



Cancellation and Replacement Application

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This form can be used for the following, please select which one you are applying for:

☐ The cancellation and replacement of a Protection Plans policy or Protection Choices policy.

☐ If you have closed your Platform Super or Platform Investment account within the past 60 days.

For policies structured through superannuation, references to 'the Fund' and 'the Trustee' in this form are to the fund and trustee through which your Policy is provided.

Please attach a quote to this application. Please contact PPQuotes@tal.com.au to arrange.

EXISTING INSURANCE DETAILS

Policy Number(s)

Policy Owner Name/
Insured Person Name

Please note: Please make sure you include all Policies you wish to be transferred, including all flexi linking Policies.

A transfer of ownership is not available where you are on claim, intending to claim or eligible to claim on any benefit under your existing Policies. When replacing a policy of insurance, a new policy is created, and your previous Policy is cancelled. This means that you may lose the ability to claim under your existing Policy for any previous sicknesses or injuries.

When answering the following question please be mindful of the duty to take reasonable care not to make a misrepresentation.

There is a legal duty to take reasonable care not to make a misrepresentation to the insurer before a contract of insurance is entered into. If the duty is not met, this can have serious impacts on your insurance. Your replacement cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

Are you intending to claim or are eligible to claim on any benefit, under your existing Policies?

☐ Yes ☐ No

Yes → You are unable to transfer ownership of your existing Policies and any benefit that is attached or linked.

Please nominate the benefits you wish to transfer.

EXISTING BENEFIT TYPE

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

INSTRUCTIONS

This form can only be used for the following transfers of insurance cover ownership:

- structured through superannuation to outside of superannuation;
- structured outside of superannuation to superannuation;
- structured outside of superannuation and needs to do a partial transfer of benefits or split lives insured to a different ownership;
- structured within a platform account to inside or outside of superannuation

The insurer and issuer is TAL Life Limited ABN 70 050 109 450 AFSL 237848 (TAL Life) except for Term Life as Superannuation, Income Protection as Superannuation and Income Protection Assured as Superannuation, which are issued by Mercer Superannuation (Australia) Limited ABN 79 004 717 533 AFSL 235906 (MSAL) as trustee of the Mercer Super Trust ABN 19 905 422 981. MSAL does not guarantee the insurance. TAL is part of the TAL Dai-ichi Life Australia Pty Limited ABN 97 150 070 483 group of companies (TAL). MSAL is not part of the TAL group of companies. Any financial product advice is general in nature only and does not take into account any person's objectives, financial situation or needs. Before acting on it, the appropriateness of the advice for any person should be considered, having regard to those factors. Persons deciding whether to acquire or continue to hold life insurance issued by TAL Life should consider the relevant Product Disclosure Statement (PDS) available at tal.com.au. The Target Market Determination (TMD) for the product (where applicable) is also available at this web address.

This form cannot be used:

- to change insurance cover ownership where both the existing and new cover will be structured outside of superannuation and a replacement policy is not required to be issued. Please use the Memorandum of Transfer form to make this change; or
- to make alterations to the policy, such as changes to cover amounts, benefit types, and benefit options.

The Life Insured, current Policy Owner(s), and new Policy Owner(s) are required to sign the declaration at the end of this form.

Please note:

- Protection Plans policies issued under a PDS dated before 28 April 2006 or Protection Choices policies which commenced prior to 1 January 2008 will require a Short Personal Statement to be attached with this application.
- If your existing Policy is held within superannuation and you are eligible for a refund of unused premiums, please complete the Superannuation Insurance Premium Refund Form and attach with this application.

IMPORTANT INFORMATION

When transferring the ownership of all or part of your cover, the following will apply:

- the existing Policy or benefit will be cancelled;
- a new Policy will be issued, under the Protection Plans Product Disclosure Statement and Policy Document (PDS) current at the date of this application, with a new Policy Number;
- existing Policies should be paid up to date at the time the application for replacement is submitted. In certain circumstances where the existing Policy is not able to be paid up to date, we may agree to backdate your application for replacement. Backdating the commencement date of your Policy means we consider you to be insured under the replacement Policy from that date, even though the Policy was issued by us at a later date. This also means the cancellation of your existing Policy will be backdated to avoid any overlap in cover. Backdating the cancellation date of your existing Policy means our liability under your existing Policy will be extinguished from that date, even though the Policy had been in force after that time;
- replacement Policies will be issued on the day following the paid to date of your existing Policies to ensure you maintain continuous cover. For Policies paid quarterly, half-yearly and yearly, we may issue a pro-rata refund and bring forward the paid to date to allow your replacement Policies to be issued;
- TAL Life Limited (TAL Life) will rely on the information and declarations provided in the application for the existing Policy (including in respect of any increases, additions, extensions, other variations or reinstatements) for the new Policy. TAL Life will only issue the new Policy if the applicable duty was complied with at the time the existing Policy was issued (including varied, extended or reinstated) and the existing Policy would have been issued on the terms that it was. If there was a failure to comply with the applicable duty in respect of the existing Policy, TAL Life may be able to avoid or vary the new Policy. (For more information about the applicable duty, please refer to the PDS for the existing Policy);
- any exclusions, modifications and loadings that currently apply to the existing Policy will also apply to the new Policy.

Once the transfer is completed, the new Policy Owner will be the absolute owner of the Policy and will have all the rights, powers and liabilities under the Policy. This means that all communications about the Policy will be provided to the new Policy Owner (except where the new Policy Owner is the Trustee of TAL Super or a Platform superannuation fund, in which case correspondence will be provided to the relevant member of the super fund). Only the new Policy Owner has the right to make any alterations or cancel the Policy and the right to receive payment by TAL Life of any claim under the Policy.

Please note that your premium may change due to various factors. These include, but are not limited to, discounts that are not eligible on the new Policy and platform discounts that are only applicable for Platform superannuation and Platform investment funds.

TAL Life bears no responsibility for any consequences of a transfer of ownership, and the current Policy Owner should consider if they require any legal, tax or financial advice in relation to the transfer.

The replacement Policy is not effective until confirmed by TAL Life. If we refuse your application for any reason, your existing insurance will continue unless you choose to cancel it or your insurance ends.

For more information refer to the PDS and Target Market Determination of the product (where applicable) available on our website. Alternatively you may contact your financial adviser (if applicable) or call us on 1300 553 764.

1. NEW INSURED PERSON(S) DETAILS

INSURED PERSON 1

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
First name	<input type="text"/>
Middle name	<input type="text"/>
Last name	<input type="text"/>
Previous last name	<input type="text"/>
Date of birth	<input type="text" value="DD / MM / YYYY"/>

Gender ☐ Male ☐ Female

Tax file number

Only provide this if you are applying for cover through TAL Super.

Important Please refer to the 'PROVIDING YOUR TAX FILE NUMBER' section for further information.

INSURED PERSON 2

Title

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

First name

Middle name

Last name

Previous last name

Date of birth

Gender

☐ Male ☐ Female

Tax file number

Only provide this if you are applying for cover through TAL Super.

Important Please refer to the 'PROVIDING YOUR TAX FILE NUMBER' section for further information.

2. CONTACT DETAILS

Residential address

Street address

Do not enter a PO Box in this field.

Suburb

State

Postcode

Country

If your mailing address is different to the residential address provided above, please provide details.

Mailing address

Address

Suburb

State

Postcode

Country

Telephone and email

Preferred contact number 1

Home

☐

Business

☐

Mobile

☐

Preferred contact number 2

Home

☐

Business

☐

Mobile

☐

Email

To opt out of email notification about your policy, please confirm by ticking in the box on the right.

Note By ticking this box details of this policy will be sent via post.

☐

3. NEW POLICY OWNER DETAILS

All correspondence in relation to this policy will be sent to the Policy Owner listed in the Policy Owner 1 section below.

Policy Owner 1

Owner type

- ☐ Insured Person ☐ Trustee of TAL Super ☐ Other trustee
☐ SMSF ☐ Platform superannuation fund ☐ Company ☐ Other

Only complete details below where the Policy Owner is NOT the Insured Person or the Trustee of TAL Super.

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	<input type="text"/>	
First name	<input type="text"/>						
Last name	<input type="text"/>						
Trustee/Company name	<input type="text"/>						
ABN/ACN	<input type="text"/>						
Street address	<input type="text"/>						
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>		
Country	<input type="text"/>						
Contact number	<input type="text"/>	Home	<input type="checkbox"/>	Business	<input type="checkbox"/>	Mobile	<input type="checkbox"/>
Email	<input type="text"/>						

To opt out of email notification about your policy, please confirm by ticking in the box on the right.

Note By ticking this box, details of this policy will be sent via post.

☐

Policy Owner 2

Owner type

- ☐ Insured Person ☐ Company ☐ Other

Only complete details below where the Policy Owner is NOT the Insured Person or the Trustee of TAL Super.

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	<input type="text"/>	
First name	<input type="text"/>						
Last name	<input type="text"/>						
Trustee/Company name	<input type="text"/>						
ABN/ACN	<input type="text"/>						
Street address	<input type="text"/>						
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>		
Country	<input type="text"/>						
Contact number	<input type="text"/>	Home	<input type="checkbox"/>	Business	<input type="checkbox"/>	Mobile	<input type="checkbox"/>

4. METHOD OF PAYMENT

Payment method ☐ Direct debit ☐ Credit card ☐ Cheque¹ ☐ Platform Super
☐ Platform Investment ☐ Rollover²
Frequency ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly

¹ Only available yearly. Please make cheque payable to TAL Life.

² Only available yearly. Please complete an Ongoing Partial Rollover Request form.

5. DIRECT DEBIT PAYMENT AUTHORITY BY CREDIT CARD

I authorise the debit of my premiums from my ☐ Visa ☐ MasterCard

Account name

Card number

Expiry date

DD / MM / YYYY

Signature of
cardholder*

X

Date

DD / MM / YYYY

* Signature only required when the payer is not the Insured Person or Policy Owner.

6. DIRECT DEBIT AUTHORITY

I/We request and authorise the Insurer (Direct Entry User ID No. 669010 for Term Life as Superannuation, Income Protection as Superannuation and Income Protection Assured as Superannuation and Direct Entry User ID No. 002631 for all other products) to directly debit my/our premiums, from my/our account detailed below, using the Bulk Electronic Clearing System (BECS). I/We confirm that I/we have read the Direct Debit Request Service Agreement in the PDS and that I/we have the authority to make these payments.

Account name

Name of bank

BSB number

Account number

Signature of
account holder 1*

X

Date

DD / MM / YYYY

Signature of
account holder 2*

X

Date

DD / MM / YYYY

* Signature(s) only required when the payer is not the Insured Person or Policy Owner.

7. DIRECT DEBIT FROM A PLATFORM ACCOUNT

Important Direct debit from a Platform superannuation or Platform investment account is only available where TAL Life has an agreement with the platform provider.

I/We, as an investment or superannuation account holder whose account number appears below, declare and agree that:

I/we direct and authorise the administrator of my/our account, to deduct the premium(s) for this Policy from my/our account in a manner described in the current disclosure document for my/our chosen payment method (including any 'drawdown facility').

☐ Asgard Super ☐ Platform Super ☐ Platform Investment

Account/Member
Number

Account name

Platform provider

8. FLEXIBLE LINKING PLUS PAYMENT DETAILS

Complete this section if you are also transferring a Flexible Linking policy, Needlestick or Children's Benefit Policy.

Only complete one payment section below.

Method of Payment

Payment method ☐ Direct debit ☐ Credit card ☐ Cheque¹ ☐ Platform Investment

Frequency ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly

¹ Only available yearly. Please make cheque payable to TAL Life.

Direct Debit Authority

I/We request and authorise the Insurer (Direct Entry User ID No. 669010 for Term Life as Superannuation, Income Protection as Superannuation and Income Protection Assured as Superannuation and Direct Entry User ID No. 002631 for all other products) to directly debit my/our premiums, from my/our account detailed below, using the Bulk Electronic Clearing System (BECS). I/We confirm that I/we have read the Direct Debit Request Service Agreement in the PDS and that I/we have the authority to make these payments.

Account name	<input type="text"/>	
Name of bank	<input type="text"/>	
BSB number	<input type="text"/>	
Account number	<input type="text"/>	
Signature of account holder 1*	<input type="text" value="X"/>	Date <input type="text" value="DD / MM / YYYY"/>
Signature of account holder 2*	<input type="text" value="X"/>	Date <input type="text" value="DD / MM / YYYY"/>

* Signature(s) only required when the payer is not the Insured Person or Policy Owner.

Direct Debit Payment Authority by Credit Card

I authorise the debit of my premiums from my ☐ Visa ☐ MasterCard

Account name	<input type="text"/>	
Card number	<input type="text"/>	
Expiry date	<input type="text" value="DD / MM / YYYY"/>	
Signature of cardholder*	<input type="text" value="X"/>	Date <input type="text" value="DD / MM / YYYY"/>

* Signature only required when the payer is not the Insured Person or Policy Owner.

Direct Debit from a Platform Account

Important Direct debit from a Platform superannuation or Platform investment account is only available where TAL Life has an agreement with the platform provider.

I/We, as an investment or superannuation account holder whose account number appears below, declare and agree that:

I/we direct and authorise the administrator of my/our account, to deduct the premium(s) for this Policy from my/our account in a manner described in the current disclosure document for my/our chosen payment method (including any 'drawdown facility').

☐ Platform Super ☐ Platform Investment

Account/Member Number	<input type="text"/>
Account name	<input type="text"/>
Platform provider	<input type="text"/>

9. TAX DEDUCTION NOTICE Only complete this section if your Policy is structured through superannuation.

Only complete this section if you want to claim a tax deduction for personal contributions you made in your current Policy in the current financial year and/or previous financial year.

Please check with your financial adviser or accountant if you are unsure of your eligibility to claim a tax deduction.

Current Financial Year

FINANCIAL YEAR	PERSONAL CONTRIBUTIONS	AMOUNT YOU WANT TO CLAIM AS A TAX DEDUCTION
Current	<input type="text" value="20"/>	<input type="text" value="\$"/>

Previous Financial Year

FINANCIAL YEAR	PERSONAL CONTRIBUTIONS	AMOUNT YOU WANT TO CLAIM AS A TAX DEDUCTION
Previous	<input type="text" value="20"/>	<input type="text" value="\$"/>

Note: You must lodge a notice of intent to claim a deduction before whichever of the following occurs first:

- The day you lodge your income tax return for the year the contributions were made
- The end of the income year in which you made the contributions

You cannot revoke or withdraw your notice of intent to claim a deduction. However, in certain circumstances, you may be entitled to vary it, but only to reduce the amount.

The above amounts cannot be changed once you have left the fund.

10. PROVIDING YOUR TAX FILE NUMBER

The *Superannuation Industry (Supervision) Act 1993* allows the trustee of a superannuation fund to collect your tax file number (TFN).

Your TFN will be used for authorised purposes only. This includes finding and identifying your superannuation benefits, calculating tax on any benefit payments and providing information to the Australian Taxation Office (ATO) or other prescribed authority. These purposes may change in the future. It is not an offence if you do not provide your TFN but if we do not hold your TFN, the following may apply:

- we may not be able to process your application;
- your insurance cover could lapse, as we are unable to accept personal contributions to pay for insurance and/or your contributions may not be enough to cover premiums due to the extra tax being applied to the contributions;
- you will not be able to make personal or spouse contributions to your superannuation;
- employer and salary sacrifice contributions will be taxed at the highest marginal tax rate plus the Medicare levy;
- Please refer to www.ato.gov.au for more information on income tax rates;
- for pre 1 July 2007 members, concessional contributions of up to \$1,000 will be taxed at 15%. For concessional contributions in excess of \$1,000, the whole amount will be taxed at the highest marginal tax rate plus the Medicare levy;
- locating all your superannuation benefits when you retire may be harder; and
- lump sum withdrawals will not be concessionally taxed.

We may also provide your TFN to another superannuation provider if your benefits are being transferred to that superannuation provider, unless you request in writing that it not be disclosed.

By completing and returning this form, you agree to provide your TFN to the Trustee of TAL Super.

11. EMPLOYER CONTRIBUTIONS

Employer name	<input type="text"/>		
Employer ABN	<input type="text"/>		
Employer WPN	<input type="text"/>		
Employer address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>

12. PRIVACY

The ways in which TAL collects, uses, secures and discloses your personal and sensitive information (your information) is explained in the 'Your Privacy' section of the PDS and in our privacy policies. These policies can be obtained online at www.tal.com.au/privacy-policy (applicable to all life insurance policies) and www.mercer.com.au/privacy.html (applicable to TAL Super policies only).

If you have any questions about the way in which your information is managed, or would like a paper copy of our privacy policies, please contact us by phone on 1300 553 764 or by email to customerservice@tal.com.au.

13. INSURANCE ELECTION – SUPERANNUATION*

Where I have structured my insurance cover through a superannuation or pension account (in the Fund or a Platform superannuation fund), I continuously elect throughout the period of my superannuation membership to maintain my insurance even if:

- My superannuation account is, or becomes, inactive (i.e. no contributions or rollovers are received) for a continuous period of 16 months; or
- My superannuation account balance is less than \$6,000; or
- I am under the age of 25 years.

I acknowledge that, by completing and returning this form, I have elected for my insurance to continue regardless of the factors above (subject to meeting the policy terms including premium payment requirements). I understand that I can cancel this insurance by submitting a request.

*Where TAL has an agreement to obtain the election opt-in on behalf of the Trustee of the Fund or a Platform superannuation fund.

14. DECLARATION

I/We declare that I/we have read the following statements, and I/we agree and acknowledge that:

- I/we request that the existing Policy or benefit(s) be cancelled and a new replacement policy issued to the Policy Owner(s) according to the details set out in this form;
- I/we also request TAL Life cancel the existing benefits from the date that the replacement policy is issued to the new Policy Owner(s) noted in Section 3;
- I/we acknowledge that cover under the replacement policy will commence on the dates set out in the policy schedule;
- I/we acknowledge that the replacement policy will be subject to any modified terms (limitations, exclusions, loadings) which are applicable to the existing Policy;
- I/we confirm that the answers, statements and declarations given in respect of the existing policy (including in respect of any increases, additions, extensions and other variations or reinstatements) were true and complete when made, and I/we understand that TAL Life will rely on them for the purposes of deciding whether to issue a replacement policy;
- I/we understand that TAL Life will only issue a replacement policy if I/we complied with the applicable duty at the time the existing policy was issued (including varied, extended or reinstated) and the existing policy would have been issued on the terms that it was. I/we understand that if there was a failure to comply with the applicable duty in respect of the existing policy, TAL Life may be able to avoid or vary the replacement policy;
- I/We have read and understood the 'Your Privacy' section of the PDS and consent to the collection, use and disclosure of my/our personal information in accordance with the applicable privacy policy(ies);
- I/we have provided TAL Life with true, accurate and complete details and answers in this application, whether answered by me/us or my adviser (if applicable);
- I/we understand that by signing this form, I/we consent to the collection, use and disclosure of my/our personal information in accordance with the relevant privacy policies;
- I/we understand that my/our financial adviser (if applicable) is my/our agent and not the agent of TAL Life;
- I/we understand that TAL Life may accept information from my/our financial adviser (if applicable), or their representative, and that TAL Life will rely on any such information in deciding whether or not to accept my/our application and in relation to all matters of administration;
- I/we have authorised TAL Life to debit my/our premiums if credit card or bank account details are provided with my application;
- I/We have received and read the Protection Plans Product Disclosure Statement and Policy Document (PDS), current at the date of this application;
- The email address(es) provided in this application may be used to electronically communicate with me/us, including information in relation to my/our application and my/our insurance; and
- Where my/our existing policy cannot be paid up to date, I/we consent to backdating the cancellation and replacement of my/ our existing policy, I/we understand and agree that if this occurs, the insurer's liability under my/our existing policy will be extinguished from the backdated cancellation date, even though the policy had been in force after that time.

Signature of
Insured Person

X

Date

DD / MM / YYYY

Current Policy Owner(s)

Signature of
Policy Owner 1

X

(if different to the Life Insured)

Date

DD / MM / YYYY

Signature of
Policy Owner 2

X

(if different to the Life Insured)

Date

DD / MM / YYYY

New Policy Owner(s)

Signature of
Policy Owner 1

X

(if different to the Life Insured)

Date

DD / MM / YYYY

Signature of
Policy Owner 2

X

(if different to the Life Insured)

Date

DD / MM / YYYY

15. APPLICATION TO BECOME A MEMBER OF THE FUND

This section should only be completed where the policy is to be owned by the Trustee of Mercer Super Trust.

Upon transfer, you'll become a member of TAL Super – a plan within the Retail Division in the Mercer Super Trust

ABN 19 905 422 981

Trustee: Mercer Superannuation (Australia) Limited ABN 79 004 717 533, AFSL 235906.

1. Personal details

Title

☐

Mr

☐

Mrs

☐

Miss

☐

Ms

☐

Other

First name

Last name

Date of birth

DD / MM / YYYY

Residential address

Street address

Suburb

State

Postcode

Country

OR

Business address

Street address

Suburb

State

Postcode

Country

2. Eligibility to contribute

Please tick any of the following statements that apply:

☐

I am under age 67.

☐

The contributions to meet the premiums are employer award or superannuation guarantee contributions.

☐

I am between 67-74 years of age.

From 1 July 2022, if you are between 67-74, you will be able to make personal superannuation contributions without satisfying the work test, subject to existing contribution caps. You will still be required to meet the work test to claim a deduction for personal contributions.

☐ None of the previous apply to me but I am still eligible to make or receive superannuation contributions for the following reason:

Please refer to the information about superannuation contribution rules provided in the PDS for details.

3. Premium payment method

☐ Rollover

☐ Employer contributions

☐ Non-Employer Contributions → ☐ Personal ☐ Spouse

Non-Employer Contributions → I intend to apply for a tax deduction for the contributions.

☐ Yes ☐ No

Note If you are applying to become a member of TAL Super, Spouse contributions are not accepted.

4. Death Benefit nomination

Understanding who receives your superannuation benefit, including any insurance, in the event of your death is important. Under the rules of the Fund, the Trustee has the discretion to determine to whom and in what proportions any Death Benefit is payable. You may, however, nominate your legal personal representative and/or dependants as your preferred beneficiaries and the Trustee will consider your wishes in the event of your death.

If you wish to make a non-lapsing nomination, this application must be signed in the presence of a witness. This witness needs to be over the age of 18 and cannot be a beneficiary under the non-lapsing nomination.

Please note that your non-lapsing Death Benefit nomination should be reviewed regularly particularly if circumstances change, as in the case of marriage or divorce.

More information regarding beneficiary nominations can be found in the TAL Super PDS - TLAS, IPAS and IPAAS.

Important An incomplete or incorrectly completed non-lapsing nomination is not binding on the Trustee of TAL Super, and would be invalid in the event of a claim.

Please ensure that percentages are entered as whole numbers, and that the total adds up to 100%.

NAME OF DEPENDANT	ADDRESS	DATE OF BIRTH	RELATIONSHIP TO LIFE INSURED	% OF DEATH BENEFIT (whole numbers only)
		DD / MM / YYYY		
		DD / MM / YYYY		
		DD / MM / YYYY		
		DD / MM / YYYY		
		DD / MM / YYYY		
Legal Personal Representative				
Total (must add up to 100%)				100%

5. Declaration

- I wish to apply to become a member of the Fund indicated in Question 1.
(Note: If a non-lapsing Death Benefit nomination has been made in Question 5, you must sign this application in the presence of a witness who is not the nominated beneficiaries listed above.)
- I will be bound by the provisions of the governing rules of the Fund indicated in Question 1.
- I acknowledge that where the Trustee is unable to accept certain contributions made by me, or on my behalf, then those contributions will be returned to me or the person or organisation (including my employer) who made the contribution on my behalf and any such contributions will not be added to my superannuation account.

Where my policy is to be held through TAL Super:

- I agree to Mercer (Australia) Pty Ltd (Mercer) paying the Trustee's costs of running TAL Super and to TAL Life making payments to Mercer towards those costs of running TAL Super. I understand that these costs are not an additional cost to me, and
- I am making a written direction with respect to the investment of my superannuation in TAL Super, to the extent applicable.

Applicant signature

X

Date

DD / MM / YYYY

Witness – signed by the applicant in the presence of:

Witness signature

X

Date

DD / MM / YYYY

Witness name

16. AUTHORISED REPRESENTATIVE DETAILS – ADVISER USE ONLY

- I/We have taken reasonable steps that will, or are reasonably likely to, result in distribution being consistent with the current Target Market Determination that is applicable for the Policy/Policies that the Policy Owner/Insured Person is seeking to replace; or
- I/We have provided personal advice in relation to the Policy/Policies that the Policy Owner/Insured Person is seeking to replace. The Policy Owner/Insured Person's application is for the purpose of implementing this personal advice.

Principal authorised representative

TAL adviser number

Authorised
representative name

Dealer group

Commission split
(whole numbers)

New business %

Servicing %

Contact number

Contact type Business

☐

Mobile

☐

Email

Signature

X

Date

DD / MM / YYYY

Shared authorised representative

TAL adviser number

Authorised
representative name

Dealer group

Commission split
(whole numbers)

New business %

Servicing %

Note If splitting commission, new business and servicing commission must each total 100%.

Signature

X



Date

DD / MM / YYYY




If you have further information relating to this application, please include this when submitting the application.

SUBMITTING THIS FORM

Please return your completed form and any supporting documents by either:

-  TAL Life
GPO Box 5467
Sydney NSW 2001
-  PPUWAlterations@tal.com.au

CONTACTING TAL

-  PPUWAlterations@tal.com.au
-  1300 553 764
-  tal.com.au

 Save

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