

OPT-IN TO START OR KEEP YOUR INSURANCE

Use this form to start your insurance cover or keep your insurance cover if your account becomes inactive.

IMPORTANT INFORMATION

This form is for members who hold insurance in the MINING DIVISION. Generally, you're in the MINING Division if you joined the Fund before 20 May 2024, are eligible for insurance and/or have opted in to the MINING DIVISION.

If you hold insurance in the DEFAULT DIVISION you're covered under different insurance arrangements.

If you currently have insurance, you can find the Division you're part of by logging in to your online account at teamsuper.com/login or by calling us on 13 64 63.

Before you start...

Fill this form out in **BLOCK** letters using a black or blue pen. Write 'X' to mark boxes.

- This form will allow you to elect to start your insurance cover, or keep your current and any future insurance cover if your account becomes, or is already, 'inactive' (that is, a contribution hasn't been credited to your account for 16 months or more).
- Read the **Product Disclosure Statement (PDS)** and relevant **Insurance Guide** so you understand the effects of keeping your insurance cover.

1. Your personal details

Mr	Ms	Mrs	Miss	Dr	Other	Male	Female	Member number				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>				
Given names												
<input type="text"/>												
Surname						Date of birth (DD-MM-YYYY)						
<input type="text"/>						<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address												
<input type="text"/>												
Suburb						State		Postcode				
<input type="text"/>						<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Postal address. If the same as your residential address, mark 'X' in this box <input type="checkbox"/>												
<input type="text"/>												
Suburb						State		Postcode				
<input type="text"/>						<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Mobile phone			Home phone			Work phone						
<input type="text"/>			<input type="text"/>			<input type="text"/>						
Preferred email						Other email						
<input type="text"/>						<input type="text"/>						

Turn over to finish filling out this form...

Locked Bag 2020 Newcastle NSW 2300 | T 13 64 63 | teamsuper.com
 Insurance is provided by TAL Life Limited ABN 70 050 109 450 AFS licence 237848 under a life insurance policy issued to Team Super Pty Ltd ABN 70 003 566 989 AFS licence 246864 as trustee of Team Superannuation Fund ABN 16 457 520 308 MySuper authorisation number 16457520308485.



2. Your declaration

By submitting this form, I confirm that:

- I wish to start and / or keep all the insurance on my Team Super account, including any cover for Death and Terminal Illness, Total and Permanent Disablement, and Income Protection insurance.
- I understand that premiums will continue to be deducted in the event my account becomes inactive and I've considered the impact this will have on my super balance.
- I understand that my insurance benefits, including any future changes, will remain on my account even if there's not been a contribution or transfer received in my account for 16 months or more.
- I understand that there's no cooling-off period for this opt-in and no premiums will be refunded if I choose to cancel my insurance.
- I understand I can still cancel my insurance at any time by calling 13 64 63 and I understand that my insurance can be cancelled or changed in the future in line with the normal terms and conditions of Team Super's insurance.
- I've read and understood the PDS and **Insurance Guide - Mining Division** at teamsuper.com/pds
- if I am under 25 and/or my account balance is below \$6,000, this form should be considered as an election under relevant legislation to receive the applied for insurance benefits.
- I consent to the collection, use and disclosure of my personal information in accordance with Team Super's Privacy Collection Notice and the Privacy Policy available at teamsuper.com and our insurer's privacy policy at tal.com.au/privacy-policy (or available on request).
- the information I've provided in this form is true and correct and isn't misleading.
- I acknowledge that all insurance cover provided is subject to the Team Super Trust Deed and the terms and conditions of the insurance policies between Team Super and TAL Life Limited, which may change from time to time.

Your signature



Date (DD-MM-YYYY)

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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When complete return this form to us by:

Post Team Super
Locked Bag 2020 Newcastle NSW 2300
Email help@admin.teamsuper.com

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