

Converting between fixed and unitised cover form



Use this form if you want to:

- convert your current unitised Death and/or Total and Permanent Disablement (TPD) cover to fixed cover, or
- convert your current fixed Death and/or TPD cover to unitised cover.

IMPORTANT INFORMATION

If you choose to convert your cover between fixed and unitised cover, the conversion will apply to all of your Death and TPD cover (as applicable). You can't have a combination of both unitised and fixed cover and you can't convert Income Protection cover to fixed cover.

If you convert your unitised cover to fixed cover, you will be provided with a dollar amount of cover equivalent to your current level of unitised cover, rounded up to the nearest \$1,000. Your

Death fixed cover won't change as you get older but your TPD fixed cover (if applicable) will automatically reduce annually from your 61st birthday.

If you convert your fixed cover to unitised cover, you will be provided with a number of units of cover based on your age that matches the amount of your existing fixed cover, rounded down to the nearest number of whole units. Your Death and TPD cover (as applicable) will change as you get older in accordance with the age-based insurance curve.

Before you complete this form, please read the *Insurance in your super* document at unisuper.com.au/pds to ensure that you understand the full terms and conditions that apply to insurance provided through UniSuper and the details regarding the options available under this application.

You should consider seeking advice from a qualified financial adviser before making a decision on your insurance. Our insurance calculator, available at unisuper.com.au/insurance-calculator, can help you determine what the right level of cover may look like for you.

SECTION 1 MEMBER DETAILS

▶ Please complete in BLACK or BLUE BALL POINT PEN using CAPITAL letters. Cross (X) where required.
All fields in Section 1 are mandatory. Please ensure you complete all fields.

| | | | | | | |
|----------------------------------|---|------------------------------|-----------------------------|-----------------------------|------------------------------------|---|
| Member number | <input type="text"/> | | | | | |
| Title | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Ms | <input type="checkbox"/> Dr | <input type="checkbox"/> Professor | <input type="checkbox"/> Other <input type="text"/> |
| Surname | <input type="text"/> | | | | | |
| Given name(s) | <input type="text"/> | | | | | |
| | This includes your first name and middle name(s). | | | | | |
| Date of birth (DD/MM/YYYY) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Daytime contact number | <input type="text"/> | | | | | |
| Email address | <input type="text"/> | | | | | |
| Residential address (not PO Box) | <input type="text"/> | | | | | |
| Suburb/Town | <input type="text"/> | | | | | |
| State | <input type="text"/> | | | | Postcode | <input type="text"/> |
| Country (if not Australia) | <input type="text"/> | | | | | |



SECTION 1 CONTINUED

Is your postal address different from your residential address? No. Go to SECTION 2. Yes. Please provide your postal address below.

Postal address (PO Box if applicable)

Suburb/Town

State

Postcode

Country (if not Australia)

SECTION 2 CONVERTING YOUR COVER

Select one of the below options that applies to you.

I currently have unitised Death and/or TPD cover and I want to convert this cover to fixed cover. I understand that my unitised cover will be converted to an equivalent dollar amount of fixed cover, rounded up to the nearest \$1,000.

OR

I currently have fixed Death and/or TPD cover and I want to convert this cover to unitised cover. I understand that my fixed cover will be converted to an equivalent number of units of cover based on my age that matches the amount of my existing fixed cover, rounded down to the nearest whole number of units.

Conversion of cover takes effect from the date we accept the application.

SECTION 3 MEMBER DECLARATION AND SIGNATURE

► Please read this declaration before you sign and date this form.

I declare that:

- The information I have given on this form and any accompanying pages that form part of my application is true, complete, and correct.
- I've read and understood the relevant UniSuper *Product Disclosure Statement* and *Insurance in your super* document available at [unisuper.com.au/pds](https://www.unisuper.com.au/pds).
- I've read and understood the duty to take reasonable care and understand my obligations under the *Insurance Contracts Act 1984* (Cth).
- I've read and understood the privacy information and consent to my personal information being used in accordance with UniSuper's *Privacy Policy* and the Insurer's *Privacy Policy*.

I acknowledge that:

- This application and any insurance cover that is subsequently provided will be determined in line with UniSuper's insurance policy terms and conditions.
- If my application is accepted and I have requested to convert unitised Death and/or TPD cover to fixed cover, my Death and/or TPD cover will be converted to fixed cover, rounded up to the nearest \$1,000.
- If my application is accepted and I have requested to convert fixed Death and/or TPD cover to unitised Death and/or TPD cover, my Death and/or TPD cover will be converted into an equivalent number of units, rounded down to the nearest whole unit.
- If my application is accepted, any loadings, exclusions, limitations, or restrictions that apply to my existing cover will continue to apply on converting to unitised cover or fixed cover, as applicable.
- If I fail to provide all or part of the information required or consent to the Insurer to obtain such information as it requires this application will not be assessed and processed.
- UniSuper or the Insurer may contact me to request additional information and to verify my instructions on this form.

Signature

Date

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| DD | MM | YYYY |

Returning your form

Mail to: UniSuper
Level 1, 385 Bourke Street
Melbourne Vic 3000

Email to: insurance@unisuper.com.au

Need help?

If you need more information or help to complete this form:

- Email insurance@unisuper.com.au
- Call **1800 331 685**.

PRIVACY STATEMENT

UniSuper is committed to protecting your personal information in accordance with privacy law obligations. The information that you provide to UniSuper on this form is collected and used in accordance with our Privacy Policy which can be found online at unisuper.com.au/privacy. If you have any privacy related questions, please call **1800 331 685**.

YOUR PRIVACY WITH METLIFE INSURANCE LIMITED ABN 75 004 274 882 AFSL 238096 ('METLIFE' OR THE 'INSURER')

The personal information you provide in this form is necessary for MetLife to provide you with the products and services you have requested from MetLife. You do not have to provide MetLife with your personal information, but if you do not do so MetLife may not be able to provide you with the products or services. MetLife complies with the *Privacy Act 1988* and the principles laid out in its *Privacy Policy* which details information about the entities that MetLife usually discloses personal information to (including overseas recipients), how you may access or seek correction of your personal information, how we manage that information and our complaints process. MetLife's *Privacy Policy* is readily available and can be viewed at www.metlife.com.au/privacy.