



#### 4. Death and TPD insurance cover

Depending on your type of membership, legalsuper offers cover for Death, Total and Permanent Disablement (TPD) and Salary Continuance (income protection). You can increase, decrease or cancel your insurance cover at any time. Please refer to 'Your insurance cover' in the legalsuper PDS for further information on insurance cover, including premiums. The PDS is available from the legalsuper website at [legalsuper.com.au](http://legalsuper.com.au) or by calling **1800 060 312**.

##### Employer-sponsored members

If you are an employer-sponsored member of legalsuper, you will automatically have four (4) units of Death and TPD cover at a cost of \$1.50 per unit per week when you join legalsuper.

I wish to (tick one option and complete any details):

apply for  additional units of Death and TPD cover.

I understand that my application is subject to completion of a *Personal health statement* and underwriting approval by legalsuper's insurer. Please send me a *Personal health statement* form.

reduce my Death and TPD cover to  unit/s of cover.

cancel my Death and TPD cover completely.

apply for  units of Death only cover. I understand that my application is subject to completion of a *Personal health statement* and underwriting approval by legalsuper's insurer. Please send me a *Personal health statement* form.

##### Personal members

Personal members of legalsuper can apply for Death and TPD cover or Death only cover.

I wish to (tick one option and complete any details):

apply for Death and TPD cover to

I understand that my application is subject to completion of a *Personal health statement* and underwriting approval by legalsuper's insurer. Please send me a *Personal health statement* form.

reduce my level of Death and TPD cover of \$

apply for Death only cover to \$

I understand that my application is subject to completion of a *Personal health statement* and underwriting approval by legalsuper's insurer. Please send me a *Personal health statement* form.

Reduce my level of Death only cover to \$

##### Spouse members

Spouse members of legalsuper can apply for Death only cover.

I wish to (tick one option and complete any details):

apply for  units of Death only cover. I understand that my application is subject to completion of a *Personal health statement* and underwriting approval by legalsuper's insurer. Please send me a *Personal health statement* form.

Reduce my Death only cover to  units.

#### 5. Salary Continuance insurance cover

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.

You can find full details of the premiums in the 'Salary Continuance cover' section of the Product Disclosure Statement, which is available at [legalsuper.com.au](http://legalsuper.com.au) or by telephoning freecall **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 down to the nearest \$100, then divide that figure by 100. This will determine the number of units you can apply for (1 unit = \$100).

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

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?

30 days  60 days  90 days

##### Which payment period do you want to choose?

2 years  to age 60  to age 65

##### What is your salary?

\$  per annum

If you are self-employed, your 'salary' is the total amount earned over the financial year as a direct result of your usual occupation, less business expenses, but before the deduction of income tax.

##### Method of application

You are able to apply for Death, TPD and/or Salary Continuance insurance online without the need of completing this form or a Personal Health declaration. Simply access your legalsuper online account and follow the prompts. If you have not activated your online access, contact us on **1800 060 312** Monday to Friday between 8am and 8pm EST. Alternatively, you can complete this form and a Personal Health declaration, which you can download from [legalsuper.com.au](http://legalsuper.com.au)

#### 6. 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 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 [legalsuper.com.au](http://legalsuper.com.au) or by calling **1800 060 312**.

### 7. Nomination of beneficiaries

You may elect to make either a Binding or Non-binding nomination of beneficiaries to whom your accrued legalsuper entitlements will be paid in the event of your death.

A Non-binding nomination of preferred dependants is not binding on the Trustee, but will assist the Trustee in exercising its discretion. The Trustee will determine what proportion of your entitlements goes to one or more of your dependants or your legal representative on your death. Unless the Trustee decides to pay the benefits to your estate, your entitlements will not form part of your estate and will therefore not be subject to the terms of your will.

A Binding nomination of dependant(s) or legal personal representative(s) will bind the Trustee to pay your entitlements on your death exactly as you specify. Your nomination will only be binding if it is made in accordance with the relevant requirements. One of these requirements is that you sign the declaration in Section 8 overleaf and have two persons over 18 years of age witness the declaration in your presence.

### 'Dependant' is defined as:

- (a) the spouse of the person, any child of the person and any person with whom the person has an interdependency relationship at the relevant time (being in the case of a deceased person the date of their death); and
- (b) any other person who in the opinion of the Trustee is at the relevant time (being in the case of a deceased person the date of their death) wholly or partially dependent on the person.

### Interdependency

Two persons have a interdependency relationship if:

- (a) they have a close personal relationship; and
- (b) they live together; and
- (c) one or each of them provides the other with financial support; and
- (d) one or each of them provides the other with domestic support and personal care.

Two people have an interdependency if they have a close personal relationship but do not satisfy the other requirements of an interdependency relationship because either or both of them suffer from physical, intellectual or psychiatric disability.

### Nominated dependant(s) or legal representative(s)

The following are the dependant(s) or legal representative(s) whom I want to receive my super in the event of my death. (If you are nominating your legal personal representative, you need only write 'legal personal representative', and do not need to provide the other details requested below.)

1. Surname	Given name	
Relationship	Home address	% of benefit
2. Surname	Given name	
Relationship	Home address	% of benefit
3. Surname	Given name	
Relationship	Home address	% of benefit
4. Surname	Given name	
Relationship	Home address	% of benefit
		Total

**Do you wish to make the nomination above a Binding nomination?**

- No. My nomination is to be Non-binding (go to Section 9: Declaration overleaf)
- Yes. Please read and sign Section 8 on the next page and have your signature witnessed by two persons aged over 18 years.

### 8. Binding nominations: signatures

The following signatures (my signature plus 2 witnesses over the age of 18 who are not included in the preceeding nomination(s) in Section 7) confirm my Binding nomination(s). I have read and understood the information in this form and the PDS regarding Binding death benefit nominations.

I understand that:

- Each beneficiary must be either a dependant as defined in Section 7 or my legal personal representative at the time of my death.
- My beneficiary(ies) and I will be bound by the provisions of the trust deed relating to Binding Death benefit nominations.
- This Binding nomination is only valid for three years from the date I sign it or any confirmation or amendment of it. I accept that should my circumstances change, or those of any of my beneficiaries, it is my responsibility to review my nomination and change it if required.
- I may at any time revoke or change a Binding nomination in accordance with the Fund's procedures.
- If this nomination is invalid or has not been sent to the Trustee when I die, the death benefit will be paid by the Trustee in its discretion to or for the benefit of one or more of my dependants or my legal personal representative(s) in such proportions between them as the Trustee determines.
- This nomination applies to all my superannuation in legalsuper.
- I have read the above information setting out the terms upon which this nomination is made and agree to be bound by the provisions of the legalsuper trust deed (as amended).

Member's signature

Date (dd/mm/yyyy)

**Two witnesses are required for a Binding nomination (see above).**

In witnessing this nomination, I declare that the member signed the nomination above in my presence, I am at least 18 years of age and I am not a beneficiary nor the legal personal representative of the member above.

**Witness 1**

Surname

Given names

Signature

Date (dd/mm/yyyy)

In witnessing this nomination, I declare that the member signed the nomination above in my presence, I am at least 18 years of age and I am not a beneficiary nor the legal personal representative of the member above.

**Witness 2**

Surname

Given names

Signature

Date (dd/mm/yyyy)

### 9. Declaration

I understand that:

- legalsuper has a privacy policy available at **legalsuper.com.au**
- I have read and understand the information in the legalsuper Product Disclosure Statement (PDS).

In signing this form, I authorise the Trustee to change my account as shown on this form.

Member's signature

Date (dd/mm/yyyy)