

# CCIST Insurance

ABN 49 968 181 565

Origin Energy Ltd ABN 30 000 051 696

## 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 Origin Energy Ltd section of CCIST and a summary of the terms and conditions of the Group Life *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 *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](http://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](http://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.

# Contents

<b>Section 1 Insurance cover under the CCIST Insurance</b>	<b>2</b>
1.1 What options are available?	2
1.2 What are the insurance benefits?	2
1.3 What is the <i>insured basic cover</i> amount?	3
1.4 When does cover start?	3
1.5 Limited cover when not in active employment	3
1.6 When does cover not start?	3
1.7 When does cover restart?	4
1.8 Only one benefit payable	4
1.9 Additional Death Benefit	4
1.10 Is medical evidence required?	4
1.11 Can a <i>member</i> have voluntary insurance cover?	5
1.12 Can a member take out cover for their spouse?	6
1.13 Interim accident cover	7
1.14 When does insurance cover under the CCIST stop?	7
1.15 What is the cost of insurance cover?	8
1.16 If a member leaves employment with Origin, will they be able to take up a Continuation Option?	8
1.17 Does any extended cover apply to membership within the CCIST?	8
1.18 Does insurance coverage continue while a member is on Leave Without Pay?	9
1.19 Insurance coverage outside Australia	9
1.20 War	9
1.21 Making a claim	9
1.22 Anti-money laundering and counter-terrorism financing (AML/CTF) legislation	9
<b>Section 2 Definitions</b>	<b>10</b>
Appendix A – Premium Rate Tables	17
<b>Section 3 Forms</b>	<b>19</b>

# 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 *Origin* Energy Ltd (***Origin***) section of the CCIST Insurance (**CCIST**) is death, *terminal illness* and *total and permanent disablement* (TPD) 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**).

## 1.1 What options are available?

Along with a copy of this PDS, *you* will have received a covering letter from Aon Consulting which details *your* options for cover.

### 1.1.1 Initial offer

When *you* commence employment with *Origin*, *you* have the option to, subject to meeting the *eligibility criteria*, become a *member* of the *Origin* section of the CCIST. Should *you* become a *member*, *you* will automatically be covered for death, *terminal illness* and *total and permanent disablement* cover within the CCIST from the date *you* commence *employment*.

If *you* do not want to become a *member* of the CCIST, *you* have the following options as described in the letter from Aon Consulting:

- elect to have cover with *Origin* under a separate, non-superannuation *Policy* with the *Insurer*; or
- have no insurance cover with *Origin*.

If *you* wish to exercise one of these two options, *you* must complete and return the relevant form within 30 days of the date of *your* Letter of Offer of *Employment* with *Origin*. If *you* do not do so, *you* will become a *member* of the CCIST, as described above, subject to meeting the *eligibility criteria*.

### 1.1.2 What if I change my mind?

If *you* don't elect to join the CCIST under the initial offer, *you* can do so at a later date. However, cover will not be automatic. It will be subject to *you* meeting the underwriting requirements of the *Insurer*. *You* will only become a *member* of the CCIST if *you* meet the *eligibility criteria* and the *Insurer* agrees to provide *you* with cover.

*You* can also elect to opt-out of cover at any time by advising *Origin* in writing.

*You* should consider *your* own circumstances when deciding whether to have cover in the CCIST (for example, whether *Origin* paying the insurance premiums on *your* behalf – which are treated as concessional contributions as explained in Part A of this MPDS – would exceed *your* concessional cap limit). *You* may wish to seek advice from a licensed financial adviser. The premium rates for *insured basic cover* are shown in Appendix A so that *you* or *your* financial advisor can determine the insurance premium (which counts as a concessional contribution) being made by *Origin* on *your* behalf.

## 1.2 What are the insurance benefits?

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

In the event of a *member's terminal illness*, a benefit being the advance payment of the *member's* death benefit is payable to the *member*.

In the event of a *member* becoming *total and permanently disabled*, a lump sum benefit is payable to the *member*.

The amount of benefit is called the *insured cover* and is made up of the *insured basic cover* plus any *insured voluntary cover* applying to the *member*. The amount of *insured cover* is subject to a maximum of \$5 million for death and *terminal illness* cover and \$2 million for *total and permanent disablement* cover.

The level of *insured cover* for each *member* who has *total and permanent disablement* cover is reduced each year on the *member's* birthday, starting from the date the *member* turns 61 as shown in the following table:

Age you turn	Proportion of the insured cover for TPD which applies
60	100%
61	90%
62	80%
63	70%
64	60%
65	0% (cover ceases)

### 1.3 What is the *insured basic cover* amount?

The amount of *insured basic cover* is calculated as 2 times *salary*.

However, where a *member* has a *salary* increase of more than 25% in any one year, acceptance of this increase will only be applied to the *member's* cover if the *Insurer* agrees to it in writing.

### 1.4 When does cover start?

*Insured basic cover* starts:

- if *you* meet the *eligibility criteria* and accept the offer for cover to be provided within the fund, *insured basic cover* will start from the date *you* commenced *employment* with *Origin*;
- the date *you* or *Origin* make a written request to cancel *your* cover under *Policy K006421* (cover outside of superannuation), and *you* are accepted for cover under the *Policy*; or
- the date the *Insurer* agrees in writing to provide cover

### 1.5 Limited cover when not in active employment

If:

- insured basic cover* starts or restarts under section 1.4; and
- 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 *active employment* with *Origin* for 2 consecutive months after the cover last started or restarted, is *limited cover*.

### 1.6 When does cover not start?

*Insured basic cover* does not start if:

- you* first met the *eligibility criteria* more than 90 days after *you* became an *employee* of *Origin*;
- you* were previously insured under the *Policy* and that cover ended; or
- on the date that *you* became eligible for cover under the *Policy*, and *you* were also eligible for cover under category 2 of *Policy K006421*. In this instance cover does not start under the *Policy*, but alternatively may start under *Policy K006421*; or
- you* left *employment* and received cover under a new individual *Policy* by electing to apply for the continuation option.

## 1.7 When does cover restart?

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

- (a) due to you ceasing *employment*, or;
- (b) if you were employed with *Origin*, you went on leave without pay and any of the *leave without pay requirements* are not satisfied on the date which leave commenced; or;
- (c) if you were insured and employed with *Origin*, 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 (or 24 months in the case of unpaid parental leave) 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.

If a, b, c or d above applies to you, *insured basic cover* you will receive will be *limited cover* from the date cover restarts. *Limited cover* will apply until the *Insurer* agrees in writing to provide *full cover*.

The *Insurer* will not pay a benefit on *limited cover* if:

- (a) your death is due to suicide which happens within 12 months of the cover starting or restarting, whether or not you are sane at the time; or
- (b) you suffer from a *terminal illness* or, if applicable, *total and permanent disablement* which is due to intentional self-inflicted injury or infection or attempt at suicide, whether or not you are sane at the time.

## 1.8 Only one benefit payable

Except where section 1.9 applies, a benefit is payable only once for a *member* under section 1.2 and the *Insurer* will only pay a benefit for one of the insured events covered by section 1.2, namely the *member's* death or *terminal illness* or, if applicable, *total and permanent disablement*.

Where you are eligible for any benefit under *Policy K006421*, no benefit will be payable under the *Policy*.

## 1.9 Additional Death Benefit

If:

- (a) a benefit is payable under *total and permanent disablement*;
- (b) you die within 12 months of your *total and permanent disablement*; and
- (c) the amount of insured cover for death exceeded your *total and permanent disablement* benefit;

the *Insurer* will pay you any excess death benefit that exceeded your *total and permanent disablement* benefit that applied to you.

## 1.10 Is medical evidence required?

Medical evidence is not required for *insured basic cover* which is below the *automatic acceptance limit*. The *automatic acceptance limit* for the *Origin* section is set up as a two tiered structure. The *automatic acceptance limits* under this two tier structure are:

- Tier 1 - \$1,650,000, and
- Tier 2 - \$2,000,000.

*Full cover* under the tier 1 *automatic acceptance limit* will be applied to *members* without any evidence of health. Cover under the higher tier 2 will be applied to *members* without any evidence of health, however, the cover which exceeds the tier 1 *automatic acceptance limit* will be *limited cover* until you have completed two consecutive years of active *employment* since becoming eligible for this *limited cover* or the *Insurer* accepts you for *full cover*.

## 1.11 Can a *member* have voluntary insurance cover?

### 1.11.1 *Members can apply for insured voluntary cover*

*Members* in the *Origin* section of CCIST may apply for voluntary cover and applications for voluntary cover must be made through *Origin* who will then request the voluntary cover from the *Insurer* on *your* behalf. *Insured voluntary cover* is any cover which is in excess of *your insured basic cover*. Applications for voluntary cover will be subject to the following conditions:

- (a) *you* must, at the time of the application, meet the *eligibility criteria*;
- (b) when considering an application, the *Insurer* may request medical and other information;
- (c) the *Insurer* will notify *Origin* whether the application is accepted or declined and, if accepted, the date on which the voluntary cover starts. The start of voluntary cover is subject to the conditions specified in the *Policy*;
- (d) the *Insurer* may apply exclusions, special conditions or a premium loading to *your* voluntary cover;
- (e) if the application is accepted by the *Insurer*, *your insured cover* is the *insured basic cover* applying to *you* plus the accepted *insured voluntary cover*;
- (f) if the *Insurer* declines an application for voluntary cover, *you* will retain the level and type of *insured basic cover* applying immediately before the application;
- (g) applications for voluntary cover for death and *total and permanent disablement* cover are only possible if:
  - (i) *you* are already covered for *insured basic cover* which is death and *total and permanent disablement* cover; or
  - (ii) *Origin* is also applying for the cover referred to in paragraph (i) for *you*;
- (h) from the date the application for voluntary cover is received by the *Insurer*, interim accident cover will be provided to *you*;
- (i) *insured voluntary cover* will only apply to *you* if the *Insurer* provides written acceptance of that cover. This is the case irrespective of whether:
  - (i) the *automatic acceptance limit* applies; and
  - (ii) if the *automatic acceptance limit* applies, whether or not the voluntary cover is below, equal to or exceeds the *automatic acceptance limit*.

If *you* or *Origin* applies in writing to reduce or cancel *your insured basic cover* and voluntary cover, the *Insurer* will reduce or cancel that cover in accordance with the application, effective from the date the *Insurer* received the application.

Where *you* have voluntary *total and permanent disablement* cover, the *total and permanent disablement* benefit will taper 10% each year from age 61 to age 65, as shown in the table in section 1.2.

### 1.11.2 *Premiums for insured voluntary cover*

*Members* are liable for the additional cost of *insured voluntary cover*. *Origin* will be invoiced for the total cost of *insured cover* (both basic and voluntary), and will recover the cost of the *insured voluntary cover* from *you*. The method of recovery is at the discretion of *Origin* and may include methods such as regular *salary* deduction.

The cost of voluntary cover is calculated using the premium rates as set out in appendix A.

### 1.11.3 *How much additional voluntary cover can a member apply for?*

The amount of *insured voluntary cover* within the *Origin* section of CCIST is limited only by the overall maximum limit on *insured cover* of \$5 million for death and *terminal illness* cover and \$2 million for *total and permanent disablement* cover. *You* can nominate the amount of *insured voluntary cover* *you* wish to apply for. The total amount of *your* basic and voluntary cover will determine *your* underwriting requirements.

### 1.11.4 *Special conditions applying to voluntary cover*

Benefits are not payable if death is due to suicide or self-inflicted injury or infection and this occurs within 12 months of the *insured voluntary cover* commencing, recommencing or increasing. Where the *insured voluntary cover* has increased, only the increased benefit will not be payable.

Interim accident cover will not apply if the death is due to suicide or self-inflicted injury or infection.

These conditions apply whether or not *you* are sane at the time of the suicide or self-inflicted injury or infection.

## **1.12 Can a member take out cover for their spouse?**

### **1.12.1 Members can apply for spouse cover**

*Members* in the *Origin* section of CCIST may request death only cover for their *spouses*, subject to *Origin* requesting the cover on the *member's* behalf. Applications for *spouse cover* will be subject to the following conditions:

- (a) the *spouse* must, at the time of the application, be an *eligible spouse*;
- (b) when considering an application, the *Insurer* may request medical and other information;
- (c) the *Insurer* will notify *Origin* whether the application is accepted or declined and, if accepted, the date on which the cover starts. The start of *spouse cover* is subject to the conditions specified in the *Policy*;
- (d) the *Insurer* may apply exclusions, special conditions or a premium loading to the *spouse cover*. The *Insurer* may also decline the application at their discretion. The *Insurer* will notify *Origin* of any exclusions, special conditions, premium loadings or if the application is declined;
- (e) applications for *spouse cover* or an increase in *spouse cover* can only be made where the total *spouse cover* (if accepted) will not exceed \$1,000,000;
- (f) from the date the application for *spouse cover* is received by the *Insurer*, interim accident cover will be provided to *eligible spouses*;

If *you* or *Origin* applies in writing to reduce or cancel the *spouse cover* which applies to a *spouse member* the *Insurer* will reduce or cancel that cover in accordance with the application effective from the date the *Insurer* received the application.

### **1.12.2 Premiums for spouse cover**

*Members* are liable for the additional cost of *spouse cover*. *Origin* will be invoiced for the total cost of all cover (basic, voluntary and *spouse*). They will recover the cost of the *spouse cover*. The method of recovery is at the discretion of *Origin* and may include methods such as regular *salary* deduction.

The cost of *spouse cover* is calculated using the premium rates as set out in appendix A.

### **1.12.3 How much spouse cover can a member apply for?**

The amount of *spouse cover* available to *members* within the *Origin* section of CCIST is limited to a maximum of \$1 million for death only cover. The *Spouse* can nominate the amount of *Insured cover* they wish to apply for.

### **1.12.4 How to apply for spouse cover**

A *member* must submit a request for *spouse cover* in writing to *Origin*. After the *member* and *Origin* agree to a method for recovering the insurance premiums for the *spouse cover*, the *eligible spouse* will be requested to provide the necessary medical information so that the *Insurer* can complete the underwriting process.

### **1.12.5 When does spouse cover cease?**

*Insured cover* for a *spouse member* will end on the earliest of the following:

- (a) the date any benefit becomes payable for the *spouse member* under the *Policy*;
- (b) The date the *spouse* attains age 65
- (c) 60 days after the premium due date if the full premium payable for the *spouse cover* has not been paid;
- (d) the death of the *spouse member*;
- (e) the date the insured ceases to be a *spouse*;
- (f) the date the *member* ceases to be employed by *Origin*;
- (g) the date the *spouse member* joins any armed forces (other than the Australian Armed Forces Reserve);
- (h) the date the *spouse member* leaves Australia permanently;
- (i) the date the *Policy* terminates; or
- (j) the date the *Insurer* receives a written request from the *Trustee* (or through *Trustee* delegated service providers such as the Fund Administrator) to cancel the *spouse cover*.



### **1.12.6 Special conditions applying to spouse cover**

#### **1.12.6.1 Worldwide cover**

Cover for a *spouse member* is available outside Australia on the same basis as it is for *members* as described in section 1.21.

#### **1.12.6.2 Suicide**

Benefits are not payable if the *spouse member's* death is due to suicide or self-inflicted injury or infection and this occurs within 12 months of the *spouse cover* commencing, recommencing or increasing. Where the *spouse cover* has increased, only the increased benefit will not be payable.

Interim accident cover will not apply if the death is due to suicide or self-inflicted injury or infection.

These conditions apply whether or not the *spouse member* is sane at the time of the suicide or self-inflicted injury or infection.

### **1.13 Interim accident cover**

#### **1.13.1 Accidental death or total and permanent disablement cover**

If *you* apply for cover above the *automatic acceptance limit* or in circumstances where the *automatic acceptance limit* does not apply, or if an application for voluntary cover is made on *your* behalf, interim accident cover applies for the period set out in 1.14.3 below.

Interim accident cover is subject to the same exclusions, limitations, restrictions and claim procedures as apply to *you* under the *Policy*.

In relation to interim accident cover the *Insurer* will pay a benefit if:

*you* die; or

where *total and permanent disablement* cover applies, *you* become *totally and permanently disabled*

as a result of an accident that happens during the interim accident cover period (see 1.13.3). The death or disablement must occur within 120 days of the accident.

Interim accident cover will not apply if the death is due to suicide or self-inflicted injury or infection.

#### **1.13.2 Amount of benefit**

The interim accident cover benefit is payable only once for each *member*. The amount is the lesser of:

- (a) the amount of cover applied for; and
- (b) the *maximum accident cover* or the *maximum accident cover* less the amount of death cover for a *spouse member*.

#### **1.13.3 Interim accident cover period**

Interim accident cover starts on the date the *Insurer* receives notice of the application for cover and ends on the earliest of:

- (a) the date the application for cover is withdrawn;
- (b) the date the *Insurer* accepts the application for cover;
- (c) the date the application for cover is rejected;
- (d) the date the interim accident cover is cancelled; and
- (e) 120 days from the date the *Insurer* receives the application for cover.

### **1.14 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* (refer to definitions on page 12 for *cover expiry age*);
- (c) when *you* are no longer a *member*;
- (d) when *you* are no longer employed by *Origin*;
- (e) the date that the *Insurer* agrees with *Origin* 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 '1.18 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 or, in the case of unpaid parental leave only, the date on which *you* have continuously been on leave without pay for 24 months after the leave commenced;
- (h) the date the *Policy* terminates;
- (i) the date the *you* become eligible for cover under category 2 of *Policy K006421* and have not made an election to reject/cancel that cover;
- (j) the date *you* makes an application for cover under category 1 of *Policy K006421* and that cover is accepted; or
- (k) The date *you* no longer satisfy the *Policy eligibility criteria*.

### 1.15 What is the cost of insurance cover?

Premiums for *insured basic cover* are paid for by *Origin*. *You* are not required to meet the cost of *insured basic cover*. The premium rates for *insured basic cover* are shown at Appendix A so that *you* or *your* financial advisor can determine the insurance premiums which are treated as concessional contributions being made by *Origin* on *your* behalf. If *you* are accepted for any *insured voluntary cover*, or apply for *spouse cover*, *Origin* will seek reimbursement for the cost of the *insured voluntary cover* or *spouse cover* from *you*.

### 1.16 If a member leaves employment with Origin, will they be able to take up a Continuation Option?

When *you* leave *employment* of *Origin*, *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 *Origin*;
- (c) *you* were less than 60 years of age at the time the cover ended under the *Policy*;
- (d) if *you* had *limited cover* under the *Policy* under section 1.5, *you* were an *insured member* for a continuous period of at least 2 years when cover ended under the *Policy*;
- (e) *you* were an *employee* of *Origin* on a *permanent basis* or under an *eligible fixed term contract* and for at least the *minimum hours* when cover ended up the *Policy*;
- (f) no benefit is, or was about to be payable under the *Policy*;
- (g) *you* do not join any armed forces (other than the Australian Armed Forces Reserve) prior to the date the individual *Policy* is issued;
- (h) the *Insurer's* underwriting requirements for *occupation*, residency and pastimes are met for the individual *Policy*;
  - i) the *Policy* has not ended; and
  - ii) 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.

### 1.17 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 1.16 above) and *you*:
  - i) die; or
  - ii) become *totally and permanently disabled* as a result of an accident;

within 60 days of *your* cover ending but before *you* exercised the Continuation Option, a death benefit or, if applicable, a *total and permanent disability* 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* or *total and permanent disablement*;

- 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 *Origin*.

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.

## 1.18 Does insurance coverage continue while a member is on Leave Without Pay?

If a *member* takes leave without pay, cover under the *Policy* will continue for up to 12 months (or 24 months in the case of unpaid parental leave) or the date the leave ceases, provided the following are satisfied:

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

## 1.19 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* leaves 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* or *total and permanent disablement* claim. Payment of any *terminal illness* or *total and permanent disablement* benefit is conditional on the insured *member* returning to Australia for such an assessment.

## 1.20 War

No benefit is payable in the event of death, *terminal illness* or *total and permanent disability* which is due directly or indirectly to *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*.

## 1.21 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.

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

## 1.22 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 *Origin* 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.

### **at work**

Means:

- (a) the *member* is actively performing all the duties and work hours of his or her usual *occupation* free from any limitation due to illness or injury and is not entitled to, or receiving, income support benefits from any source including workers' compensation benefits, statutory transport accident benefits and disability income benefits; or
- (b) the *member*:
  - i) is on approved leave for reasons other than illness or injury; and
  - ii) was, on the last working day for the *member* immediately before he or she commenced the employer approved leave:
    - actively performing all the duties and work hours of his or her usual occupation free from any limitation due to illness or injury; and
    - not entitled to, or receiving, income support benefits from any source including workers' compensation benefits, statutory transport accident benefits and disability income benefits.

A *member* who does not meet this definition is correspondingly described as being "not *at work*".

### **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*.

It is the lesser of:

- (a) the *insured basic cover* calculated according to the *insured basic cover* formula which applies to the category of membership to which the person belongs; and
- (b) the *automatic acceptance limit* provided for the category of membership to which the person belongs, which limit is set out as follows:
  - Tier 1 \$1,650,000
  - Tier 2 \$2,000,000

All cover under tier 2 is *limited cover* until the earlier of:

- (i) The date the person has been in *active employment* for 2 consecutive years after the cover started; or
- (ii) The date full cover is accepted by *the Insurer* after a health assessment.

### **cover expiry age**

Death cover: The date the *member* attains age 70.

Terminal Illness Cover: The date the *member* attains age 70.

Total and Permanent Disablement cover: The first day of the *Policy year* in which the *insured member* turns 65 years of age.

*Spouse cover* ceases the date the *spouse* attains age 65

### **date of disablement**

Means the later of:

- (a) the date on which a *medical practitioner* examines the person and certifies in writing that the person suffers from the illness or injury that is the principal cause of the *total and permanent disablement* for which a claim is made; and

- (b) the date the person ceases all work.

However:

- (i) if the definition of *total and permanent disablement* for which a claim is made is that set out under paragraph (a) of the definition, *date of disablement* means the date on which a *medical practitioner* examines the person and certifies in writing that the person suffers from one of the conditions set out in paragraphs (i), (ii) or (iii) of the relevant definition.
- (ii) if a person participates in a rehabilitation program and is incapable of returning to work within 12 months from the date the person commenced his or her absence from work, the *date of disablement* is the date that would have applied if the person had not participated in the rehabilitation program.

The *date of disablement* must occur while the person is insured for *total and permanent disablement* under the *Policy*.

### **eligibility criteria**

The *eligibility criteria* is as follows:

- (a) the person is an *employee* of *Origin* on a *permanent basis* or under an *eligible fixed term contract* and is working the *minimum hours*;
- (b) *Origin* is:
  - i) paying superannuation contributions on the person's behalf to a regulated superannuation plan which complies with relevant superannuation and taxation laws;
  - ii) is accruing a liability to pay superannuation contributions on the person's behalf and subsequently pays those superannuation contributions to such a superannuation plan; or
  - iii) taking necessary action to avoid or reduce the superannuation charge payable pursuant to the SG Act.
- (c) the person is aged less than 70 years and, in respect of any *total and permanent disablement* cover, is aged less than 65 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.

### **eligible spouse**

means a *spouse member* who:

- (a) is aged less than 65 years;
- (b) is residing in Australia; and
- (c) satisfies such other requirements as required by the *Insurer*.

### **eligible fixed term contract**

Means a contract of service or for services between *you* and *Origin* that:

- (a) is of indefinite or fixed duration;
- (b) requires the *employee* to perform identifiable duties;
- (c) requires the *employee* to work a regular or specific number of hours each week; and
- (d) requires *Origin* to pay superannuation contributions in respect of the *employee*.

### **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 *Origin* or, if applicable, a former employer is taking necessary action to avoid or reduce the superannuation charge payable pursuant to the SG Act.

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

#### **full cover**

Cover which is not *limited cover*.

#### **fund**

The CCIST Insurance ABN 49 968 181 565.

#### **Grandfathered member**

Means an *insured member* for who *total and permanent disablement* cover had started under the *Policy* and not ended on or before 1 July 2014.

#### **guarantee period**

The *guarantee period* is the period where the underlying premium rates are guaranteed by the *Insurer* not to change. The *guarantee period* is noted in the *Policy* – currently until 30 June 2023.

#### **insured basic cover**

*Insured basic cover* is the amount of death, *terminal illness* and, if applicable *total and permanent disablement* cover that is provided by the participating employer under the terms of the *Policy* for the *Origin* section of CCIST.

#### **insured cover**

Insured cover for a *member* is the *insured basic cover* plus any *insured voluntary cover* applying to the *member*. It does not include accidental death cover or interim accident cover and is subject to the full terms of the *Policy*.

#### **insured voluntary cover**

*Insured voluntary cover* for a *member* is any cover in excess of *insured basic cover* which the *Insurer* agrees in writing to provide for the *member*.

#### **Insurer**

The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809.

#### **leave without pay requirements**

The *leave without pay requirements* are as follows:

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

#### **limited cover**

The *member* is only covered for death, *terminal illness* and *total permanent disablement* 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*.

#### **maximum accident cover**

The *maximum accident cover* is \$1,000,000 less the amount of any cover in force for the *member*.

#### **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.

**Origin**

Origin Energy Limited  
ABN 30 000 051 696

**Occupation**

means an *occupation* that the person can perform, on a full time or part time basis, based on skills and knowledge the person has acquired through education, training or experience.

**permanent basis**

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

- (a) is of an indefinite duration;
- (b) requires the person to perform identifiable duties;
- (c) requires the person to work a regular number of hours each week;
- (d) is not on a casual; and
- (e) requires *Origin* to pay superannuation contributions in respect of the person.

**Policy**

The group life insurance *Policy* K006411 held with CommInsure.

*Policy* K006421

*The group Life insurance Policy held with CommInsure outside of superannuation with a Policy commencement date of 4 December 2009*

**salary**

*Salary* is either a, b below as appropriate to the insured *member's employment* arrangement:

- (a) Total Cost: *Salary* Package being defined as Total Cost and is inclusive of all superannuation obligations and FBT components. Package is exclusive of all variable remuneration (i.e. allowances, bonuses and incentives).
- (b) Base *Salary*: Remunerated on the basis of base *salary* + superannuation.

**Spouse**

Means:

- (a) a legally married husband or wife of an *employee* of *Origin*; or
- (b) a person (including a person of the same sex) who, although not legally married to an *employee* of *Origin*, is currently and has been continuously cohabiting with the person for more than 12 consecutive months on a bona fide domestic basis as their husband or wife.

**spouse cover**

Means insurance cover provided for a *spouse member*.

**spouse member**

A person who is an *eligible spouse* and whose application for *spouse cover* has been accepted by the *Insurer*.

**terminal illness**

*Terminal illness* means all of the following happens:

- (a) the *member* suffers a sickness;

- (b) at least two *medical practitioners*, one of whom specialises in the sickness from which the *member* suffers, have certified, jointly or separately in writing, that the *member* will, despite reasonable medical treatment, die from the sickness within a period ('the certification period') that ends not more than 12 months after the date of the certification;
- (c) the *Insurer* is satisfied from medical or other evidence that the *member* will, despite reasonable medical treatment, die from the sickness within the certification period;
- (d) and, for each of the certificates, the certification period has not ended.

The sickness that the *member* suffers from must occur, and the date of the certification must take place, while the *member* is insured under the *Policy*.

***total and permanent disablement (or totally and permanently disabled)***

**Different definitions of totally and permanently disabled apply to different categories of *members*. Ensure that you consider the definition that applies to *you*.**

**Grandfathered members**

If you are a *grandfathered member* you will be considered to be totally and permanently disabled if one of the following paragraphs (a), (b), (c) or (d) applies to *you*:

- (a) you suffer, as a result of illness or injury:
  - i) the total and permanent loss of the use of two *limbs*; or
  - ii) *blindness* in both eyes; or
  - iii) the total and permanent loss of the use of one *limb* and *blindness* in one eye; where:
    - *limb* means the whole hand below the wrist or whole foot below the ankle; and
    - *blindness* means the permanent loss of sight to the extent that visual acuity is 6/60 or less, or to the extent that the visual field is reduced to 20 degrees or less of arc.

or

- (b) as a result of illness or injury, you are totally unable to perform without the physical assistance of another person any two of the following activities of daily living:
  - dressing – the ability to put on and take off clothing;
  - toileting – the ability to use the toilet, including getting on and off;
  - mobility – the ability to get in and out of bed and a chair;
  - continence – the ability to control bowel and bladder function;
  - feeding – the ability to get food from a plate into the mouth;
 and you are permanently and irreversibly unable to do so for life.

or

- (c) all of the following paragraphs (i), (ii), (iii) and (iv) apply to *you*:
  - i) you were, on the *date of disablement*, aged 65 years or less;
  - ii) you were absent from all work as a result of suffering *cardiomyopathy, primary pulmonary hypertension, major head trauma, motor neurone disease, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia, hemiplegia, diplegia, tetraplegia, dementia and Alzheimer's disease, Parkinson's disease, blindness, loss of speech, loss of hearing, chronic lung disease or severe rheumatoid arthritis* (each as defined in the Schedule of Medical Condition Definitions set out at the end of the *Policy*);
  - iii) the *Insurer* considers, on the basis of medical and other evidence satisfactory to them, that you are unlikely to ever be able to engage in any *occupation*, whether or not for reward; and
  - iv) you are likely to be so disabled for life;

or

- (d) you were:
  - i) immediately before the *date of disablement*, an *employee of Origin* on a *permanent basis* or under an *eligible fixed term contract* and for at least the *minimum hours*;
  - ii) on the *date of disablement*, aged 65 years or less; and
  - iii) as a result of illness or injury, absent from all work for 6 consecutive months from the *date of disablement* and the *Insurer* considers, on the basis of medical and other evidence satisfactory to them that you are unlikely to ever be able to engage in any *occupation*, whether or not for reward;



**Non grandfathered members under an eligible fixed term contract of less than 12 months**

If *you* are not a *grandfathered member* and *you* are employed by *Origin* on a *fixed term contract* of less than 12 months *you* will be considered totally and permanently disabled if the following paragraph applies to *you*:

(a) As a result of illness or injury, *you* are totally unable to perform without the physical assistance of another person any two of the following activities of daily living:

- dressing – the ability to put on and take off clothing;
- toileting – the ability to use the toilet, including getting on and off;
- mobility – the ability to get in and out of bed and a chair;
- continence – the ability to control bowel and bladder function;
- feeding – the ability to get food from a plate into the mouth;

and in the *Insurer's* opinion, *you* are permanently and irreversibly unable to do so for life and the *Insurer* considers, on the basis of medical and other evidence satisfactory to them, *you* are unlikely to ever be able to engage in any *occupation* whether or not for reward.

**Non grandfathered members who are employed under an eligible fixed term contract of 12 months or more, or employed on a permanent basis**

If *you* are not a *grandfathered member* and *you* are employed by *Origin*:

- i) on a *fixed term contract* of 12 months or more, or
- ii) on a *permanent basis*

*you* will be considered totally and permanently disabled if the following paragraphs (a) or (b) apply to *you*:

(a) *you* suffer, as a result of illness or injury:

- i) the total and permanent loss of the use of two *limbs*; or
- ii) *blindness* in both eyes; or
- iii) the total and permanent loss of the use of one *limb* and *blindness* in one eye; and

in the *Insurer's* opinion, on the basis of medical and other evidence satisfactory to them, *you* are unlikely to ever be able to engage in any *occupation* whether or not for reward.

where:

- *limb* means the whole hand below the wrist or whole foot below the ankle; and
- *blindness* means the permanent loss of sight to the extent that visual acuity is 6/60 or less, or to the extent that the visual field is reduced to 20 degrees or less of arc.

or

(b) As a result of illness or injury *you* are totally unable to perform without the physical assistance of another person any two of the following activities of daily living:

- dressing – the ability to put on and take off clothing;
- toileting – the ability to use the toilet, including getting on and off;
- mobility – the ability to get in and out of bed and a chair;
- continence – the ability to control bowel and bladder function;
- feeding – the ability to get food from a plate into the mouth;

and in the *Insurer's* opinion *you* are permanently and irreversibly unable to do so for life and the *Insurer* considers, on the basis of medical and other evidence satisfactory to them, *you* are unlikely to ever be able to engage in any *occupation* whether or not for reward.

***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

<b><u>Annual premium rates per \$1,000 of Insured Benefit (includes stamp duty)</u></b>									
<b>Basic Insurance Cover</b>			<b>Voluntary Cover</b>					<b>Spouse cover</b>	
<b>Age Next Birthday</b>	<b>Death Only</b>	<b>Death &amp; TPD</b>	<b>Age Next Birthday</b>	<b>Death Only</b>		<b>Death &amp; TPD</b>		<b>Age Next Birthday</b>	<b>Death Only</b>
	<b>Unisex</b>	<b>Unisex</b>		<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>		<b>Male      Female</b>
16	0.31	0.33	16	0.49	0.18	0.53	0.20	16	0.49      0.18
17	0.31	0.33	17	0.49	0.18	0.53	0.20	17	0.49      0.18
18	0.33	0.36	18	0.52	0.19	0.57	0.21	18	0.52      0.19
19	0.36	0.41	19	0.57	0.22	0.65	0.25	19	0.57      0.22
20	0.39	0.45	20	0.62	0.23	0.72	0.27	20	0.62      0.23
21	0.40	0.48	21	0.65	0.22	0.79	0.27	21	0.65      0.22
22	0.40	0.50	22	0.66	0.21	0.83	0.27	22	0.66      0.21
23	0.41	0.52	23	0.67	0.20	0.87	0.27	23	0.67      0.20
24	0.40	0.53	24	0.67	0.19	0.89	0.27	24	0.67      0.19
25	0.40	0.54	25	0.67	0.19	0.90	0.27	25	0.67      0.19
26	0.39	0.54	26	0.65	0.19	0.91	0.28	26	0.65      0.19
27	0.39	0.54	27	0.63	0.20	0.90	0.31	27	0.63      0.20
28	0.38	0.55	28	0.62	0.21	0.91	0.33	28	0.62      0.21
29	0.38	0.56	29	0.61	0.22	0.91	0.37	29	0.61      0.22
30	0.38	0.58	30	0.60	0.23	0.91	0.41	30	0.60      0.23
31	0.38	0.59	31	0.59	0.24	0.92	0.45	31	0.59      0.24
32	0.38	0.62	32	0.59	0.26	0.93	0.51	32	0.59      0.26
33	0.39	0.65	33	0.59	0.27	0.95	0.57	33	0.59      0.27
34	0.40	0.68	34	0.60	0.29	0.98	0.65	34	0.60      0.29
35	0.41	0.74	35	0.61	0.32	1.05	0.73	35	0.61      0.32
36	0.43	0.81	36	0.63	0.35	1.13	0.83	36	0.63      0.35
37	0.46	0.89	37	0.66	0.38	1.23	0.93	37	0.66      0.38
38	0.48	0.98	38	0.69	0.42	1.36	1.04	38	0.69      0.42
39	0.52	1.09	39	0.73	0.46	1.50	1.18	39	0.73      0.46
40	0.56	1.22	40	0.78	0.51	1.67	1.33	40	0.78      0.51
41	0.60	1.34	41	0.83	0.56	1.81	1.49	41	0.83      0.56
42	0.65	1.47	42	0.89	0.61	1.97	1.67	42	0.89      0.61
43	0.70	1.62	43	0.96	0.67	2.16	1.88	43	0.96      0.67
44	0.75	1.78	44	1.02	0.73	2.35	2.09	44	1.02      0.73
45	0.81	1.97	45	1.10	0.80	2.59	2.33	45	1.10      0.80
46	0.88	2.18	46	1.19	0.87	2.86	2.60	46	1.19      0.87
47	0.95	2.41	47	1.28	0.94	3.17	2.88	47	1.28      0.94
48	1.03	2.68	48	1.39	1.02	3.53	3.19	48	1.39      1.02
49	1.12	2.99	49	1.52	1.10	3.96	3.52	49	1.52      1.10
50	1.23	3.34	50	1.68	1.19	4.47	3.87	50	1.68      1.19
51	1.35	3.73	51	1.85	1.28	5.05	4.25	51	1.85      1.28
52	1.48	4.18	52	2.05	1.38	5.72	4.66	52	2.05      1.38
53	1.62	4.70	53	2.27	1.49	6.49	5.13	53	2.27      1.49
54	1.79	5.29	54	2.52	1.62	7.38	5.69	54	2.52      1.62
55	1.98	5.97	55	2.79	1.77	8.38	6.34	55	2.79      1.77
56	2.19	6.74	56	3.09	1.95	9.50	7.12	56	3.09      1.95
57	2.42	7.63	57	3.42	2.16	10.77	8.03	57	3.42      2.16
58	2.71	8.67	58	3.83	2.41	12.26	9.09	58	3.83      2.41
59	3.03	9.86	59	4.29	2.68	13.96	10.32	59	4.29      2.68
60	3.38	11.23	60	4.79	3.00	15.93	11.74	60	4.79      3.00
61	3.81	12.85	61	5.41	3.36	18.28	13.35	61	5.41      3.36
62	4.34	14.75	62	6.19	3.76	21.07	15.19	62	6.19      3.76
63	4.94	16.95	63	7.09	4.21	24.33	17.27	63	7.09      4.21
64	5.62	19.47	64	8.12	4.70	28.09	19.60	64	8.12      4.70
65	6.39	22.34	65	9.31	5.23	32.44	22.18	65	9.31      5.23
66	7.27	-	66	10.67	5.82	-	-	66	-      -
67	8.19	-	67	12.08	6.45	-	-	67	-      -
68	9.21	-	68	13.68	7.13	-	-	68	-      -
69	10.35	-	69	15.45	7.85	-	-	69	-      -
70	11.61	-	70	17.43	8.64	-	-	70	-      -

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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 spouse</i>, de-facto <i>spouse</i>, same-sex <i>spouse</i>, 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.			
			<b>Total: 100%</b>
<b>Declaration</b>  In signing this Application Form:  I acknowledge that I understand the terms of this <b>non-binding</b> nomination and have read both Part A (Features) and Part B ( <i>Employee Insurance Guide</i> ) 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"> <li>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.</li> <li><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.</li> <li>Nominating beneficiaries may have taxation consequences. See Part A of the MPDS at section 2.2 for more information before completing this form.</li> <li>To ensure <i>you</i> nomination is valid, please ensure that the allocation of percentages totals 100% and all relevant sections are completed</li> </ul>			
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:	% <input type="text"/>	
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:	% <input type="text"/>	
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:	% <input type="text"/>	
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:	% <input type="text"/>	

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

<b>Member's signature:</b>		<b>Date of signing (DD/MM/YYYY):</b>	/ /
<b>Surname:</b>		<b>Given Name/s:</b>	

(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.

<b>Witness 1's signature:</b>		<b>Date of birth (DD/MM/YYYY):</b>	/ /
<b>Surname:</b>		<b>Given Name/s:</b>	
<b>Date of witnessing (DD/MM/YYYY):</b>	/ /		

**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.

<b>Witness 2's signature:</b>		<b>Date of birth (DD/MM/YYYY):</b>	/ /
<b>Surname:</b>		<b>Given Name/s:</b>	
<b>Date of witnessing (DD/MM/YYYY):</b>	/ /		

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