

i Complete this section if you wish to change your existing death and TPD or death only cover from units to fixed dollar or fixed dollar to units.

5. Change from units to fixed dollar OR fixed dollar to units

Please make the change shown below (use **x** to show your choice):

- I wish to switch my cover from units to fixed cover
- I wish to switch my cover from fixed cover to units (rounded to the nearest number of units)

6. Privacy

Your privacy with TAL Life Limited ABN 70 050 109 450 AFSL 237848 ('TAL' and the 'insurer')

The privacy of TAL customers is important and TAL is bound by obligations imposed by current privacy laws including the Australian Privacy Principles. The way in which TAL collects, uses, secures and discloses your personal information is set out in the TAL Privacy Policy available at www.tal.com.au/Privacy-Policy or free of charge on request to TAL by telephoning 1800 666 136.

Collection and use of personal information

We collect personal information, including your name, age, gender, contact details, health information, salary, and employment information so that we may assess and administer our products and services to you. In certain circumstances, such as applications for life insurance products and claims, we may be required to collect personal information of a sensitive nature such as lifestyle and medical history information. If you do not supply the information that is required, we may not be able to provide our products and services to you or pay the claim.

We may take steps to verify the information we collect; for example, a birth certificate provided as identification may be verified with records held by Births, Deaths and Marriages to protect against impersonation, or we may verify with an employer regarding remuneration information provided in a claim for income protection to ensure that it is accurate.

Disclosure of personal information

We disclose relevant personal information to external organisations that help us provide our services and may also disclose some of your personal information to other parties, when required to do so to provide our products and services to you, such as the following:

- claims assessors and investigators, claims managers and reinsurers;

- medical practitioners (to verify or clarify, if necessary, any health information you may provide);
- any person acting on your behalf, including your financial advisor, solicitor, accountant, executor, administrator, trustee, guardian or attorney;
- other insurers;
- for members of superannuation funds where TAL is the insurer, to the trustee, or administrator of the superannuation fund; and
- other organisations to whom we outsource certain functions during the underwriting and claims processes, such as obtaining blood tests for underwriting purposes, rehabilitation providers, surveillance providers and forensic accountants.

There are situations where we may also disclose your personal information in circumstances where it is:

- required by law (such as to the police or Australian Tax Office), and authorised by law (e.g. under court orders or statutory notices).

Your privacy with First State Super

The personal information you provide on this form is collected by and held for First State Super by the fund administrator, Mercer Administration, in accordance with the Australian Privacy Principles of the *Privacy Act 1988 (Cth)*, for the purpose of administering your account and providing you with services associated with your fund membership. For further information about how your personal information is handled, please phone us on 1300 650 873 or visit firststatesuper.com.au/privacy to view the privacy policy (a hard copy of the policy may also be provided on request). The policy contains information about how you may access and seek correction of your personal information, how you may complain about a breach of your privacy and other important information about how your personal information is collected, used and disclosed.

7. Declaration

I declare that:

- Any amendments that I have requested will affect my level of cover/s and monthly premiums
- That by cancelling my insurance, the cover will cease and premiums will no longer be deducted for that cover
- That if I wish to reapply, my acceptance for cover will be subject to me providing evidence of good health and subject to acceptance by the insurer.
- I have read and understood the First State Super privacy policy.

Signature

Date (DD-MM-YYYY)

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i Please sign and date form here.

e Send the form to this address.

8. Where to send your completed form

Return the completed form to **First State Super PO Box 1229 WOLLONGONG NSW 2500**. If you have any questions, please call us on **1300 650 873**.