

CCIST Insurance

ABN 49 968 181 565, R1072457

Jetstar Airways Limited ABN 33 069 720 243

Member Product Disclosure Statement

Dated: 8 November 2021

Part B: Employee Insurance Guide

This is Part B of the Member Product Disclosure Statement consisting of two parts. It should be read in conjunction with Part A: Features.

This Member Product Disclosure Statement describes the main features of the CCIST to enable comparison with other superannuation funds.

Important Information

To be read in conjunction with Part A: Features

This *Employee Insurance Guide* booklet is Part B of the CCIST Insurance (CCIST) *Member Product Disclosure Statement* (MPDS). The MPDS has been prepared in two parts:

Part A: Features. This Part explains the benefits available, and provides other important information such as fees, tax, and administration procedures.

Part B: *Employee Insurance Guide*. This Part outlines the insurance benefits provided under the Jetstar Airways Ltd section of CCIST and a summary of the terms and conditions of the Death Policy.

While every effort has been made to ensure the information in this MPDS is reliable, the CCIST Trust Deed and the Policy Document (the insurance *policy*) between the *Trustee* and the *Insurer* form the basis of the product. All benefits will be determined in accordance with the Trust Deed and relevant policy conditions. No benefits are payable unless the relevant policy conditions are satisfied.

Parts A and B of this MPDS should be read together as it contains important information about *your* membership in the Fund. The information contained in this MPDS is of a general nature only and does not consider any person's individual objectives, financial situation or needs. Before making any decisions the *Trustee* recommends *members* obtain professional financial advice.

Any employer which participates in the CCIST for the benefit of its staff must not give financial product advice to any individual or *employee* unless they hold an appropriate Australian Financial Services Licence.

Every care has been taken with the information provided. However, the *Trustee* reserves the right to correct any error or omission. If there is any discrepancy between this document and the CCIST's Trust Deed, the Trust Deed will be the final authority.

The material relating to the Fund may change between the time *you* read this statement and the day *you* acquire this product. Any alterations to the information in this document that are not materially adverse will be made available to *you* in hard copy free of charge on request by calling the Client Service Line on 1300 926 299 or is located on the *Trustee's* website www.diversa.com.au/Trustee. The *Insurer* has consented to be named in the form and context in which they have been named, and have not withdrawn their consent prior to the printing of this MPDS

The current Annual Report for the CCIST is available on the *Trustee's* website. In addition, The *Trustee* is required to disclose certain *Trustee* and Fund information and documentation on a website. Accordingly, the *Trustee's* website (www.diversa.com.au/Trustee) contains the required information and documentation. The information and documentation includes, but is not limited to, the following: the Trust Deed, the Product Disclosure Statement, the most recent Annual Report and the names of each material outsourced service provider to the Fund.

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Section 1 Insurance cover under the CCIST Insurance

Certain words or expressions shown in *italics* throughout this MPDS document have meanings set out in Section 2.

The insurance cover available under the *Jetstar* Airways Ltd (**Jetstar**) section of the CCIST Insurance (**CCIST**) is for death and *terminal illness* cover.

All insurance cover is subject to the terms and conditions of the *policy* between the *Trustee* and AIA Australia Limited ABN 79 004 837 861 AFSL 230043 (AIA Australia) (**the Insurer**). What cover will you receive?

When you commence employment with *Jetstar*, subject to meeting the *eligibility criteria*, you will become a *member* of the *Jetstar* section of the CCIST. You will automatically be covered for death and *terminal illness* cover within the CCIST from:

- (a) the date you meet the *eligibility criteria* if you become a *member* on or after the *policy commencement date*;
- (b) the *policy commencement date* if on that date you had not reached the *cover expiry age* and you were covered for death and terminal illness under the *previous policy* on the day before the *policy commencement date*; or
- (c) the *takeover date* if on that date you had not reached the *cover expiry age* and you were covered for death and terminal illness under a *takeover policy* on the day before the *takeover date*.

1.1 What are the insurance benefits?

In the event of *your* death, a lump sum benefit is payable to *your* dependants and/or legal personal representative, in accordance with the procedure described in Part A of the MPDS.

In the event of *your terminal illness*, a benefit being the advance payment of the death benefit is payable to *you*.

1.2 How much cover will I receive?

The amount of benefit is called the *insured basic cover* and cannot exceed the *automatic acceptance limit*.

You will receive fixed death and *terminal illness* cover of \$500,000.

1.3 When does cover start?

Insured basic cover starts on:

- (a) for new *members* joining the CCIST on or after the *policy commencement date*, the date you meet the *eligibility criteria*;
- (b) the *policy commencement date* provided that on that date you have not reached the *cover expiry age* and you were insured under the *previous policy* on the date before the *policy commencement date*; or
- (c) the *takeover date* provided that on that date you have not reached the *cover expiry age* and you were insured under a *takeover policy* on the day before the *takeover date*.

1.4 Limited cover

If:

- (a) *insured basic cover* starts or restarts under section 1.4(a); and
 - (b) you were not in *active employment* on the date cover started or restarted;
- the *insured basic cover* received under the *policy*, from the date the cover started or restarted to the date you are in *inactive employment* with *Jetstar* for 2 consecutive months after the cover last started or restarted, is *limited cover*.

If:

- (a) *insured basic cover* starts or restarts under section 1.4(a); and
- (b) your cover did not start within 120 days of you meeting the *eligibility criteria*;

the *insured basic cover* received under the *policy*, from the date the cover started or restarted, is *limited cover*.

If limited cover applies to you, a benefit will not be payable under this policy if:

- (a) your death is due to suicide which happens within 13 months of your cover starting or restarting, whether or not you are sane at the time; or

- (b) *your terminal illness* is due to intentional self-inflicted injury or infection or attempt at suicide, whether or not *you* are sane at the time.

1.5 When does cover not start?

Insured basic cover does not start if:

- (a) *you* were an *employee* of *Jetstar* on the day before the *policy commencement date* but were not insured under the *previous policy*; or
- (b) *you* left employment with *Jetstar* and received cover under a new individual *policy* by electing to apply for the continuation option.

1.6 When does cover restart?

If your *insured basic cover* under this *policy* ended:

- (a) due to *you* ceasing employment with *Jetstar*, or;
- (b) if *you* were employed with *Jetstar*, *you* went on leave without pay and any of the *leave without pay requirements* are not satisfied on the date which leave commenced or because *you* otherwise were no longer a member of the *fund*; or;
- (c) if *you* were insured and employed with *Jetstar*, *you* went on leave without pay and all of the *leave without pay requirements* are satisfied, on the date which *you* have continuously been on leave without pay for 12 months after the leave commenced; and
- (d) subsequent to the end of that cover *you* met the *eligibility criteria*;

your insured basic cover under the *policy* restarts. However, *your insured basic cover* only restarts effective from the date on which *you* first met the *eligibility criteria* after cover ended.

1.7 Only one benefit payable

A benefit is payable only once for *you* under section 1.2 and the *Insurer* will only pay a benefit for one of the insured events covered by section 1.2, namely *your death* or *terminal illness*.

1.8 Can you have additional insurance cover?

No additional cover is available under this *policy*.

1.9 When does insurance cover under the CCIST stop?

Cover ends on the earliest of the following:

- (a) the date any benefit becomes payable under the *policy*;
- (b) when *you* reach the *cover expiry age*;
- (c) when *you* are no longer employed by *Jetstar*;
- (d) when *you* are no longer a *member*;
- (e) the date that the *Insurer* agrees with *Jetstar* to cancel *your* cover;
- (f) if *you* go on leave without pay and do not meet all the *leave without pay requirements*, the date such leave commences (please refer to '1.14 Does insurance coverage continue if a member is on Leave Without Pay?' section for more details);
- (g) if *you* go on leave without pay and all the *leave without pay requirements* are satisfied, the date *you* have continuously been on leave without pay for 12 months after the leave commenced;
- (h) the date the *policy* terminates.

1.10 What is the cost of insurance cover?

Premiums for *insured basic cover* are paid for by *Jetstar*. *You* are not required to meet the cost of *insured basic cover*.

1.11 If you leave employment with Jetstar, will you be able to take up a Continuation Option?

When *you* leave employment of *Jetstar*, *you* may have the option to continue *your* death only insurance cover for the same amount of cover *you* had when *you* left employment. The cover is provided under a new individual policy with the *Insurer*, the cost of which is borne directly by *you*.

This option is only available if all of the following criteria are satisfied:

- (a) the *Insurer* receives the application for the continuation option and correct premium payment within 60 days of cover ending under the CCIST;
- (b) *you* are no longer an *employee* of *Jetstar*;
- (c) *you* are no longer a member of the *fund*;
- (d) *you* were less than 60 years of age at the time the cover ended under the *policy*;
- (e) if *you* had *limited cover* under the *policy* under section 1.5, *you* were a *member* for a continuous period of at least 2 years when cover ended under the *policy*;
- (f) *you* were an *employee* of *Jetstar* on a *permanent basis* and for at least the *minimum hours* when cover ended under the *policy*;
- (g) no benefit is, or was about to be payable under the *policy*;
- (h) *you* do not join any armed forces (other than the Australian Armed Forces Reserve) prior to the date the individual policy is issued;
- (i) the premium payable in respect of *your* cover is not overdue;
- (j) the *Insurer's* underwriting requirements for occupation, residency and pastimes are met for the individual policy;
- (k) the *policy* has not ended; and
- (l) the *Insurer's* minimum *policy* issue requirements for the individual policy are met.

If *you* meet the requirements detailed above and want to apply for a Continuation Option, *you* should call the Client Service Line on 1300 926 299.

1.12 Does any extended cover apply to membership within the CCIST?

Extended cover will apply if one of the following circumstances occurs:

- (a) If *you* are eligible to exercise the Continuation Option (see 1.12 above) and *you* die within 60 days of *your* cover ending but before *you* exercised the Continuation Option, a death benefit is payable provided such a benefit would have been payable had the cover not ended.
- (b) If *you* are not eligible to exercise the Continuation Option and *you* die within 60 days of *your* cover ending, a death benefit will be payable provided that such a benefit would have been payable had the cover not ended, subject to *you* satisfying the following criteria at the date of death:
 - i) *you* are less than the *cover expiry age*;
 - ii) the *policy* has not ended;
 - iii) a benefit is not payable to *you* for *terminal illness*;
 - iv) the continuation option has not been exercised; and
 - v) the continuation option does not apply to *you*

The *Insurer* will pay a death benefit provided that:

- i) such a benefit would have been payable had *insured cover* not ended; and
- ii) at the time insured cover ended, *you* were no longer an *employee* of *Jetstar*.

The amount of the extended cover benefit payable (where either circumstance (a) or (b) above occurs) is the same amount of cover that was in place at the time cover would have ordinarily ceased.

1.13 Does insurance coverage continue while *you* are on Leave Without Pay?

If *you* take leave without pay, cover under the *policy* will continue for up to 12 months or the date the leave ceases, provided the following are satisfied:

- (a) *you* are employed on a *permanent basis* immediately before *you* go on leave;
- (b) *Jetstar* approves the period of leave in writing, before the leave commences; and
- (c) the premium for *your* cover continues to be paid.

1.14 Insurance coverage outside Australia

Cover applies outside Australia up to the date which is 13 weeks after the end of the *guarantee period*. Further cover is not available unless the *Insurer* agrees to provide such cover to *you* before *you* leave Australia.

The *Insurer* may apply a premium loading, exclusion, or special condition to *your* cover. *You* may be required to return to Australia for medical assessment in the case of a *terminal illness* claim. Payment of any *terminal illness* benefit is conditional on the insured *member* returning to Australia for such an assessment.

1.15 War Exclusion

No benefit is payable in the event of death or *terminal illness* which is due directly or indirectly by *you* taking an active part in an act of *war*. However, this does not exclude the payment of a death benefit for *you* if *you* die while on *war service*.

1.16 Pandemic Illness Exclusion

No benefit is payable for an *insured member* if:

- (a) the *insured member's* death is caused directly or indirectly by a *pandemic illness* or any other condition which is directly or indirectly caused by, or related to, the *pandemic illness*; and
- (b) the death occurs within 30 days of the *insured member's insured cover* for death:
 - i) starting;
 - ii) restarting; or
 - iii) increasing with *our* written acceptance (but only the increased benefit is not payable).

Pandemic Illness means an illness in respect of which a pandemic alert, advisory, notification, declaration or other similar publication is issued by:

- a) the Australian Government (including a relevant Australian Government department, authority, minister or officer); or
- b) the World Health Organisation.

1.17 Making a claim

You must provide any evidence that the *Insurer* reasonably considers is necessary for the *Insurer* to assess *your* claim. This evidence includes any reports from *medical practitioners* that have treated *you*.

The *Insurer* may require *you* to undergo medical examinations and tests it reasonably considers to be necessary to assess *your* claim and will pay the *medical practitioner's* fees and the costs of any tests or procedures that *you* undergo at the *Insurer's* request. *You* will need to pay any travel costs related to *your* attendance with the *medical practitioner* including fees incurred for non-attendance at an appointment.

Typically, if *your* claim is admitted, any benefit payable will be paid by the *Insurer* to *us* on *your* behalf.

1.18 Anti-money laundering and counter-terrorism financing (AML/CTF) legislation

As part of the *Trustee's* responsibility under AML/CTF laws, the *Trustee*, *our* associates or service providers to the CCIST may require verification of a *member's* identity. Examples of what *we* may ask *members* to produce include a certified copy of a passport, together with evidence of address and date of birth.

We reserve the right to request whatever information *we* believe is necessary to verify a *member's* identity before any insurance cover is accepted and/or any benefits are paid. *We* may refuse an application to join the CCIST until the identity of the *member* has been verified.

The anti-money laundering laws also impose certain reporting requirements on *us*. *We* reserve the right to report to any reporting body authorised to accept reports under the law, any transaction or activity, proposed transaction or activity, in relation to contributions or redemptions, with or without the *member's* consent.

Section 2 Definitions

active employment

The person:

- (a) is employed by *Jetstar* to carry out identifiable duties;
- (b) is actually performing those duties; and
- (c) in the *Insurer's* opinion, is not restricted by illness or injury from being capable of performing those duties on a *full time basis* and the duties of his or her normal *occupation* on a *full time basis* (even if not then working on a *full time basis*).

A *full-time basis* means at least 35 hours per week.

automatic acceptance limit

This is the amount of *insured basic cover* (including *limited cover*) that applies for a person without the *Insurer* requiring medical evidence and giving you written acceptance of that *insured basic cover*.

The automatic acceptance limit is \$500,000. There are limited situations where the automatic acceptance limit may vary or be reduced to zero. Where there is a change in the automatic acceptance limit the change will only apply to persons who become covered after the effective date of the change.

cover expiry age

The date the *member* attains age 70.

eligibility criteria

The *eligibility criteria* is as follows:

- (a) the person is an *employee* of *Jetstar* and is employed as a pilot on a *permanent basis* and is working the *minimum hours*;
- (b) the person is a member of the fund;
- (c) the person is aged between 16 and 64 years;
- (d) The *Trustee* has on record a current and correct Australian Tax File Number (TFN) for the person; and
- (e) the person satisfies such other criteria as the *Insurer* stipulates from time to time.

In addition to satisfying paragraphs (a) to (e) above, a person who joined Qantas Airways Limited after 1 November 2004 and was previously insured under the Qantas Airways Limited Group Life Policy K005955, will:

- only be eligible for cover under this *policy* if the person has been on leave without pay from Qantas Airways Limited, for a period of 12 months or more; and
- will first become eligible for cover under this *policy*, 12 months after the person's leave without pay commenced with Qantas Airways Limited.

In addition to satisfying paragraphs (a) to (e) above, a person who joined Qantas Airways Limited before 1 November 2004 and was previously insured under the Qantas Airways Limited Group Life Policy K005955, will

- only be eligible for cover under this Policy if the person has been on leave without pay from Qantas Airways Limited, for a period of three years or more; and
- will first become eligible for cover under this Policy, three years after the person's leave without pay commenced with Qantas Airways Limited.

employee

An *employee* includes a person who satisfies both of the following paragraphs (a) and (b):

- (a) the person is an *employee* under the expanded meaning of that term in section 12(3) of the Superannuation Guarantee (Administration) Act 1992 (Cth) (the "SG Act"); and
- (b) the person is a person for whom *Jetstar* is required to pay superannuation contributions to avoid or reduce the superannuation charge payable pursuant to the SG Act.

Jetstar or, if applicable, former employer referred to in paragraph (b) is regarded as:

- the employer of; and
- being in an employer/*employee* relationship with;

the person for whom *Jetstar* or the former employer is, in terms of paragraph (b), taking necessary action to avoid or reduce the superannuation charge payable pursuant to the SG Act.

employee group

A group of *employees*:

- a) who, on the day before the *takeover date*, were *employees* of an employer other than *Jetstar*; and
- b) who, on the *takeover date*, become *employees* of *Jetstar*.

full cover

Cover which is not *limited cover*.

fund

The CCIST Insurance ABN 49 968 181 565.

guarantee period

The guarantee period is the period where the underlying premium rates are guaranteed by the *Insurer* not to change. The guarantee period ends on 31 March 2020.

insured basic cover

Insured basic cover is the amount of death and *terminal illness* cover that is provided by the *Insurer* under the terms of the *policy* for the *Jetstar* section of CCIST.

The insured basic cover is \$500,000.

Insurer

AIA Australia Limited ABN 79 004 837 861 AFSL 230043 (AIA Australia).

Jetstar Airways Limited ABN 33 069 720 243.

leave without pay requirements

The *leave without pay requirements* are as follows:

- (a) the *member* is employed on a *permanent basis* immediately before he or she goes on leave without pay;
- (b) *Jetstar* approves the period of leave in writing before the *member* goes on leave; and
- (c) the premium for the *member's* cover under the *policy* continues to be paid.

limited cover

The *member* is only covered for death and *terminal illness* arising from:

- (a) an illness that first becomes apparent; or
- (b) an injury that first occurs;

on or after the date *insured cover* last started or restarted for the *member* under the *policy*.

medical practitioner

A person, acceptable to the *Insurer*, who is registered and practising as a *medical practitioner* in Australia other than:

- (a) the *member*; or
- (b) the *member's* direct family *member*, including a *spouse* or partner, parent, child or sibling; or
- (c) the *member's* business partner, associate, employer or *employee*; or
- (d) a person who practices in the same medical centre or clinic as the *member*.

The *Insurer* may accept a similarly qualified person who is registered and practising as a *medical practitioner* in another country.

member

A person who meets the *eligibility criteria* and who has been accepted by the *Insurer* for cover in the CCIST.

minimum hours

15 hours per week.

permanent basis

Being an *employee* of *Jetstar* under a single and ongoing contract of employment or contract for personal services that:

- (a) is of an indefinite duration or is for a fixed term of no less than 12 months;
- (b) requires the person to perform identifiable duties;
- (c) requires the person to work a regular number of hours each week;
- (d) entitles the person to paid annual leave and sick leave; and
- (e) requires *Jetstar* to pay superannuation contributions in respect of the person.

policy

The group life insurance policy K006490 held with CCIST Insurance.

policy commencement date

1 April 2017.

previous policy

A "life policy" under the *Life Insurance Act 1995* (Cth):

- (a) owned by *the employer* providing death cover for members of the *fund*;
- (b) that was in force on the day before the *policy commencement date*;
- (c) for which this *policy* is a replacement; and
- (d) that the *Insurer* agrees to treat as a previous policy for the purposes of this *policy*.

takeover date

The date that the *Insurer* agrees with *you* in writing that *insured basic cover* under the *policy* commences for a relevant *employee group* but not being a date before the *policy commencement date*.

takeover policy

A "life policy" under the *Life Insurance Act 1995* (Cth):

- a) providing death cover or death and terminal illness cover for an *employee group*;
- b) that was in force on the day before the *takeover date* applicable to that *employee group*;
- c) that is not the *previous policy*; and
- d) that *the Insurer* agrees to treat as a takeover policy for the purposes of the *policy*.

terminal illness

Means all of the following have occurred:

- (a) two *medical practitioners* have certified, jointly or separately in writing, that the *member* suffers from an illness or injury that is likely to result in the *member's* death within a period ("the certification period") that ends not more than 24 months after the date of the certification;
- (b) at least one of the *medical practitioners* is a specialist practicing in an area related to the illness or injury suffered by the *member*;
- (c) the *Insurer* is satisfied, on medical or other evidence, that despite reasonable medical treatment, the *member's* illness or injury is likely to result in the *member's* death within the certification period;
- (d) the date of certification by the *medical practitioners* occurs while the *member* is covered under this *policy*; and
- (e) the certification period has not ended for each of the certificates.

war

Includes any act of *war* (whether declared or not), revolution, invasion, rebellion or civil unrest.

war service

Has the same meaning as for the purposes of the Life Insurance Act 1995 (Cth).

we/our/us/Trustee/Diversa Trustees Limited

Diversa Trustees Limited (ABN 49 006 421 638) as trustee of the CCIST Insurance (ABN 49 968 181 565).

you/your

A member or *employee* applying for cover or whom is covered within the CCIST.

Appendix A – Premium Rate Tables

Category 1

JET210317153144GL2

Annual Premium Rates per \$1,000 of Insured Benefit - Nil Commission (includes Stamp Duty.)

Age Next Birthday	Death Only	
	Male	Female
16	0.19	0.08
17	0.23	0.09
18	0.28	0.10
19	0.32	0.12
20	0.34	0.13
21	0.37	0.13
22	0.38	0.12
23	0.38	0.12
24	0.39	0.11
25	0.38	0.11
26	0.38	0.11
27	0.36	0.12
28	0.36	0.12
29	0.35	0.13
30	0.34	0.14
31	0.33	0.14
32	0.32	0.15
33	0.32	0.16
34	0.32	0.17
35	0.33	0.19
36	0.33	0.21
37	0.34	0.23
38	0.36	0.25
39	0.38	0.27
40	0.40	0.30
41	0.42	0.33
42	0.45	0.36
43	0.48	0.41
44	0.51	0.44
45	0.56	0.48
46	0.61	0.53
47	0.66	0.58
48	0.73	0.63
49	0.80	0.69
50	0.90	0.74
51	1.00	0.80
52	1.12	0.87
53	1.26	0.94
54	1.41	1.02
55	1.59	1.12
56	1.79	1.23
57	2.00	1.37
58	2.25	1.53
59	2.53	1.71
60	2.85	1.92
61	3.23	2.16
62	3.66	2.42
63	4.16	2.72
64	4.74	3.06
65	5.39	3.42
66	6.14	3.83
67	6.98	4.27
68	7.93	4.74
69	9.00	5.25
70	10.20	5.80

Non-annual premiums attract a 1.5% loading.

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Section 3 Forms

CCIST Insurance

Please write legibly in block letters and use a black or dark blue pen.

1. Binding beneficiary nomination form *
2. Non-binding beneficiary nomination form *

* Only complete one beneficiary nomination form (i.e. do not complete both forms).

Please return the Original form to:

CCIST
PO Box 1282
ALBURY NSW 2640

Non-Binding Beneficiary Nomination Form for the CCIST Insurance

Non-binding Nomination of Beneficiary			
Date of birth (DD/MM/YYYY): / /		Member number (if known):	
Title:	Surname:	Given Name/s:	Employer:
<p>a) As a <i>member</i> of the CCIST Insurance (CCIST) <i>you</i> may nominate who <i>you</i> would like to receive <i>your</i> benefit on <i>your</i> death. Any nomination made will relate to <i>your</i> entire benefit within the CCIST. <i>Your</i> nomination is not binding on the <i>Trustee</i> although the <i>Trustee</i> will have regard to any nomination/s made when deciding how <i>your</i> death benefit should be paid. <i>You</i> may change <i>your</i> nomination at any time by notifying <i>us</i> in writing.</p> <p>b) <i>You</i> can only nominate persons who are dependants for the purposes of superannuation law and/or <i>your</i> legal personal representative (i.e. executor of <i>your</i> estate). A dependant for superannuation law purposes includes <i>your</i> spouse, de-facto spouse, same-sex spouse, children (of any age), a person with whom <i>you</i> have an interdependency relationship and any person who is financially dependent upon <i>you</i> at the date of death. See Part A of the MPDS at section 1.2.3 for more important information before completing this form.</p> <p>c) Nominating beneficiaries may have taxation consequences. See Part A of the MPDS at section 2.2 for more important information before completing this form.</p> <p><i>If you wish to nominate your legal personal representative write 'legal personal representative' and leave all other sections blank.</i></p>			
Surname	First Name	Relationship	% of Benefit
1.			
2.			
3.			
4.			
			Total: 100%
Declaration In signing this Application Form: I acknowledge that I understand the terms of this non-binding nomination and have read both Part A (Features) and Part B (Employee Insurance Guide) of the Member Product Disclosure Statement (MPDS) of the CCIST Insurance and agree to the conditions specified in the MPDS in respect of any benefit I am entitled to as a <i>member</i> of the CCIST Insurance			
Member's signature:		Date of signing (DD/MM/YYYY): / /	

Please return this form to:
CCIST, PO Box 1282, ALBURY NSW 2640

Binding Beneficiary Nomination Form for the CCIST Insurance

Binding Nomination of a Beneficiary			
Date of birth (DD/MM/YYYY):		Client ID:	Employer:
Title:	Surname:	Given Name/s:	
<ul style="list-style-type: none"> As a <i>member</i> of CCIST Insurance (CCIST), <i>you</i> may nominate one or more dependants and/or <i>your</i> legal personal representative to receive <i>your</i> benefit on death. This nomination, so long as it is valid at the date of <i>your</i> death, binds the <i>Trustee</i> (unlike the non-binding nomination). Any nomination made will relate to <i>your</i> entire benefit within the CCIST. <i>You</i> can only nominate persons who are dependants for the purposes of superannuation law and/or <i>your</i> legal personal representative (i.e. executor of <i>your</i> estate). A dependant for superannuation law purposes includes <i>your spouse</i>, de-facto spouse, same-sex spouse, children (of any age), a person with whom <i>you</i> have an interdependency relationship and any person who is financially dependent upon <i>you</i> at the date of death. See Part A of the MPDS at section 1.2.3 for more important information before completing this form. Nominating beneficiaries may have taxation consequences. See Part A of the MPDS at section 2.2 for more information before completing this form. To ensure <i>you</i> nomination is valid, please ensure that the allocation of percentages totals 100% and all relevant sections are completed. 			
In the event of my death, I direct the <i>Trustee</i> to pay my death benefit as follows in accordance with this binding nomination: If you wish to nominate your legal personal representative write 'legal personal representative' and leave all other sections blank.			
Beneficiary 1 Surname:		Given Name/s:	
Postal Address:			
Suburb:		State:	Postcode:
Relationship (<i>Spouse</i> , Child, Financial Dependent, Legal Personal Representative, Interdependent):			
Date of birth (DD/MM/YYYY):	Allocation:	%	
Beneficiary 2 Surname:		Given Name/s:	
Postal Address:			
Suburb:		State:	Postcode:
Relationship (<i>Spouse</i> , Child, Financial Dependent, Legal Personal Representative, Interdependent):			
Date of birth (DD/MM/YYYY):	Allocation:	%	
Beneficiary 3 Surname:		Given Name/s:	
Postal Address:			
Suburb:		State:	Postcode:
Relationship (<i>Spouse</i> , Child, Financial Dependent, Legal Personal Representative, Interdependent):			
Date of birth (DD/MM/YYYY):	Allocation:	%	
Beneficiary 4 Surname:		Given Name/s:	
Postal Address:			
Suburb:		State:	Postcode:
Relationship (<i>Spouse</i> , Child, Financial Dependent, Legal Personal Representative, Interdependent):			
Date of birth (DD/MM/YYYY):	Allocation:	%	
If you wish to nominate more than 4 beneficiaries, please contact the Administrator for an additional form.			

In giving *your* binding nomination to the *Trustee*, you make the following Declarations:

- I understand that the *Trustee* has discretion as to how my benefit is paid, i.e. Lump Sum or Pension.
- I understand the terms of this nomination and have read the PDS.
- I understand that the binding nomination ceases to have effect 3 years after the date on which I sign this form. In order to remain binding, my nomination must be confirmed within 3 years after the day it was first signed or last confirmed.
- I understand that if the nomination is valid at the time of my death, then the *Trustee* has no power to vary it, regardless of how my personal circumstances and those of my beneficiaries have changed.
- I understand that the splitting of superannuation benefits between *spouses* on separation may impact on the terms of a binding death nomination. I understand that should any beneficiary nominated as a dependant or legal personal representative in this notice not be a dependant or legal personal representative at the time of my death or after I die this will mean the entire nomination is invalid.
- The proportions I have nominated to each dependant or legal personal representative total 100%.
- I understand that I can revoke this nomination or make a new nomination by providing a signed notice to that effect to the *Trustee*, witnessed in the same manner as this form (by two independent witnesses over 18 years of age).
- I understand that this binding nomination is not valid until received by the *Trustee*.
- I understand that if my binding nomination is not valid, the *Trustee* will have the sole discretion to pay my benefits to my dependents and/or to my legal personal representative as specified in the CCIST Trust Deed and Superannuation Law.
- I understand that if I nominate my legal personal representative to receive all or part of my benefit then it will be dealt with in accordance with my will (subject to any claims).

I hereby declare that I have read the above information and the declarations are true and correct to the best of my knowledge.

I acknowledge that I understand the terms of this binding nomination and have read both Part A (Features) and Part B (*Employee Insurance Guide*) of the *Member* Product Disclosure Statement (MPDS) of the CCIST and agree to the conditions specified in the MPDS in respect of any benefit I am entitled to as a *member* of the CCIST

Member's signature:

Date of signing (DD/MM/YYYY):

/ /

Surname:

Given Name/s:

(Sign in the presence of two independent witnesses - i.e. cannot be a nominated beneficiary - who are over the age of 18)

Independent Witness Declaration (for binding nominations)

This section must be completed by 2 independent witnesses (i.e. the witnesses are not named as a nominated beneficiary) aged 18 or over.

Independent Witness 1

By signing this declaration I declare that I am over 18 years of age and have witnessed the signing of this document by the *member* whose signature appears on this form.

Witness 1's signature:

Date of birth (DD/MM/YYYY):

/ /

Surname:

Given Name/s:

Date of witnessing (DD/MM/YYYY):

/ /

Independent Witness 2

By signing this declaration I declare that I am over 18 years of age and have witnessed the signing of this document by the *member* whose signature appears on this form.

Witness 2's signature:

Date of birth (DD/MM/YYYY):

/ /

Surname:

Given Name/s:

Date of witnessing (DD/MM/YYYY):

/ /

Please return this form to:
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