

14 November 2022

## Occupational Duties Questionnaire

Please complete these instructions in **BLACK INK** using **CAPITAL LETTERS** and ✓ boxes where applicable.

### Step 1: Member details

Account number (if known)

Title (Dr/Mr/Mrs/Ms/Miss)  Surname

Given name(s)

Date of birth  /  /  Gender Male  Female

Employer's name

What is your occupation?

What is your annual salary/remuneration\*\* package (gross)? \$

\*\* Salary/remuneration package (gross): comprises your current wages or salary, plus commissions, plus all other regular cash and non-cash payments and benefits provided to you or for your benefit by your employer, and excludes superannuation guarantee contributions. For full definition of salary/remuneration package, see the relevant insurance guide for your product available on our website ([portfolio.sfg.com.au](http://portfolio.sfg.com.au)).

### The duty to take reasonable care

When you apply for insurance, or apply to make changes to your existing insurance, you have a legal duty to take reasonable care not to make a misrepresentation to the Insurer. A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

If the duty is not met, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

When answering the questions in this application, 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 truthfully, accurately, and completely.
- Review your application carefully before it is submitted and if necessary, make any corrections.

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.

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.

What are the principal duties of your occupation and the percentage of time performing each (to a total of 100%):

| Principal duties   | Percentage of time spent (%) |
|--|------------------------------|
| 1. Clerical/administration/managerial  |                              |
| 2. Light manual (such as qualified tradespeople, coffee shop owner)  |                              |
| 3. Manual (such as carpenter, plumber, plasterer, mechanic or an occupation for which travel is an essential part of the job (eg field surveyor) |                              |
| 4. Heavy manual (such as interstate bus driver, warehouse worker, labourer, bricklayer, house removalist)  |                              |
| 5. Other – please specify:   |                              |

Details of any tertiary qualifications or registrations with professional bodies

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## Step 2: Privacy statement

The way in which the Trustee and the Insurer, TAL Life Limited, ABN 70 050 109 450 (TAL) collect, use, disclose and handle your information is set out in the IOOF Investment Management Limited ABN 53 006 695 021 (IIML) and TAL Privacy Policies available respectively at [www.sfg.com.au/portfolio/privacy](http://www.sfg.com.au/portfolio/privacy) and [www.tal.com.au/Privacy-Policy](http://www.tal.com.au/Privacy-Policy) or on request.

These privacy policies include information about how you may access and seek correction of your personal information as well as how you can make a complaint about a breach of your privacy. Further information about privacy is available from the Office of the Australian Information Commissioner at [www.oaic.gov.au](http://www.oaic.gov.au).

IIML and TAL may collect and use your personal information (including sensitive health and financial information) to assess, verify and process any application or claim for insurance.

To provide products and services IIML and TAL may collect, use and disclose information about you from financial advisers, employers, superannuation trustees and their administrators, medical practitioners, health professionals, hospitals, Government departments, claims assessors, accountants, lawyers, regulators, reinsurers or other third party service providers. If information to assess your application or claim is not provided, IIML and TAL may not be able to process your form.

If you would like to obtain more information regarding your privacy please contact IIML on 1800 931 792 or TAL:

**Telephone** 1300 209 088

**Postal address** TAL Services, GPO Box 5380, Sydney NSW 2001

### Step 3: Member declaration

- I acknowledge that I have read the notice explaining the duty to take reasonable care.
- I confirm that to the best of my knowledge all the answers to the questions in this application are true and correct and complete.
- I have read the privacy information in the PDS **and this application** and I consent to my personal information (including, where authorised and required, my health and sensitive information) being collected, used and disclosed by the Trustee and TAL or their external service providers/contractors as **detailed in the Trustee’s and TAL’s privacy policies and as summarised in the PDS and this application.**
- I have read and understood the PDS and understand that if this application is accepted, my cover will be subject to the terms and conditions of the relevant insurance policy.
- I acknowledge I’m electing to apply for insurance even if I’m under age 25 and/or my balance is less than \$6,000.
- If I have provided information about another person, it is my responsibility to inform them that I have done so and to refer them to the Trustee’s and TAL’s privacy policies.
- I understand that if this application is accepted, my cover will be subject to the terms and conditions of the product’s superannuation policy.
- I acknowledge that I have received the current Product Disclosure Statement prior to completing this form.

#### Insurance inactivity opt in

I elect to have any existing or future insurances retained, even if my account does not receive a contribution for a continuous period of 16 months. I acknowledge I can request to cancel my insurance at any time.

Member signature

Date  /  /

**Please forward all correspondence and enquiries to:**

**Post:** Shadforth Portfolio Service  
Reply Paid 264, Melbourne VIC 8060

**Email:** portfolioservice@sfg.com.au

**Telephone:** 1800 931 792