

# Application to convert between unitised and fixed cover

Please ensure that you have read all the details regarding this option in legalsuper's Product Disclosure Statement (PDS) before completing this form. The instructions you provide in this form override any previous instructions you have given to legalsuper.

Please use **BLOCK letters and black ink** when completing this form.

Return this completed form to:

legalsuper  
 Locked Bag 5081  
 Parramatta NSW 2124  
 Phone: 1800 060 312  
 Fax: 1800 614 431

Email: mail@legalsuper.com.au

## When to use this form

Please complete this form if you are an Employer-Sponsored insured member of legalsuper who wishes to convert your current level of:

- unitised Death only or Death and Total and Permanent Disablement (TPD) cover to a fixed level of cover; or
- fixed Death only or Death and TPD cover to age-based unitised cover.

You can only apply to convert your cover if you are:

- an insured member in the Employer Sponsored Division; and
- converting all your fixed cover to unitised cover, or vice versa (i.e. you can not have a combination of both unitised and fixed cover); and
- converting to fixed cover, and are aged less than 81 years (for Death only) and less than 71 years (for Death and TPD).

For details on how your converted cover is calculated and the premium that will apply, please refer to the legalsuper Product Disclosure Statement (PDS) in respect to the Employer Sponsored Division, available online at [legalsuper.com.au](http://legalsuper.com.au).

## What is the difference between fixed cover and unitised cover?

If your cover is fixed Death or Death and TPD cover, it means that the amount of your cover remains the same irrespective of changes in your age, but the premium will increase on each birthday.

If your cover is unitised Death or Death and TPD cover, it means that your insured benefit is based on a number of units, where one unit represents a set amount which generally depends on how old you are. The cost of unitised cover is the same each year, but the value provided by each unit generally decreases as you age.

## Your duty of disclosure

You have a duty under the *Insurance Contracts Act 1984* (Cth) to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate your insurance cover or apply for new cover. Your duty, however, does not require disclosure of a matter that:

- reduces the risk to be undertaken by the insurer
- is common knowledge
- the insurer knows or, in the ordinary course of the insurer's business, ought to know
- in which compliance with your duty of disclosure is waived by the insurer.

## Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for, in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

Your duty of disclosure continues until your application has been accepted by the insurer and confirmation is issued in writing.

## Complete Section 1 and Section 2 or Section 3 (as applicable), and Section 4.

### 1. Membership details

legalsuper Membership Number (if known)

Mr  Mrs  Ms  Miss  Dr  Justice

Gender

Male  Female

Surname

Given Names



Date of birth (dd/mm/yyyy)

Postal Address



Town or Suburb

State

Postcode

Telephone number

Mobile number

Email



Occupation

Judge  Barrister  Solicitor/Lawyer

Management Staff  Administration/Support Staff

Other (please specify)

## 2. To convert fixed cover to unitised cover

Please answer the following questions by inserting a tick (✓) in the relevant box:

Would you like to convert your fixed cover to unitised cover?  Yes  No

If you have checked 'YES', your cover will be rounded up to the next unit, subject to satisfactory completion of the following questions.

Please answer the following questions by inserting a tick (✓) in the relevant box:

a) Have you previously been paid, or been entitled to receive, or intend to apply for, a TPD benefit from any source?  Yes  No

b) Are you currently in receipt of, intending to, or entitled to, apply for any type of sickness, accident or disability benefit(s) from any source such as a life insurer, the Government or WorkCover authority?  Yes  No

c) Are you restricted, due to injury or illness, from carrying out the usual duties of your current and normal occupation on a full-time basis of 30 hours per week (even if you are not currently working full-time)?  Yes  No

d) As at the date of completing this form, have you been diagnosed with an illness that reduces your life expectancy to less than 12 months?  Yes  No

If you answered 'YES' to any of the questions a) - d) in Section 2, you will need to complete the *Superannuation change details* form (available in the PDS CD or online at [legalsuper.com.au](http://legalsuper.com.au)), as your current application can not proceed without additional health information.

## 3. To convert unitised cover to fixed cover

Please answer the following questions by inserting a tick (✓) in the relevant box:

Would you like to convert your unitised cover to fixed cover?  Yes  No

If you marked 'YES', the dollar value of your unitised cover will be rounded up to the next highest multiple of \$10,000. If you wish to apply for a higher amount of cover, you will also need to complete the *Superannuation change details* form (available in the PDS CD or online at [legalsuper.com.au](http://legalsuper.com.au)).

At the date of completing this form, are you performing the usual duties of your normal occupation, free from any limitation due to injury or illness, and working your normal hours?  Yes  No

If you answered 'NO' to questions a) and/or b) in Section 3, you will need to complete the *Superannuation change details* form, as your current application can not proceed without additional health information.

## 4. Declaration and signature

- I have read and understood the questions in this application, and all the answers provided are true and complete (including those not in my own handwriting).
- I have read and understood the most recent version of legalsuper's Product Disclosure Statement (PDS) in respect to the Employer Sponsored Division.
- I understand my duty of disclosure and the remedies available to the insurer if I fail to comply with my duty of disclosure under the *Insurance Contracts Act 1984*. I understand that my duty of disclosure continues after I have completed my application for cover (or additional cover) until I am notified in writing that my application for insurance has been accepted.
- I have told the insurer everything I know that could affect its decision to accept my application to convert my cover to unitised or fixed cover (as applicable).
- I authorise the collection, use and disclosure of my personal (including health) information for the purposes of processing my application and the administration of legalsuper's insurance policy with the insurer, as outlined in the insurer's Privacy Statement available online at [onepath.com.au](http://onepath.com.au). I understand that the insurer may not be able to process my application or administer the policy without this consent.
- I understand that if my application is accepted by the insurer, increased or changed insurance premium will apply to my cover from the date my application is accepted. I understand that the insurance deductions from my account will be adjusted accordingly.
- I acknowledge that if I do not complete this form correctly or I do not sign and date this Declaration, my application will not be considered by the insurer.

Member's signature

Date (dd/mm/yyyy)