

Application for salary continuance

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

Return this completed form to:

legalsuper
GPO Box 4952
Melbourne VIC 3001
DX145 Melbourne
Phone: 1800 060 312
Fax: 1800 614 431
Email: mail@legalsuper.com.au

As an Employer-Sponsored or Personal/Self-Employed Member of **legalsuper**, you are entitled to apply for Salary Continuance insurance cover. Please ensure that you complete the enclosed *ING Group Risk - Personal Statement* form.

1. Current personal details

Membership number

Mr
 Mrs
 Ms
 Miss
 Dr
 Justice

Surname

Given names

Date of birth (dd/mm/yyyy)

Residential address (Cannot be a P.O. Box)

Town or Suburb

State

Postcode

Telephone number (Work)

Telephone number (Home)

Mobile number

Email

Occupation

Judge
 Barrister
 Solicitor/Lawyer

Management staff
 Administration/Support staff

Other (please specify)

Employer's name

Date joined employer (dd/mm/yyyy)

Annual gross salary (Before tax)

2. Application for salary continuance insurance

Salary Continuance insurance is available in units of cover of \$100 per week (one unit represents \$100 benefit per week) up to a maximum level of cover of \$4,600 per week. The cost of Salary Continuance insurance varies depending on your age and gender.

The maximum benefit is 85% of your salary at the time of claiming the insurance. A waiting period of 30, 60 or 90 days applies.

The benefit is available for the period of 2 years, up to age 60, up to age 65. You can find full details of the premiums in the 'Salary Continuance Cover' section of the Product Disclosure Statement, which is available at www.legalsuper.com.au or by telephoning **1800 060 312**.

The easiest way to identify the maximum number of units you can apply for is to calculate 85% of your gross weekly wage (total weekly income before tax, multiplied by 0.85). Then round up to the nearest \$100, then divide that figure by 100. This will determine the number of units you can apply for (1 unit = \$100).

Members will be able to insure themselves for up to 85% (which includes up to 10% superannuation contribution per month) going back into your legalsuper account.

How many units of Salary Continuance insurance would you like to apply for? (Please cross)

1 unit 2 units 3 units 4 units 5 units

6 units 7 units 8 units 9 units 10 units

Other (please specify units, up to a maximum of 46 units)

Which waiting period do you want to choose? (Please cross)

30 days 60 days 90 days

Which payment period do you want to choose? (Please cross)

2 years to age 60 to age 65

Once you have completed this form, please complete the *ING Group Risk - Personal Statement* form enclosed with this application form. If you have also applied for death or death & total & permanent disability insurance within 30 days of completing this application and have already completed an *ING Group Risk - Personal Statement* form, you do not have to complete it again. As some of the questions you are required to answer on the Personal Statement may be sensitive in nature, you can send it to us in a separate sealed envelope if you wish, and we will pass it onto ING unopened.

Please also complete Sections 4 and 5.

3. legalsuper salary continuance rates

The premium payable will be based on the level of cover and the waiting period which you have chosen.

The premium rates are based on a weekly unit value of \$100 per week benefit and are deducted from your member account on a monthly basis.

You can find a full listing of the premium rates for each waiting period in the Product Disclosure Statement, available from www.legalsuper.com.au or by telephoning **1800 060 312**.

4. Declaration

Before you sign this form, please ensure you have read **legalsuper's** Product Disclosure Statement (which contains a summary of important information relating to the Fund). The Product Disclosure Statement will help you to understand the product and decide if it is appropriate to your needs.

I declare that all information supplied by me in all sections of this form is true, and acknowledge responsibility for its completeness and accuracy.

Member signature

Date (dd/mm/yyyy)

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5. Management of personal information

The personal information that you have provided on this form will be used by **legalsuper** to update your **legalsuper** membership details as you have requested. It is important that you provide this information, so that the Trustee can maintain accurate and up-to-date records regarding your personal details.

Further information about how **legalsuper** uses and discloses the personal information that you provide is contained in the Fund's *Policy for Management of Personal Information*.

To access the Fund's Policy and your personal details, or to make an enquiry about any aspect of your Fund membership, please

- call **legalsuper** on **1800 060 312** or visit **legalsuper's** website at www.legalsuper.com.au
or
- write to **legalsuper**, GPO Box 4952, Melbourne VIC 3001.