti	ion v	vith 7	ΓAL?																	
No																					
Yes. If yes, what is your existing cover?																					
Income level (% of salary	/)																				
Waiting period (days)																					
Benefit payment period			-																		
Do you wish to apply for income protection?																					
No (go to Step 4)																					
Yes																					

**Please note:** You can have a monthly benefit of up to 75 per cent of your monthly salary plus an optional superannuation contributions benefit up to 10 per cent of your monthly salary not exceeding \$30,000 per month.

Specify cover required (n	nandatory information)									
Income level (% of salary)	50% 66 <sup>2</sup> / <sub>3</sub> % 75% Other (up to 75%)									
Waiting period (days)	30 60 90									
Benefit payment period	2 years 5 years to age 65									
Specify cover required (mandatory information)										
Would you like the Superannuation Contributions benefit?	Yes No									
Income level (% of salary)	% (up to 10% of your salary)									
Step 4: Financial Adviser details										
Adviser number										
Name										
Phone (bh)	Mobile Mobile									
Email										
Please send the completed form directly to TAL Life Limited  Email grouptele@tal.com.au										

02 9465 2065 Fax

Post GPO Box 5380, Sydney, NSW 2001

Privacy laws protect your privacy. The way in which TAL collects, uses, discloses and handles your personal and sensitive information is set out in the TAL Privacy Policy at http://www.tal.com.au/privacy.aspx. The way in which IOOF uses, discloses and handles your personal and sensitive information is set out in the IOOF Privacy Policy at http://www.ioof.com.au/privacy IOOF and/or TAL may collect, use or disclose your personal information and sensitive information (including health and financial information) to assess, verify and process your application and any insurance claim made. Information about you may be collected from third parties to assess your application or insurance claim and these third parties include financial advisers, reinsurers, medical practitioners, health professionals, employers, accountants, lawyers and claims investigators. If information is not provided, your application for insurance or your insurance claim may not be processed. You generally have a right to access any information held about you unless there is a legal entitlement to deny access. If you wish to know more about your privacy rights the following government website is a useful source of information: www.privacy.gov.au.If you wish to know more about IOOF's or TAL's approach to privacy, please contact IOOF on 1800 333 500 or TAL via http://www.tal.com.au/privacy.aspx

This document has been prepared and issued by IOOF Investment Management Limited ABN 53 006 695 021 AFSL No 230524 as Trustee for the IOOF Portfolio Service Superannuation Fund, ABN 70 815 369 818. IOOF offers membership of the IOOF Portfolio Service Superannuation Fund, including any associated insurance cover, through the PDSs for IOOF Employer Super and IOOF Personal Super.