

# Bendigo SmartStart Super<sup>®</sup>

This booklet contains:

Application Form

Binding Death Benefit Nomination Form

Request to Transfer Form

Member Advice Fee Form

Insurance Application and Personal Health  
Statement Form

Date 6 November 2023



Under the Superannuation Industry (Supervision) Act 1993, Bendigo Super is authorised to collect your tax file number (TFN), which will only be used for legal purposes and in accordance with the law. You should read Bendigo Super's privacy policy, available at [bendigosuperannuation.com.au](http://bendigosuperannuation.com.au), which contains information about how we deal with personal information including the TFN. You are not obliged to provide your TFN and it is not an offence to not quote your TFN. However, if you provide your TFN, the Fund will be able to accept all eligible types of after-tax contributions, you won't pay more tax than you need to, and it will make it easier to locate any lost super benefits or consolidate your super. Please refer to "Providing your tax file number" in the "How Super is Taxed" section of the Reference Guide.

TFN

### Anti-Money Laundering (AML) and Counter-Terrorism Financing (CTF)

In accordance with *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF) Law, please advise the following: (Note: your application cannot be processed unless this section is completed and you may be requested to provide additional information and documentation to facilitate Bendigo Super's compliance with AML/CTF Law)

#### Politically Exposed Person (PEP)

Politically Exposed Persons are individuals who occupy a prominent public position or function in a government body or international organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates.

Are you a Politically Exposed Person?  Yes  No

If Yes, please nominate one of the below:

I hold one of the above mentioned publicly exposed roles. Please specify:

I am a close associate/family member. Please specify your relationship to the PEP:

#### Source of wealth (the origin of your financial standing or total net worth i.e. how you generated your wealth)\*

Employment  Investments  Other (please specify, eg inheritance)

#### Source of funds (the origin of your contributions to set up your account)\*

Employment  Investments  Other (please specify, eg inheritance)

## Step 2 Employer Details

Please provide your employer details below if your employer will be making contributions for you.

Employer name

Employer's phone  Date joined employer  /  /

### Step 3 Deposit Instruction

Please advise us of your preferred Deposit Instruction. Members that do not provide a Deposit Instruction will be invested in Bendigo MySuper (refer to the 'How we invest your money' section of the PDS and Reference Guide). Prior to selecting your investment options, Bendigo Super recommends you obtain personal advice from a licensed financial adviser.

I am transferring my balance from my existing Bendigo SmartStart account and wish to retain my existing Deposit Instruction (subject to the existing investment options being available).

**OR**

I wish to invest in Bendigo MySuper (If you mark this box, move to Step 6).

**OR**

I wish to establish my Deposit Instruction in accordance with the below.

Note: Please ensure that your Deposit Instruction includes at least the default minimum allocation of 1.5% against the Cash Account. The percentages allocated to the Cash Account and your selected investment option(s) must add up to 100%.

Investment option name	Percentage Allocation
Cash Account	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> % (minimum 1.5%)
<b>Investment funds</b>	
Sandhurst Strategic Income Fund - Class B	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Defensive Wholesale Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Conservative Wholesale Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Balanced Wholesale Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Growth Wholesale Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Socially Responsible Growth Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo High Growth Wholesale Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Defensive Index Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Conservative Index Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Balanced Index Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Growth Index Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo High Growth Index Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
	100 %

## Step 4 Income Preference\*

I direct Bendigo Super to manage any income distributions or interest payments that I receive from my managed funds as follows (only one option can be selected and will apply to all investment options):

**Re-invest (default option)**

All income or interest will be re-invested back into the same investment that made the payment.

**OR**

**Retain in Cash Account**

All income distributions or interest payments will be retained in your Cash Account.\*

\*Not available for MySuper members. Please refer to the Reference Guide for further information.

## Step 5 Cash Account Preference\*

If the balance in your Cash Account is zero or below, you authorise us to top up the balance to:

1.5% (default option)

**OR**

Percentage nominated in your Deposit Instruction

We will 'top up' your Cash Account balance using one of the following methods (only one method can be selected):

**Pro-rata (default option)**

Redeem funds across all managed funds according to the proportion of your account balance (excluding the Cash Account) they represent.

**OR**

**Redemption Instruction - Percentage**

Redeem funds from specified managed funds according to the percentage allocation nominated below.

Please note: The percentages allocated to your selected managed funds must add up to 100% not including the Cash Account.

Investment option name	Percentage Allocation
<b>Investment funds</b>	
Sandhurst Strategic Income Fund - Class B	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Defensive Wholesale Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Conservative Wholesale Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Balanced Wholesale Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Growth Wholesale Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Socially Responsible Growth Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo High Growth Wholesale Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Defensive Index Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Conservative Index Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Balanced Index Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Growth Index Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo High Growth Index Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
	100 %

\* If you are currently invested in Bendigo MySuper we will top up your Cash Account from the relevant age-based investment option applicable to your age and you are unable to alter this instruction. Please refer to the Reference Guide for further information.

## Step 6 Transfer from an existing Bendigo SmartStart account

Do you wish to transfer your balance from an existing Bendigo SmartStart account?

No  Yes - Member Number

By providing your member number and by signing the member declaration in Step 13, you authorise the transfer of the balance (in full or in part) from your existing Bendigo SmartStart account.

**You will automatically retain your existing investment portfolio and Deposit Instruction (unless you instruct us otherwise at Step 3). Under this process, the transfer will not give rise to a capital gains tax event, however it is subject to your existing investment options being available.**

Amount to be transferred into Bendigo SmartStart Super:

Full balance  Partial Balance \$  \*

\* If you are only transferring a partial balance, you may choose to transfer selected investment options below. If you do not nominate any specific investment options, your funds will be transferred to your Bendigo SmartStart Super account on a pro-rata basis.

APIR	Investment option name#	% or \$ amount

# Investments not available in Bendigo SmartStart Super will be redeemed and invested in your Cash Account.

## Step 7 Contribution eligibility

**\* If you do not complete this section, we may not be able to accept your application.**

I am under 75 years of age.

**OR**

I am 75 or over and will be receiving only mandated employer contributions.

**AND/OR**

**Once off - Downsizer contribution**

I am 55 years of age or over and I am making a downsizer contribution (You must provide us with a completed ATO downsizer contribution form before or at the time of making your downsizer contribution. The form is available from the ATO website).

## Step 8 Transfer from other superannuation funds

Do you have any other super funds that you would like to transfer into the Fund?  No  Yes

If yes, please complete one of the following three options.

I will register for online access and use the electronic search and combine tool to find my super

I will complete the Request to Transfer form contained in this booklet and/or also available on our website.  
Please note, you will need to complete one form per fund. Please insert how many superannuation funds you will transfer:

I will organise the transfer with the other super fund.

## Step 9 Insurance cover

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### Standard Default Cover

Unless you opt out (see [Opting out of Default Cover](#)), Standard Default Cover\* will commence on the day that your account balance reaches \$6,000 and you are aged at least 25, providing that you satisfy the eligibility criteria and contribution requirements which are outlined in the PDS. Standard Default Cover consists of 4 units at a cost of \$4 per week.

\*A Pre-Existing Condition exclusion applies to this cover. This means that existing injuries or conditions will not be covered.

**You can elect to receive Standard Default Cover at the time you join the Fund by completing the section below:**

I wish to receive Standard Default Cover even if my account is under \$6,000 or I am aged less than 25 years (If you would like to reduce your insurance cover, please select an option below in the 'Default Cover selection' otherwise you will receive 4 units of Death and TPD cover).

#### Default Cover selection (select one option only)

Default Death and TPD Cover of  units of (must be less than 4)

Default Death Only cover of  units (must be less than 4), and decline TPD cover.

If I am reducing my Standard Default Cover, I am aware that if I wish to obtain cover at a later date I will need to apply for this cover and that my application will be subject to the usual evidence of health requirements.

We are required to cancel your insurance cover if no contributions have been received into your account for a period of 16 continuous months (inactive), unless you instruct us otherwise in writing. By ticking this box you are instructing us to maintain your insurance cover held in respect of this account, even if your account is inactive for a continuous period of 16 months.

Please refer to the 'Insurance in your Super' section of the PDS for more information including the eligibility criteria and conditions.

### Opting out of Default Cover

If you don't want Standard Default Cover, you can opt out by ticking the box below. If you opt out of Standard Default Cover now, you will not be eligible for it at a later date, even if your account balance reaches \$6,000 and you are aged at least 25 and you have satisfied the eligibility criteria and contribution requirements.

I wish to opt-out of receiving Standard Default Cover and am aware that if I wish to obtain cover at a later date, I will need to apply for this cover and that my application will be subject to the usual evidence of health requirements. I understand that you will not be contacting me about this cover even if my account balance reaches \$6,000 and I am aged at least 25 and I have satisfied the eligibility criteria and contribution requirements.

### Tailored Cover

**To apply for Tailored Cover (on its own or in addition to your Standard Default cover), you are required to complete the Insurance Application and Personal Health Statement which is contained in this booklet or is available from our website.** If you are investing through a financial adviser please discuss the additional options available to apply for Tailored Cover.

## Step 10 Binding death benefit nomination

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If you wish to nominate to whom your death benefit will be paid in the event of your death, you need to read and complete the Binding Death Benefit Nomination Form contained in this booklet, otherwise, in the event of your death, any benefits will be paid to your Legal Personal Representative and form part of your estate.

## Step 11 Financial adviser details (adviser to complete, if applicable)

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### Adviser details

Licensee

AFSL number  Licensee code

Adviser full name

Adviser code

Adviser signature  Date  /  /





## Investment

- I acknowledge that Bendigo Super has provided me with access to the disclosure statements for the investment options (except the Cash Account) I have selected via Bendigo Super's website and I agree to access them on Bendigo Super's website at [bendigosuperannuation.com.au](http://bendigosuperannuation.com.au)
- I acknowledge that neither Bendigo Super nor any other person guarantees the return of capital or the performance of the investment funds.

## Insurance

Where I have elected to obtain insurance cover under the Fund or where standard default insurance cover automatically applies to me, I acknowledge and agree that:

- The insurance arrangements under the Fund are governed by the terms and conditions contained in the group life and group income protection insurance policies issued by TAL Life Limited to Bendigo Super, in its capacity as trustee of the Fund.
- The information contained in the PDS and Insurance Guide is only a summary of the main terms and conditions of the insurance offered under the Fund and I agree that I can access the full terms and conditions governing the insurance arrangements by contacting Bendigo Super's Client Services Team on 1800 033 426.
- If I am opting-in to Default Cover, I am eligible to receive this cover and I understand that this cover will not commence if a contribution is not received into my account within 120 days from when I joined the Fund.
- Where standard default insurance cover automatically applies to me: If I do not decline the standard default cover in full, premiums will be deducted from my account for as long as cover continues.
- Where I have elected to obtain cover under the Fund: Cover may nonetheless not be provided to me unless I have met all eligibility and other applicable conditions.

## Privacy

I have read and understood the Bendigo and Adelaide Bank Group's Privacy Policy which is available at [bendigosuperannuation.com.au](http://bendigosuperannuation.com.au) and the 'Your personal information section of this Application Booklet (below) and agree that Bendigo Super and the Bendigo and Adelaide Bank Group may collect, use and disclose my personal information for the purposes of opening and administering my account and providing relevant services to me in accordance with the law and the 'Your personal information' (below) section of this Application Booklet.

## Anti-Money Laundering and Counter Terrorism Financing (AML/CTF)

Bendigo Super must adhere to AML/CTF rules. These require Bendigo Super to undertake ongoing due diligence of customers and transactions within the Fund.

Bendigo Super must:

- immediately monitor and report any suspicious transactions or matters to the appropriate authority; and
- obtain the prescribed certified copies of documents that prove your identity when paying a benefit to you or your beneficiary/ies.

By making an application, you acknowledge and warrant to us that:

- you have not knowingly done anything or know of anything that is done on your behalf to put the Trustee in breach of AML/CTF laws;
- you will notify us if you become aware of anything you have done or that is done on your behalf that would put Bendigo Super in breach of AML/CTF laws;
- if requested you will provide, where reasonable, additional information and assistance and comply with all reasonable requests to facilitate the Trustee's compliance with AML/CTF laws;
- if you fail to provide us with such additional information and documentation requested of you, your application may be delayed or refused by us;
- you are not aware and have no reason to suspect that:
  - the money used to fund your investment is derived from or related to money laundering, terrorism financing or similar illegal activities; or
  - benefits that you receive in connection with this product will fund illegal activities.

## Electronic instructions

In respect of electronic instructions (email, fax) relating to investment switching, benefit payment requests, or notifying us of a change in details, you agree and acknowledge that we:

- will not accept electronic instructions unless it is accompanied by your scanned or faxed signature;
- are not responsible for any loss or delay that results from a transmission not being received by the Trustee;
- will only process your electronic instructions if they are received in full and have been signed by you;
- will not accept a receipt confirmation from the sender's facsimile machine or computer as evidence of receipt of the instructions unless the confirmation receipt clearly applies, on its face, to the specific instructions transmitted electronically (e.g. these instructions appear on the same page as the confirmation) and is not able to be tampered with;
- will not compensate you for any losses relating to electronic instructions except to the extent of any negligence or bad faith on the part of Bendigo Super, unless required by law; and
- do not take responsibility for any fraudulently or incorrectly completed or signed electronic instructions. In the event of any such fraud you agree to release us from, and indemnify us against, all losses and liabilities whatsoever arising from our acting reasonably in good faith in accordance with any instructions received electronically bearing your member number and a signature purportedly yours.

## Online reporting

I acknowledge Bendigo Super will make the Fund's annual report available on the Fund's website at [bendigosuperannuation.com.au](http://bendigosuperannuation.com.au) or I can request a copy be sent to me.

Member signature

Date

/

/

If you are under 18 we require a parent/guardian to sign this application here:

Parent/guardian signature

Date

/

/

Parent/guardian full name

### Your personal information

#### Collection of your personal information

Bendigo Super collects your personal information to assess your application, to provide you with the product or service that you have requested and to assess any future applications for products or services you may make to Bendigo Super or our related entities. Collection of some of this information is required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. If you provide incomplete or incorrect information we may be unable to provide you with the product or service you are applying for.

#### Collection of personal information about third parties

Bendigo Super may need to collect personal information about a third party from you as part of this application. If we do this, you agree you will advise that person that we have collected their information, and that in most cases they can access and seek correction of the information we hold about them.

#### Use and disclosure of your personal information

Bendigo Super may use your personal information to perform its business functions (for example internal audit, operational risk, product development and planning). Bendigo Super may also use your personal information to confirm your details (for example contacting your employer to confirm your employment and income details). Your information may be disclosed to your employer in order for them to comply with their superannuation guarantee obligations.

Bendigo Super will treat your personal information as confidential and only disclose it to others where necessary. For example, we usually disclose your information to organisations to whom we outsource functions such as mailing and printing houses, IT providers, our agents and specialist advisers such as accountants and solicitors. Other disclosures usually include, insurers, intermediaries and government authorities. Your information may be disclosed to our related entities, our joint venture partners and **Community Bank®** companies where its confidentiality is maintained at all times.

If you are investing through a financial adviser and their details are included on the application form or are otherwise linked to your account upon your written instruction, you agree that by doing so, you consent to Bendigo Super disclosing your personal information to the relevant financial adviser including by Bendigo Super providing them with copies of correspondence relating to your account, and access to view your account online, and providing any information about your account when they make an enquiry.

#### Disclosure of personal information to overseas organisations

Some of the organisations Bendigo Super discloses your personal information to may be located overseas. Where an organisation is located overseas we will either take reasonable steps to ensure that it complies with Australian privacy laws or we will seek your consent to the disclosure.

#### Access to and correction of your personal information

In most cases you can gain access to and seek correction of your personal information. Should you wish to do so, or if you have any queries about your information, please contact us on 1800 033 426.

#### Direct marketing

Bendigo Super may use your personal information to inform you about financial products and services that are related to those you have with Bendigo Super or other products and services we think you may be interested in. These may be products and services provided by Bendigo Super, our related entities or other entities we are associated with. If you do not wish to receive any marketing material from us please call us on 1800 033 426.

#### Privacy Policy

You should also read our Privacy Policy.

Our Privacy Policy contains information about:

- a. how you can access and seek correction of your personal information;
- b. how you can complain about a breach of the privacy laws by Bendigo Super and how we will deal with a complaint; and
- c. if we disclose personal information to overseas entities, and where practicable, which countries those recipients are located in.

Our Privacy Policy is available on our website [bendigosuperannuation.com.au](http://bendigosuperannuation.com.au) or by telephoning 1800 033 426.

#### Where to send your completed forms?

**GPO Box 264  
Melbourne VIC 3001**  
[superannuation@bendigobank.com.au](mailto:superannuation@bendigobank.com.au)

#### Contact details:

Website: [bendigobank.com.au/super](http://bendigobank.com.au/super)  
Client Services Team: **1800 033 426**

# Bendigo SmartStart – Binding Death Benefit Nomination Form

# Bendigo Superannuation

This form can be used for the following products:

- Bendigo SmartStart Super®
- Bendigo SmartStart Pension®

Complete the attached form if you want to make a binding death benefit nomination for your Bendigo SmartStart Super or Bendigo SmartStart Pension products. A separate form will need to be completed for each product you hold.

By completing this form you will bind Bendigo Superannuation Pty Ltd (Bendigo Super) to pay your superannuation benefit on your death to the person(s) you have nominated in this form. Please ensure that you read the terms and conditions outlined in Step 2 prior to completing this form.

\* Indicates a **mandatory field**. If you do not complete all of the mandatory fields, there may be a delay in processing your request. Please complete this form in **black or blue ink** using **CAPITAL LETTERS** and where provided, mark answer boxes with an X.

## Step 1 Member details

Member number (if known)	<input type="text"/>		
Title	<input type="text"/>	Surname*	<input type="text"/>
Given name(s)*	<input type="text"/>		
Date of birth*	<input type="text"/> / <input type="text"/> / <input type="text"/>	Sex*	Male <input type="checkbox"/> Female <input type="checkbox"/>
Residential address*	<input type="text"/>		
Town/Suburb*	<input type="text"/>	State*	<input type="text"/>
Postal address	<input type="text"/>		
Town/Suburb	<input type="text"/>	State	<input type="text"/>
Contact phone number*	<input type="text"/>		
Email	<input type="text"/>		

## Step 2 Conditions

Read how your personal information may be used:

Bendigo Super collects your personal information and the personal information of your beneficiary/ies to assess and administer your request. If you do not provide the information we ask for, we may be unable to do this. We treat your personal information as confidential and only disclose it to others where necessary. For example, we usually disclose your information to organisations to whom we outsource functions such as administrators, mailing and printing houses, to IT providers, to account holders and operators, and to your financial adviser. Some of these organisations may be located overseas. Your information may be disclosed to related companies within the Bendigo and Adelaide Bank Limited group of companies, where its confidentiality is maintained at all times. We do not sell, rent or trade your personal information. You should also read our Privacy Policy which contains information about how you can gain access to and seek correction of your personal information, and how you can complain about a breach of the privacy laws by Bendigo Super and how we will deal with a complaint. Our Privacy Policy is available at [bendigosuperannuation.com.au](http://bendigosuperannuation.com.au)

In the event of your death Bendigo Super may pay the following benefits as a lump sum or as a pension:

- the amount of your superannuation benefits in the Plan which will comprise your Member Account balance plus
- the proceeds of any Death insurance cover you have through the Plan.

There are rules that Bendigo Super will follow when paying your death benefit. These rules are described below.

If you want to direct Bendigo Super to pay your benefit to a particular person (called your beneficiary), then you can complete a Binding Death Benefit Nomination. A valid Binding Death Benefit Nomination means your death benefit will be paid to the beneficiary/ies that you nominate.

When you have nominated a beneficiary and the nomination is valid and current, it will be legally binding upon Bendigo Super and Bendigo Super must act in accordance with that nomination. Commonwealth Government Regulations have imposed strict conditions on how a binding death benefit nomination must be made, amended or revoked. Also, family law and a relationship

breakdown can also affect your nomination as the nominated person may no longer be eligible to receive a superannuation death benefit. We recommend you speak to a licensed financial adviser if this may apply to you.

The following conditions apply to binding death benefit nominations of beneficiaries:

- (a) Nominations can only be accepted on a form which is approved by Bendigo Super. This form is an approved form.
- (b) An original signed copy of this form must be provided to Bendigo Super. An electronic version (fax or email) can be accepted.
- (c) Each beneficiary must be either your Legal Personal Representative (on behalf of your estate) or a dependant for superannuation purposes. Your Legal Personal Representative is the person or organisation you appoint as the executor of your Will, or who is appointed as the administrator of your estate if you die without a valid Will. If you nominate your Legal Personal Representative, then they will receive your death benefit on behalf of your estate. Currently, your dependants for superannuation purposes are:
  - (i) Your spouse which includes:
    - another person (whether of the same sex or a different sex) with whom the person is in a relationship that is registered under law; and
    - another person (whether of the same sex or a different sex) who, although not legally married to the person, lives with the person on a genuine domestic basis in a relationship as a couple.
  - (ii) Your child or children which includes:
    - an adopted child, a stepchild or an ex-nuptial child of the person; and
    - a child of the person's spouse; and
    - someone who is a child of the person within the meaning of the Family Law Act 1975.
  - (iii) A person with whom you had an "interdependency relationship" immediately before the date of your death. Under superannuation law, an "interdependency relationship" is defined as a close personal relationship between two people who reside together, where one of both provides the other with financial support, domestic support and personal care. Two people can also have an "interdependency relationship" under superannuation law where they have a close personal relationship, but don't live together or support one another because either of them has a physical, intellectual or psychiatric disability (this would include a person who, for example, lives in an institution). There are other circumstances in which an "interdependency relationship" can arise. This will be determined by Bendigo Super in accordance with the legislation.
  - (iv) Any other person who Bendigo Super in its discretion is wholly or partially financially dependent on you at the time of your death.
- (d) If any beneficiary nominated is not your Legal Personal Representative, spouse, child, financial dependant or a person with whom you had an interdependency relationship immediately before the date of your death, your nomination will not be valid. This may include situations where you divorce or leave a de facto relationship after making a nomination.
- (e) If you want to nominate more than four beneficiaries, you must complete and attach an additional form.
- (f) For each beneficiary, you must specify the proportion of your benefit they are to be paid. The total benefit must have been allocated by you on the form (or forms, if you have nominated more than four persons). Please note: if your allocation does not total 100% the entire nomination will be invalid.
- (g) The nomination must be signed by you and in the presence of two witnesses, both of whom must be at least 18 years of age and not nominated as beneficiaries.
- (h) The entitlements of any nominated beneficiary may be subject to family law legislation in relation to superannuation splitting arrangements.
- (i) You should consider revising your nomination whenever your personal circumstances change. This nomination may be amended or revoked at any time by submitting a new approved form.
- (j) A nomination will remain valid for a period of three years if no amendment or revocation is made by you during that period. You may confirm (renew) your nomination within this period by sending a signed, written notice to Bendigo Super. The nomination will be valid for an additional three years from the date of confirmation. If you amend your nomination, the amended nomination is valid for three years from the date the amendment is made.
- (k) Bendigo Super will contact you before the expiry date to give you the opportunity to renew your nomination. However, it is your responsibility to keep it up-to-date and to renew it every three years. If the nomination remains valid and is in effect at the time of your death, then Bendigo Super has no power to vary it.
- (l) Bendigo Super will remind you annually (via your annual member statement) of the details of your nomination and of its expiry date.
- (m) If you do not nominate a beneficiary or your nomination is invalid (including if it is unclear or defective) or your nomination is not renewed or is revoked before its expiry date, Bendigo Super will consider that no nomination applies. Any benefit payable on death will be paid to your Legal Personal Representative on behalf of your estate as a lump sum payment.
- (n) If your Legal Personal Representative cannot be found, then Bendigo Super may pay your benefit to your dependants, or, if they cannot be located, then to another individual, as allowed under superannuation law.
- (o) If your nomination is invalid (i.e. if it is completed incorrectly or further information is required), Bendigo Super will contact you to permit you to re-submit a valid nomination.
- (p) If you would like information about the taxation of death benefits, please refer to the 'How super is taxed' section of the Bendigo SmartStart Super Reference Guide.





## Step 5 Member declaration

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- I have read and understood the conditions in Step 2 of this form.
- I must be at least 18 years of age to complete a Binding Death Benefit Nomination and if I am under the age of 18, this nomination will be signed by my parent/guardian on behalf of me;
- I understand that this nomination is binding and that Bendigo Super must pay my death benefit to my nominated dependants and/or Legal Personal Representative as specified on this form;
- I understand that my nomination will not be valid unless I sign and date this form in the presence of two independent witnesses, each of whom is at least 18 years of age and neither of whom is nominated to receive my death benefit;
- I understand that my nomination will not be valid unless I ensure that both witnesses sign and date the independent witnesses' declaration of this form at the same time as I do and in each other's presence;
- I understand that my nomination must be in favour of one or more of my dependants or my Legal Personal Representative;
- Each dependant that I nominate must be my dependant at the date of nomination and at the date of my death;
- My nomination will not be in effect until it has been received and accepted by Bendigo Super;
- My nomination will expire three years after the date it is first signed or last confirmed or amended;
- I can revoke my nomination at any time in accordance with Bendigo Super's procedures;
- It is my responsibility to ensure my Binding Death Benefit Nomination remains valid and current; and
- Bendigo Super accepts no responsibility for an incorrect nomination or completion of this form.

For your binding death benefit nomination to be valid, please ensure that you sign and date this form in the presence of two independent witnesses, each of whom is at least 18 years of age and neither of whom is nominated to receive your death benefit. Please also ensure that both witnesses sign and date the independent witnesses' declaration section of this form (Step 5) at the same time as you do and in each others presence, otherwise your binding death benefit nomination will be invalid.

Signature

Date

 /  / 

If you are under 18 we require a parent/guardian to sign this form here:

Parent/  
guardian  
signature

Date  /  /

Parent/guardian  
full name:

## Step 6 Independent witnesses' declaration

**Witness 1** – I declare that I am at least 18 years of age, I have not been nominated as a beneficiary and that this Binding Death Benefit Nomination was signed and dated by the member in my presence and in the presence of the other witness.

Surname\*

Given name\*

Signature

\*Date witnessed (must be the same as the date the member signs)

**Witness 2** – I declare that I am at least 18 years of age, I have not been nominated as a beneficiary and that this Binding Death Benefit Nomination was signed and dated by the member in my presence and in the presence of the other witness.

Surname\*

Given name\*

Signature

\*Date witnessed (must be the same as the date the member signs)

Note: the form must be witnessed by both witnesses at the time it is signed by the member.

### Contact details:

Bendigo Superannuation Pty Ltd

Bendigo SmartStart

GPO Box 264

Melbourne VIC 3001

Phone: 1800 033 426

Fax: 03 6215 5800

Email: [superannuation@bendigobank.com.au](mailto:superannuation@bendigobank.com.au)

Website: [bendigobank.com.au/super](http://bendigobank.com.au/super)



# Bendigo SmartStart Request to Transfer Form

# Bendigo Superannuation

This form can be used for the following products:

- Bendigo SmartStart Super®
- Bendigo SmartStart Pension®

Use this form to transfer some or all of your super balance from another superannuation fund to Bendigo SmartStart Super or Bendigo SmartStart Pension. This form will NOT change the fund to which your employer pays your contributions. If you would like your employer to make contributions into this account, you must complete the Standard Choice Form which is available on our website.

Please complete this form in **black** or **blue** ink using **CAPITAL LETTERS** and where provided, mark answer boxes with an X.

\* Indicates a **mandatory field**. If you do not complete all of the mandatory fields, there may be a delay in processing your request.

## Step 1 Member personal details

Member number (if known)	<input type="text"/>	Title	<input type="text"/>
Surname*	<input type="text"/>	Given name(s)*	<input type="text"/>
Other/previous names#	<input type="text"/>		
Home Phone*	<input type="text"/>	Work Phone	<input type="text"/>
Mobile*	<input type="text"/>		
Date of birth*	<input type="text"/> / <input type="text"/> / <input type="text"/>	Sex:*	Male <input type="checkbox"/> Female <input type="checkbox"/>

Under the Superannuation Industry (Supervision) Act 1993, Bendigo Super is authorised to collect your tax file number (TFN), which will only be used for legal purposes and in accordance with the law. You should read Bendigo Super's privacy policy, available at [bendigosuperannuation.com.au](http://bendigosuperannuation.com.au), which contains information about how we deal with personal information including the TFN. You are not obliged to provide your TFN and it is not an offence to not quote your TFN. However, if you do not provide your TFN, tax penalties may apply. Your FROM fund may also require your TFN to process the transfer.

TFN

### Current residential address (PO Box is not acceptable)

Residential address*	<input type="text"/>											
Town/Suburb*	<input type="text"/>					State*	<input type="text"/>		Postcode*	<input type="text"/>		

### Previous address

If you know that the address held by your **FROM** fund is different to your current residential address, please give details below.

Residential address	<input type="text"/>											
Town/Suburb	<input type="text"/>					State	<input type="text"/>		Postcode	<input type="text"/>		

# If you have recently changed your name, please provide a certified copy of a Marriage Certificate, Deed Poll or Change of Name certificate from the Births, Deaths and Marriage Registration Office.

## Step 2 Fund details

If you have multiple superannuation accounts, you must complete a separate form for each account you wish to transfer.

**Important note:** Please ensure you contact your FROM fund to obtain information about any fees (including exit or withdrawal fees) that may apply. If you chose to leave your FROM fund, you may also lose any insurance entitlements (such as death and disability benefits) you have.

### a) FROM

Fund name\*

Fund administrator

Fund address\*

Town/Suburb\*  State\*  Postcode\*

Fund phone number  Member/account number \*

Fund Australian Business Number (ABN)\*

**\*Please also complete ONE of the following:**

Unique Super Identifier (USI)

Electronic Service Address (ESA)  
for Self Managed Super Funds only

### b) TO

Fund name **Bendigo SmartStart (Bendigo SmartStart Super and Bendigo SmartStart Pension both form part of The Bendigo Superannuation Plan)**

Fund phone number **1800 033 426**

Member number (if known)

Australian Business Number (ABN) **57 526 653 420** Unique Superannuation Identifier **STL0050AU**

**c) Amount to be transferred** (If you do not make a selection your request will be treated as a whole balance transfer)

Whole balance (account in the FROM fund will be closed)

**OR**

Partial balance \$  ,  ,  .

### Step 3 Member declaration

By signing this request form I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct.
- I authorise Bendigo Super to make arrangements to have my benefit (including any employer contributions still to be made to my FROM fund) transferred from my FROM fund to my account in Bendigo SmartStart Super or Bendigo SmartStart Pension.
- I understand and acknowledge the implications of transferring my benefit from my superannuation provider of my FROM fund into Bendigo SmartStart Super or Bendigo SmartStart Pension, including loss of any insurance cover held in my FROM fund.
- I authorise Bendigo Super to act on my behalf in arranging and receiving information on this transfer.
- I am aware of and authorise the deduction of fees or charges by my FROM fund and any tax payable from the benefit transferred to my account in Bendigo SmartStart Super or Bendigo SmartStart Pension (subject to legislative restrictions).
- I understand that a Capital Gains Tax ('CGT') liability may arise and be deducted from my benefit prior to the transfer.
- I consent to my Tax File Number (TFN) being disclosed for the purposes of consolidating my account.
- I discharge the superannuation provider of my FROM fund of all further liability in respect of the benefits paid and transferred to Bendigo SmartStart Super or Bendigo SmartStart Pension.
- I am aware I may ask the superannuation provider of my FROM fund for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits.
- I authorise the superannuation provider of my FROM fund to provide Bendigo Super with all relevant details of my membership, a copy of my rollover benefit statement and any other information required by law to affect this transfer.

I request and consent to the transfer of superannuation, as described above, and authorise the superannuation provider of each fund to give effect to this transfer.

\* Name (Print in CAPITAL LETTERS)

Signature#

Date  /  /

If you are under 18 we require a parent/guardian to sign this form here:

Parent/guardian signature#

Date  /  /

Parent/guardian full name:

**#If you are signing on behalf of the applicant, please provide a certified copy of Guardianship papers or Power of Attorney.**

**Contact details:**  
Bendigo Superannuation Pty Ltd  
Bendigo SmartStart  
GPO Box 264  
Melbourne VIC 3001  
Phone: 1800 033 426  
Fax: 03 6215 5800  
Email: [superannuation@bendigobank.com.au](mailto:superannuation@bendigobank.com.au)  
Website: [bendigobank.com.au/super](http://bendigobank.com.au/super)

# Bendigo SmartStart

## Member Advice Fee Form

# Bendigo

## Superannuation

Use this form to add, change or renew a Member Advice Fee, as negotiated with your financial adviser, for the following products:

- Bendigo SmartStart Super<sup>®</sup>
- Bendigo SmartStart Pension<sup>®</sup>

By completing this form, you are providing us with written consent for advice fees to be deducted from your super and/or pension account. You may withdraw your consent at any time by notifying us in writing.

Advice fees can only be deducted from your super and/or pension account if they relate to advice you receive about your super or pension benefits, insurance cover held within super, and/or investments.

A separate form will need to be completed for each account you hold in Bendigo SmartStart Super and/or Bendigo SmartStart Pension.

### Step 1 Member details

Member number

Title  Surname

Given name(s)

Date of birth  /  /

### Step 2 Advice fees

I want to: (Tick one)

- Set up a new Member Advice fee – One-off (complete Section A)
- Set up or change Member Advice Fee- Ongoing\* (complete Section B)
- Renew my existing Ongoing Member Advice Fee arrangement\* (complete Section C)

#### Section A – Member Advice Fee – One off

As agreed with my nominated financial adviser, I consent to the below one off fee to be deducted from my account for financial advice.

\$  ,  .  (max \$5,500 inclusive of GST per request)

**Please select the services being provided (required for Bendigo SmartStart Super and Bendigo SmartStart Pension):**

- |   |  |
|---|--|
| <input type="checkbox"/> Review of your account               | <input type="checkbox"/> Strategic superannuation advice |
| <input type="checkbox"/> Investment advice on your account    | <input type="checkbox"/> Contribution strategy           |
| <input type="checkbox"/> Insurance in superannuation strategy | <input type="checkbox"/> Withdrawal advice               |

#### Section B – Member Advice Fee – Ongoing

Commencement date<sup>^</sup>  /  /

Consent end date (required)  /  /

<sup>^</sup>the commencement date must be a future date or the date we accepted and processed the form, whichever is later.

The consent end date is the date when all ongoing Member Advice Fees will end if we have not received your annual consent to continue. Your consent to an ongoing Member Advice Fee arrangement ends 150 days after the next anniversary date.

#### Percentage-based

% Up to a maximum of 2.2% per annum (inclusive of GST) of your account balance.

Your adviser has estimated a fee of \$

This Member Advice Fee will be calculated daily by applying the percentage above against your daily account balance, deducted monthly from your account and paid to your financial adviser.

**OR**



- Will not accept electronic instructions unless it is accompanied by my scanned or faxed signature;
- Is not responsible for any loss or delay that results from a transmission not being received by Bendigo Super;
- Will only process electronic instructions if they are received in full and have been fully signed by me;
- Will not accept a receipt confirmation from the sender's facsimile machine or computer as evidence of receipt of the instruction's unless the confirmation receipt clearly applies, on its face, to the specific instructions transmitted electronically (e.g. these instructions appear on the same page as the confirmation) and is not able to be tampered with;
- Will not compensate me for any losses relating to electronic instructions except to the extent of any negligence or bad faith on the part of Bendigo Super, unless required by law; and
- Does not take responsibility for any fraudulently or incorrectly completed or signed electronic instructions. In the event of any such fraud, I agree to release Bendigo Super from, and indemnify Bendigo Super against, all losses and liabilities whatsoever arising from Bendigo Super acting reasonably in good faith in accordance with any instructions received electronically bearing my member number and a signature purportedly mine.

Member Signature

Date

 /  / 

**Contact details:**

Bendigo Superannuation Pty Ltd

Bendigo SmartStart

GPO Box 264

Melbourne VIC 3001

Phone: 1800 033 426

Email: [superannuation@bendigobank.com.au](mailto:superannuation@bendigobank.com.au)

Website: [www.bendigobank.com.au/super](http://www.bendigobank.com.au/super)

The trustee of Bendigo Superannuation Plan ABN 57 526 653 420 is Bendigo Superannuation Pty Ltd ABN 23 644 620 128 AFSL 534006, a subsidiary of Bendigo and Adelaide Bank Limited.

## Insurance Application and Personal Health Statement Form

Use this form to apply for Tailored cover or to increase your current amount of Tailored cover.

Bendigo SmartStart Super's insurer is TAL Life Limited ABN 70 050 109 450 AFSL 237848 (TAL).

### General risks of replacing cover

Before deciding to replace any existing cover, you should compare and consider the policy terms and conditions to work out if the insurance cover is right for you. If you decide to replace existing cover you hold with another Superannuation Fund or insurer, please do not cancel your existing cover until we have told you that your application has been accepted, and on what terms. This is because there are some risks associated with replacing your existing cover, such as:

- If you have experienced any new health issues you may not be covered for these under your new cover
- A claim may have been accepted under your existing cover if the health issue did not exist when you first took out the existing cover
- You may also be subject to waiting periods before you can make a claim on the new cover

### Your duty to take reasonable care

When you apply for insurance, you are treated as if you are applying for cover under an individual consumer insurance contract. A person who applies for cover under a consumer insurance contract has a legal duty to take reasonable care not to make a misrepresentation to the Insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

### If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. Under the *Insurance Contracts Act 1984 (Cth)* there are a number of different remedies that may be available to the Insurer. They are intended to put the Insurer in the position it would have been in if your duty had been met. For example, the Insurer may:

- avoid the cover (treat it as if it never existed);
- vary the amount of the cover; or
- vary the terms of the cover.

Whether the Insurer can exercise one of these remedies depends on a number of factors, including:

- whether reasonable care was taken not to make a misrepresentation. This depends on all of the relevant circumstances;
- what the Insurer would have done if your duty had been met – for example, whether it would have offered cover, and if so, on what terms;
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before any of these remedies are exercised, the Insurer will explain the reasons for its decision, how to respond and provide further information, and what else you can do if you disagree.

### Guidance for answering the questions in this form

You are responsible for the information provided to the Insurer. When answering questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

Please note that there may be circumstances where the Insurer later investigates whether the information given to it was true. For example, it may do this when a claim is made.

### Changes before your cover starts

Before your cover starts, the Insurer may ask you whether the information that has been given as part of your application for insurance remains accurate or whether there has been a change to any of your circumstances. As any changes might require further assessment or investigation, it could save time if you let us or the Insurer know about any changes when they happen.

### If you need help

It's important that you understand your obligations and the questions that are being asked. Please contact us for help if you have difficulty understanding the process of obtaining insurance or answering any questions.

Please also let us know if you're having difficulty due to a disability, understanding English or for any other reason - we're here to help and can provide additional support.

All questions on this Insurance Application and Personal Health Statement Form are relevant as to whether or not TAL accepts the risk, and if so, on what terms. Consequently, all questions must be answered correctly and completely. Block letters should be used. A dot or dash is not acceptable. Please mark questions with an X where appropriate.

## Step 1 Personal details

Title	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
Member number (only complete if existing member)	<input type="text"/>		
Current residential address	<input type="text"/>		
Town/Suburb	<input type="text"/>	State	<input type="text"/>
Home phone	<input type="text"/>	Work phone	<input type="text"/>
Mobile	<input type="text"/>		
Email	<input type="text"/>		
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
May TAL contact you directly to clarify or gather information in relation to this application?			<input type="checkbox"/> No <input type="checkbox"/> Yes
(if yes, specify contact number and best time of day to call):	<input type="text"/>		

## Step 2 Occupation details

2.1  Self-employed  Employee  Employee Part-time  Hours p/week  Weeks p/year

2.2 Your occupation   
Industry

2.3 Duties performed and the percentage of time in each

2.4 Earned Income (excluding superannuation contributions)<sup>1</sup> \$  ,  .

<sup>1</sup>Earned Income comprises your current wages or salary plus any commission and all other regular payments of benefits paid to you by your employer. If you are self-employed, your average net income per year for the previous two years. For the full definition of Earned Income refer to the Bendigo SmartStart Super Insurance Guide available on our website.

## Step 3 Cover Requested

### 3.1 Death Only and Death and TPD Cover

Nominated amount of cover

Benefit Type	Existing Sum Insured	Additional Sum Insured	New Total Sum Insured
Death	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Total & Permanent Disablement (TPD)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

**OR**

Nominated Premium

**Note:** Sum insured will decrease with age; premium remains fixed

**Type of cover**  Death only  Death & TPD Nominated premium per week (eg. \$2.00 per week) \$

If you wish to cancel you Default Cover you will need to complete the Insurance Variation or Cancellation form available from our website.

Note: TPD cover is not available without death cover. You must apply for death and TPD cover if you wish to have TPD cover. Your TPD cover cannot exceed the amount of death cover.



**3.2 Income Protection (IP)**

<b>Existing monthly benefit</b>	<b>Additional monthly benefit</b>	<b>New total monthly benefit</b>
\$ <input style="width: 150px;" type="text"/>	\$ <input style="width: 150px;" type="text"/>	\$ <input style="width: 150px;" type="text"/>

Income level (% of your salary) - **(please choose one option)**

75%     Other (enter value)

Waiting period (days) **(please choose one option)**

30     60     90

Benefit period **(please choose one option)**

2yr     5yr     to age 65

**Superannuation contribution benefit (optional)**

Do you want the superannuation contribution benefit?     No     Yes

% of salary  % (up to 10% of salary, limited to the actual level of the contribution made)

Maximum benefit for income protection cover is 75% of Earned Income (plus up to 10% of salary for a superannuation contribution benefit if elected) subject to a maximum of \$30,000 per month).

**Step 4 Your insurance and claim history**

- 4.1 Apart from this application, do you have or are you applying for any other Life, Total and Permanent Disablement (TPD) or Income Protection (IP) insurance? (Please include cover held or applied and/or applied for through TAL or under superannuation).     No     Yes
- 4.2 Are you claiming or have you ever claimed a benefit from any source e.g. Total and Permanent Disablement benefit from any superannuation fund, workers' compensation, disability pension, Veterans' Affairs or any other insurance cover providing accident or illness benefits?     No     Yes
- 4.3 Has an application for life, disability, trauma, accident or illness insurance on your life ever been declined, deferred or accepted with a loading, exclusion or special terms?     No     Yes

If yes to 4.1, 4.2 or 4.3, please provide full details below:

NAME OF COMPANY	COVER TYPE	SUM INSURED/ MONTHLY BENEFIT	DATE OF APPLICATION OR CLAIM	STATE ANY LOADINGS / EXCLUSIONS	REASON FOR DECISION / CLAIM	DURATION OF CLAIM	RECOVERY	IS COVER TO BE REPLACED
<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/> / <input style="width: 80px;" type="text"/> / <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/> %	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/> / <input style="width: 80px;" type="text"/> / <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/> %	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/> / <input style="width: 80px;" type="text"/> / <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/> %	<input type="checkbox"/> No <input type="checkbox"/> Yes

**Step 5 Your habits and activities**

5.1 Do you drink alcohol?     No     Yes

If YES, State type, number of standard drinks per day and number of days per week when alcohol is consumed. A standard drink = 1 nip spirits, 1 x 100ml glass of wine, 1 x 10oz/285ml of beer.

5.2 In the last 12 months, have you used any tobacco, e-cigarettes, vapes or products containing nicotine, including patches?     No     Yes

If YES, please advise quantity per day, week or month:

<input type="checkbox"/> Cigarettes	<input style="width: 500px;" type="text"/>
<input type="checkbox"/> Cigars/Pipe Tobacco	<input style="width: 500px;" type="text"/>
<input type="checkbox"/> E-cigarattes or vapes	<input style="width: 500px;" type="text"/>

Nicotine replacement e.g. patches or gum

Other - please provide details

5.3 In the last 5 years have you smoked any substance other than tobacco, e-cigarettes or vapes?  No  Yes

If YES, state substances smoked, frequency of use, date first smoked and date last smoked.

5.4 Do you currently, or do you intend to engage in any hazardous pastime and/or sporting activity such as aviation (other than as a fare-paying passenger on a commercial airline), football, scuba diving, motor sports, trail bike riding or rock climbing?  No  Yes

If YES, state activities performed, frequency of participation, level of participation (e.g. amateur or professional), maximum depth/speed, equipment used and location (if applicable).

5.5 Except for holidays, do you intend to live or travel anywhere outside Western Europe, North America, Australia or New Zealand in the next 12 months?  No  Yes

If YES, state where, when, duration and reason.

5.6 Are you an Australian citizen, a New Zealand citizen residing in Australia, a holder of an Australian permanent visa or a person who resides in Australia on an approved working visa?  No  Yes

If NO, state type of visa you hold, expiry date, plans for applying for permanent residency and nationality/current citizenship.

## Step 6 Medical details

6.1 Please state your: Height  (cm) Weight  (kg)

6.2 Name and address of your usual doctor or medical centre

Doctor's last name

Doctor's given name

Doctor's address

Suburb  State  Postcode

6.3 Details of last medical consultation with your usual doctor or medical centre Date:  /  /

Reason

Outcome/Result

6.4 If you have attended that doctor for less than 12 months, state name and address of previous doctor

Doctor's last name

Doctor's given name

Doctor's address

Suburb  State  Postcode

## Step 7 - Your family history

Has any of your immediate family (mother, father, brother or sister) been diagnosed with any of the following conditions before the age of 60?: Heart disease (e.g. angina or heart attack), stroke, cardiomyopathy, cancer, diabetes, mental illness, Alzheimer's disease multiple sclerosis, muscular dystrophy, Parkinson's disease, polycystic kidney disease, Huntington's disease or any other inherited blood or neurological disorder?

No  Yes - Provide details in the table below.

Relationship to member	Medical condition (eg breast cancer, heart attack, type 2 diabetes)	Age when diagnosed	Age at death (if applicable)

## Step 8 Your Medical History

Please provide details for all 'Yes' answers in the general medical questionnaire at section 9.

8.1 Have you ever had or received medical advice or treatment (including surgery) for any of the following conditions?

- a) Chest pain, high blood pressure, raised cholesterol or any heart / circulatory disorder?  No  Yes
- b) Stroke, paralysis, epilepsy, multiple sclerosis or any blood or neurological condition?  No  Yes
- c) Diabetes, hepatitis, or any condition of the thyroid, liver, kidneys, prostate or urinary bladder?  No  Yes
- d) Asthma, sleep apnoea, respiratory or any other lung condition (other than the common cold)?  No  Yes
- e) Any injury, disease or disorder of the back, neck, knee, shoulder or other joint, bone, muscle, tendon or ligament condition, including arthritis or gout?  No  Yes
- f) Depression, anxiety, chronic tiredness or fatigue, panic attacks, post-traumatic stress, or any other behavioural, mental or nervous condition?  No  Yes
- g) Cancer, tumour, melanoma, sun spot, mole or malignant growth of any kind?  No  Yes
- h) Drug dependence or abuse (either prescribed or non-prescribed), or alcohol dependence or abuse?  No  Yes
- i) Hernia, gall bladder, bowel or stomach condition (other than constipation, upset stomach, diarrhoea, or gastro where these were short, isolated episodes from which you have made a full recovery)?  No  Yes
- j) Any condition of the eyes causing visual impairment (partial or complete loss of sight that can't be corrected by glasses, contact lenses or laser eye surgery) or impaired hearing or tinnitus?  No  Yes

8.2 Have you been infected with the Human Immunodeficiency Virus (HIV) or tested positive for Acquired Immune Deficiency Syndrome (AIDS)?  No  Yes

8.3 Apart from treating any condition already disclosed, have you in the last year had medication prescribed by a medical practitioner that is intended to be used for three months or longer (excluding contraceptives)?  No  Yes

8.4 Apart from any condition already disclosed, do you plan to seek or are you awaiting medical advice, investigation or treatment for any other current health condition or symptoms?  No  Yes

8.5 Apart from any condition already disclosed, are you currently off work due to injury or illness, or restricted from being capable of performing your full and normal duties on a full time basis (for at least 30 hours per week), even if your actual employment is on part-time or casual basis?  No  Yes

8.6 Apart from any condition already disclosed, have you been unable to work because of injury or illness (excluding pregnancy) for more than two consecutive weeks in the last 3 years?  No  Yes

## Step 9 General medical questionnaire

Please provide full details for all Yes answers to questions 8.1(a) to (j) and 8.1 to 8.6. Please complete a separate sheet if required.

Question no.	Q. <input type="checkbox"/>	Q. <input type="checkbox"/>	Q. <input type="checkbox"/>	Q. <input type="checkbox"/>
a) Date first symptoms first started and description of symptoms.				
b) What was the condition and which part and side of the body was affected (if applicable)?				
c) What was the medical diagnosis including results of x-rays and investigations?				
d) What was the frequency (daily, weekly, etc) of attacks or symptoms?				
e) What was the severity (mild/moderate/severe) and duration of attacks and symptoms?				
f) How long were you unable to work or perform your normal duties/activities?				
g) If a hospital visit was required, please provide the date and duration of your stay.				
h) What advice/treatment did you receive?				
i) Are you still receiving treatment? If so, please advise nature and frequency of treatment.				
j) Date treatment/medication ceased.				
k) When did you last suffer from any symptoms?				
l) Degree of recovery (%).				
m) Please supply the name and address of all doctors, hospitals or other practitioners consulted.				

## Step 10 Financial adviser details (if applicable)

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Name of financial adviser:

Phone number:

Email address:

## Step 11 Insurance opt-in election

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We are required to cancel your insurance cover if no contributions have been received into your account for a period of 16 continuous months (inactive), unless you instruct us otherwise in writing.

I elect to maintain insurance cover held in respect of this account in the event my account becomes inactive.

I understand that insurance premiums for the insurance cover I have elected to retain will continue being charged to my account and I can request to cancel my insurance at any time. My cover will continue to be subject to the existing insurance terms and conditions.

## Step 12 Privacy statement

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### Bendigo Superannuation Pty Ltd (Bendigo Super)

Bendigo Super collects, uses, and discloses your personal information (including health and sensitive information) on behalf of TAL so that TAL may assess, verify and process your application and any claim made. If the information requested is not provided, your application for insurance or any insurance claim may not be processed.

In order to manage your insurance cover under the group insurance policies, Bendigo Super and its agents may collect or disclose information relating to you or your application or any claim you may make to TAL, financial advisers, reinsurers, superannuation trustees, past or present medical practitioners, health professionals, hospitals, government department(s) which retain health records or as part of our regulatory requirements, personal accountants, current or former employers, lawyers or claim investigators and other third party service providers.

Bendigo Super's Privacy Policy contains information about how Bendigo Super will handle your personal information.

Some of the organisations we disclose your personal information to may be located overseas. Where an organisation is located overseas we will either take reasonable steps to ensure that it complies with Australian privacy laws or we will seek your consent to the disclosure.

In most cases you can gain access to and seek correction of your personal information. Should you wish to do so, or if you have any queries about your information, please contact us on 1800 033 426.

If you have provided Bendigo Super with information about another person, you undertake to advise them that:

- Bendigo Super collects holds and uses the personal information for the purposes set out in this privacy statement
- their personal information may be disclosed to a third party
- they may access or correct any personal information held about them.

You should read Bendigo Super's Privacy Policy which contains information about how you can gain access to and seek correction of your personal information, how you can complain about a breach of the privacy laws by Bendigo Super and how Bendigo Super will deal with a complaint. Bendigo Super's Privacy Policy is available at [bendigosuperannuation.com.au](http://bendigosuperannuation.com.au) or by telephoning 1800 033 426.

## TAL

The way in which TAL collects, uses, discloses and secures your personal information is set out in their Privacy Policy which is available at [www.tal.com.au/Privacy-Policy](http://www.tal.com.au/Privacy-Policy) or free of charge on request. This document explains how you can gain access to and seek correction of your personal information and what to do if you have a privacy related complaint against TAL.

### Collection and use of personal information

TAL collects personal information, including your name, age, gender, contact details, health information, salary, and employment information so that TAL may assess and administer insurance related matters. In certain circumstances TAL may be required to collect personal information of a sensitive nature such as lifestyle and medical history information.

TAL may take steps to verify the information it collects; for example, a birth certificate provided as identification may be verified with records held by Births, Deaths and Marriages to protect against impersonation, or TAL 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

TAL discloses relevant personal information to external organisations that help TAL provide services and may also disclose some of your personal information to other parties 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)
- For members of the Plan where TAL is the insurer, to Bendigo Super, or administrator of the superannuation fund
- Any person acting on your behalf, including your financial advisor, solicitor, accountant, executor, administrator, trustee, guardian or attorney
- If required or authorised to do so, regulatory bodies and government agencies
- Other insurers that have, or have had, an arrangement without superannuation fund, or to which your insurance is transferred by your superannuation fund
- Other organisations to whom TAL outsources certain functions such as obtaining blood tests for underwriting purposes, rehabilitation providers, surveillance providers and forensic accountants

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

- Required by law (such as to the Australian Tax Office), and
- Authorised by law (eg under Court Orders or Statutory Notices)

### Access

Under current privacy legislation, you are generally entitled to access the personal information TAL holds about you. An access charge may apply, but not to the request itself. If you wish to access your personal information, TAL asks that you put this request in writing and send it to the following:

Bendigo SmartStart  
GPO Box 264  
Melbourne VIC 3001  
Email: [superannuation@bendigobank.com.au](mailto:superannuation@bendigobank.com.au)

### Changes to your personal information

TAL's goal is to ensure that the personal information it holds is complete, accurate and up to date. Please contact TAL via its Customer Care Centre, if there is any change to the details that you have previously provided to TAL, such as your postal or email address, telephone numbers, name or other contact details. Please also contact TAL if you believe that the information TAL has about you is not accurate, complete, or up to date.

### Additional Information and further questions

Information regarding privacy rights is available at the website of the Office of the Privacy Commissioner at [www.oaic.gov.au](http://www.oaic.gov.au)

If you have any questions or would like further information on the TAL privacy and information handling practices, please refer to the TAL Privacy Policy available at [www.tal.com.au/Privacy-Policy](http://www.tal.com.au/Privacy-Policy)

## Step 13 Declaration

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- I confirm that to the best of my knowledge and belief all the answers to the questions in this Application and any supplementary application or personal statement which relate to me are true and correct and no information material to the assessment of this insurance has been withheld.
- I acknowledge I have read the current *Bendigo SmartStart Super Product Disclosure Statement (PDS)* and the current *Bendigo SmartStart Super Insurance Guide*.
- I acknowledge and agree that the information contained in the PDS is a summary of the main terms and conditions of the insurance offered under the Plan and I agree that I can access the full terms and conditions governing the insurance arrangements by contacting Bendigo Super's Client Services Team on 1800 033 426.
- I acknowledge that I have read the notice explaining my duty to take reasonable care above.
- I have read and checked any answers not completed in my handwriting and to the best of my knowledge and belief all the answers to the questions in this application and any supplementary application or personal statement which relate to me are true and correct and complete.
- I acknowledge that I may be asked to complete a Medical Consent Authority to allow collection of health information from my health providers. Failure to complete the consent form may cause TAL to not consider my application or delay my application.
- I understand that if this application is accepted, my cover will be subject to the terms and conditions of the Bendigo Superannuation Plan insurance policy.
- I have read the privacy statement in Step 12 of this application, and consent to my personal information (including health and sensitive information) being collected, used or disclosed by Bendigo Super or TAL or its external service providers / contractors as contemplated in this form, including collecting it from, or disclosing it to, any medical practitioner or third party as required to assess, verify or process my application or any claim I may make. This consent applies to any health and sensitive information Bendigo Super or TAL collects on this form or future forms in relation to this insurance.
- I am electing that the insurance cover is to be provided to me if I meet all eligibility criteria and conditions, even though I may be under age 25 years and/or my account balance is less than \$6,000.

Full name of member

Signature of member  Date  /  /

**Please send completed forms to:**

Bendigo SmartStart Super  
GPO Box 264  
Melbourne VIC 3001

OR Email: [superannuation@bendigobank.com.au](mailto:superannuation@bendigobank.com.au)

## Contact us

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**In person** At your nearest  
Bendigo Bank branch

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**On the phone** 1800 033 426

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**Email** [superannuation@bendigobank.com.au](mailto:superannuation@bendigobank.com.au)

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**Online** [bendigosuperannuation.com.au](http://bendigosuperannuation.com.au)

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