

Insurance Variation Form

About this form:

- Insurance through Spaceship Super is provided by MetLife Insurance Limited (ABN 75 004 274 882, AFSL No. 238096) (the Insurer).
- MetLife will be treating this contract as a 'consumer insurance contract'.
- Please answer all the questions accurately and provide additional information wherever requested.
- The person to be insured must complete this application and initial any changes.
- As part of the overall assessment process MetLife will contact you if further information is required.
- Please use this form to make changes to your insurance cover. For more information about insurance, please see the Insurance Guide available at www.spaceship.com.au/important-documents/.

If you're applying for new or additional cover, reducing Automatic Cover or converting Automatic Cover to Voluntary Cover, you will need to complete the **Insurance Application Form** available from our website and provide information that the Insurer requires.

You must complete Section 1: Personal details and Section 7: Declaration & signature.

Certain eligibility conditions apply if you are changing your existing Death, TPD and/or Income Protection insurance cover. For details of these conditions and other information, please refer to the **Insurance Guide** available at www.spaceship.com.au/important-documents/.

Section 1. Your details

This section is used to verify your membership in the Fund, not to update your details. Please contact Spaceship Super if you would like to update your details with the Fund.

Member number			
Title	Given name(s)	Surname	
Date of birth (dd/mm/yyyy)	Sex at birth <input type="checkbox"/> Male <input type="checkbox"/> Female	Email address	
Residential address	Suburb	State	Postcode
Postal address	Suburb	State	Postcode
Preferred contact number	Preferred time of contact <input type="checkbox"/> Morning (9am-12pm) <input type="checkbox"/> Afternoon (12pm-6pm) <input type="checkbox"/> Any time		

Important notes

Please check the relevant box/es and complete the relevant section/s for what you want to do:

- cancel your current cover (Go to Section 2)

- reduce your current Death and/or Total and Permanent Disablement Cover (Go to Section 3)

- reduce your current Income Protection Cover (Go to Section 4)

- increase the waiting period for your current Income Protection Cover (Go to Section 4)

- change your occupation category (Go to Section 5)

Please return the completed form to:

Spaceship Super PO Box 886 Wollongong NSW 2500 or email servicemail@supermanagers.com.au

Note by completing this form, you are making a *valid election* to opt-in to retain insurance even if your account has not received a contribution or roll-in for a continuous period of 16 months (*inactive account*). Please refer to the **Insurance Guide** for more information. The Fund will send you a letter confirming that you opted-in to have insurance even if your account becomes *inactive* and also a separate confirmation if any other insurance changes requested have been processed.

Privacy - Use and disclosure of personal information

Your privacy with MetLife Insurance Limited ABN 75 004 274 882 AFSL 238096 ('MetLife' or the 'Insurer')

The personal information you provide in the form is necessary for MetLife to provide you with the products and services you have requested from MetLife. You do not have to provide MetLife with your personal information, but if you do not do so MetLife may not be able to provide you with the products or services. MetLife complies with the Privacy Act 1988 and the principles laid out in its Privacy Policy which details information about the entities that MetLife usually discloses personal information to (including overseas recipients), how you may access or seek correction of your personal information, how we manage that information and our complaints process. MetLife's Privacy Policy is readily available and can be viewed at metlife.com.au/privacy.

Duty to take reasonable care not to make a misrepresentation - Important information before commencing this application

There is a duty to take reasonable care not to make a misrepresentation when applying for insurance. Before answering the questions in this application form it is important that the person answering the questions carefully reads Section 6: 'Duty to take reasonable care not to make a misrepresentation' of this form which explains the duty, the consequences of not complying with the duty, and guidance for answering the questions. If the duty is not complied with, MetLife may be able to avoid or change cover; this means a benefit may not be able to be claimed or the amount we pay may be reduced.

Section 2. Cancel your current cover

I wish to cancel the following insurance cover:

Death Total and Permanent Disablement Income Protection

Please note that you cannot have standalone Automatic Total and Permanent Disablement (TPD) Cover under Spaceship Super, which means that if you wish to keep your TPD Cover, you also need to keep your Death Cover. You can have standalone Automatic Death Cover.

If you currently have Voluntary Death and TPD Cover and you cancel either your Death or TPD Cover, your remaining insurance will stay as Voluntary Cover and your existing terms and conditions will continue to apply.

There are a few things that you will need to be aware of when cancelling your cover:

- if you are cancelling within 30 days of cover first commencing, your cover will cease from the date the cover started and all insurance premiums that were deducted will be refunded. This means that you will not be able to make a claim for the cover that is cancelled.
- if you are cancelling after 30 days of cover first commencing, cover will be cancelled from the date we receive your cancellation request and insurance premiums will be charged up to the date your cover is cancelled. You will not be able to make a claim for a claim event that occurred on or after the date your cover is cancelled.
- should you wish to apply for insurance cover at a later date after your cover is cancelled, you will be required to provide additional information which is subject to acceptance by the Insurer.

Section 3. Reduce Death and Total Permanent Disablement Cover

If you would like to reduce your current Voluntary Death and Total and Permanent Disablement Cover, enter the amount you require below:

<input type="checkbox"/> Death Cover:	\$	<input type="checkbox"/> Total & Permanent Disablement (TPD):	\$
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If you reduce your Automatic Cover, you will need to complete an Insurance Application Form as your application will be subject to underwriting and your cover will become Voluntary Fixed Level of Cover.

Section 4. Reduce or vary your Income Protection Cover

You can reduce your current Income Protection Cover by entering the amount of cover you require below:

<input type="checkbox"/> Income Protection Cover:	\$	per month
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You can increase your waiting period on your current Income Protection Cover by nominating the waiting period you require below:

60 days 90 days

You can only **increase** your waiting period using this form. If you wish to reduce your waiting period, you will need to apply using the Insurance Application Form available from our website.

Section 5. Change your occupation category

Please complete this section if you need to update or provide your occupation category. Your occupation category will be determined by the Fund and is also one of the factors considered when calculating your insurance premiums.

There are four occupation categories:

Professional, White Collar, Light Blue Collar, Blue Collar

The occupation category that applies to you depends on your responses to the following questions.

1. What industry do you work in? <i>e.g. finance, agriculture, education</i>	2. What is your current occupation?
3. What are your usual daily duties? <i>e.g. office administration, manual labour, retail customer service</i>	4. Do you work at least 15 hours per week? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 6. Information from the Insurer (MetLife) – The duty to take reasonable care not to make a misrepresentation

When you apply for life insurance, we will ask you a number of questions.

Our questions will be clear and specific. They will be about things such as your health and medical history, occupation, income, lifestyle, pastimes, and other insurance.

The answers given in response to our questions are very important. We use them to decide if we can provide cover to you and, if we can, the terms of the cover and the premium we will charge.

Care must be taken to answer all questions we ask as part of your insurance application honestly and accurately.

Otherwise, you may not be able to rely on your insurance when it's needed the most.

The duty to take reasonable care

When applying for insurance, there is a duty to take reasonable care not to make a misrepresentation.

A misrepresentation could be made if an answer is given that is false, only partially true, or that does not fairly reflect the truth. This means when answering our questions, you should respond fully, honestly and accurately.

The duty to take reasonable care not to make a misrepresentation applies any time you answer our questions as part of an initial application for insurance, an application to extend or make changes to existing insurance, or an application to reinstate insurance.

You are responsible for all answers given, even if someone assists you with your application.

We may later investigate the answers given in your application, including at the time of a claim.

Consequences of not complying with the duty

If there is a failure to comply with the duty to take reasonable care not to make a misrepresentation, it can have serious consequences for your insurance, such as those explained below:

Potential consequences	Additional explanation	Impact on claims
Your cover being avoided	This means your cover will be treated as if it never existed	Any claim that has been made will not be payable
The amount of your cover being changed	Your cover level could be reduced	If a claim has been made, a lower benefit may be payable
The terms of your cover being changed	We could, for example, add an exclusion to your cover meaning claims for certain events will not be payable	If a claim has been made for an event that is now excluded, it will not be payable

If we believe there has been a breach of the duty to take reasonable care not to make a misrepresentation, we will let you know our reasons and the information we rely on and give you an opportunity to provide an explanation.

In determining if there has been a breach of the duty, we will consider all relevant circumstances.

The rights we have if there has been a failure to comply with the duty will depend on factors such as what we would have done had a misrepresentation not been made during your application process and whether or not the misrepresentation was fraudulently made.

If we decide to take some action on your cover, we will advise you of our decision and the process to have this reviewed or make a complaint if you disagree with our decision.

Guidance for answering our questions

When answering our questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question that we ask you.
- Do not assume that we will contact your doctor for any medical information.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it or check with us.
- Review your application carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and make corrections if needed) before the application is submitted.

Section 6. Information from the Insurer (MetLife) – The duty to take reasonable care not to make a misrepresentation (continued)

Other important information

Your application for cover will be treated as if you are applying for an individual 'consumer insurance contract'. For this reason, the duty to take reasonable care not to make a misrepresentation applies.

Before your cover starts, we may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

If after the cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has any impact on the cover.

It's important that you understand this information and the questions we ask, so if you have any queries please contact your Fund.

Section 7. Declaration

- I understand that the changes to my insurance cover will not become effective until the Insurer has accepted my application and I receive confirmation from the Fund in writing.
- I understand that my insurance cover will be provided in accordance with the group insurance policies between the Trustee and Insurer which may change from time to time without my consent.
- I have read and understand **Section 6: The duty to take reasonable care not to make a misrepresentation** and understand that this duty applies any time I answer the Insurer's questions as part of an application for insurance.
- I declare the answers to the questions are true, complete and accurate, and I have not deliberately withheld any information relevant to this application.
- I have read the insurance section of the current Spaceship Super PDS and the Insurance Guide.
- I have read and understood the Privacy Disclosure Statement entitled 'Privacy - Use and Disclosure of personal information' on page 2 of this form. I consent to the collection, use and disclosure of my personal (including sensitive) information in accordance with the terms of the Privacy Disclosure Statement.
- Where applicable, any existing cover that is subject to special terms, such as loadings and/or exclusions, will remain applicable to the relevant portion of that cover.
- If my application is accepted, I direct Spaceship Super to accept this application as a valid election to be provided with insurance cover even if my account is an *inactive* account.
- I understand this election will apply to all insurance cover through my account, including any cover for Death, Total and Permanent Disablement and Income Protection that I already hold in my account and that I am applying for by this application.
- I also understand that I can, at any future time, decrease or cancel my insurance cover by contacting Spaceship Super.

Additionally I acknowledge that:

- If I don't fully complete this application (including by sending any required documentation, where applicable), or I do not sign and date it, I will not be eligible to vary my existing insurance cover to my account with Spaceship Super.
- The variations to my existing insurance cover will not commence until the Insurer has accepted my application of which I will be notified in writing by Spaceship Super.
- Spaceship Super and MetLife may undertake appropriate enquiry and investigation to verify the answers I have provided. These enquires and investigations may be made at any time including, but not limited to, when Spaceship Super and the Insurer are considering this application or in the event of a claim at that time.
- If I have chosen to cancel my insurance cover, I will no longer be insured and will need to apply and be accepted for cover by the Insurer.
- If I have chosen to reduce my cover, any request to increase my cover in the future will be subject to acceptance by the Insurer.
- I understand that before making any financial decision it's important for me to evaluate the appropriateness of insurance to my financial circumstances, needs and objectives. I have considered the cost of cover over time as this may impact the amount of money I end up with in retirement (noting that the cost of my insurance is taken out of my superannuation balance).

Signature

Signature of applicant

Date (dd/mm/yyyy)



Full name

This information was prepared on behalf of Diversa Trustees Limited ABN 49 006 421 638, AFSL 235153, RSE L0000635, the Trustee of Spaceship Super, a sub-plan of OneSuper ABN 43 905 581 638 (Fund) and the issuer of interests in the Fund. Spaceship Super is a product issued out of the Fund. The insurance cover offered by the Fund is provided by MetLife Insurance Limited ABN 75 004 274 882 AFSL 238096. Information in this communication is general advice only and has been prepared without taking account of your objectives, financial situation or needs. Consider your personal circumstances, the appropriateness of the product and read the Product Disclosure Statement and Target Market Determination available at spaceship.com.au before making any decision to acquire or continue to hold the product. You may also decide to seek independent financial advice before making a decision about the product.

Please return the completed form to:

Spaceship Super PO Box 886 Wollongong NSW 2500 or email servicemail@supermanagers.com.au

If you have any questions, please contact Spaceship Super on 1300 049 532 Monday to Friday 8:30am to 5:30pm (AEST) or email help@spaceship.com.au

Insurance benefits are issued by MetLife Insurance Limited (MetLife), which is an affiliate of MetLife, Inc. and operates under the "MetLife" brand. None of the obligations of MetLife are guaranteed by MetLife, Inc. (Incorporated in the USA) or any other member of the MetLife group.



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