

Join Media Super Industry



This application form is part of the *Media Super Industry Product Disclosure Statement (PDS)* dated 1 September 2025. Please read the PDS before you complete this form.

Please use black or blue pen and CAPITAL letters. Use an X in boxes where required.

Step 1: Provide your personal details

Media Super member number, if known

Title

Mr Mrs Miss Ms Other

Date of birth

/ /

Gender

Male Female

Given name(s)

Family name

Home phone

Mobile

()

Email address (providing your email means you give us permission to use it)

Residential address (compulsory)

Suburb/town

State

Postcode

Postal address (if different from your residential address)

Suburb/town

State

Postcode

Step 2: Consider providing your tax file number

You should provide your tax file number (TFN) as you may pay extra tax if you don't. It also allows you to top up your super with your take-home pay. (See section 7 of the PDS for details.)

My TFN is:

Step 3: Tell us about your work

Your employer

Media Super employer number (if known)

Phone

Date you started with this employer

/ /

Step 4: Elect to receive automatic cover (if you're 25 or older)

If you want access to automatic insurance cover when you join – regardless of your account balance – you need to let us know.

I want automatic insurance cover now



If you don't check this box, you'll need to wait until your account balance reaches \$6,000 (and you've reached age 25) to receive automatic cover. Other conditions apply.

Step 5: Check if you can get automatic cover (if you're 25 or older)

Answer the following questions to see if you're eligible for automatic cover.

Have you ever received a payment for total and permanent disablement or terminal illness from any super fund or insurance policy, or are you currently applying for or entitled to one?

- Yes You can't get automatic cover. Go to **step 7**.
 No

Do you have a terminal illness with a life expectancy of 24 months or less?

- Yes You can't get automatic cover. Go to **step 7**.
 No

Answer the following questions to see what sort of cover you could get.

Are you working at least 15 hours a week?

- Yes
 No You may get death and TPD cover but no IP cover.

Are you an Australian resident? (This is an Australian citizen or permanent resident within the meaning of section 30 of the *Migration Act 1958*, or someone living in Australia on an approved working visa.)

- Yes
 No You may get death and TPD cover but no IP cover.

Do you work in an excluded occupation? (See the *Insurance guide (Industry)* for a list of these occupations.)

- Yes You may get death and TPD cover but no IP cover.
 No


Are you off work or on restricted duties because you're sick or injured?

- Yes You may get death cover and new events TPD and IP cover.
 No You may get death and TPD cover.

Step 6: Elect to keep your cover, even when life changes

If your account doesn't receive a contribution or a roll in for 16 months, any cover (including any future cover) will stop unless you've elected to keep it. You can change your mind and cancel cover at any time – Section 8 of the PDS.

I want to keep my insurance cover even if my account becomes inactive.

 Please consider what insurance is right for your circumstances and the impact insurance premiums can have on your account balance.

The duty to take reasonable care

When you apply for insurance, you are treated as if you are applying for cover under an individual consumer insurance contract. A person who applies for cover under a consumer insurance contract has a legal duty to take reasonable care not to make a misrepresentation to the Insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. Under the *Insurance Contracts Act 1984 (Cth)* there are a number of different remedies that may be available to the Insurer. They are intended to put the Insurer in the position it would have been in if the duty had been met. For example, the Insurer may:

- avoid the cover (treat it as if it never existed);
- vary the amount of the cover; or
- vary the terms of the cover.

Whether the Insurer can exercise one of these remedies depends on a number of factors, including:

- whether reasonable care was taken not to make a misrepresentation. This depends on all of the relevant circumstances.
- what the Insurer would have done if the duty had been met – for example, whether it would have offered cover, and if so, on what terms.
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before any of these remedies are exercised, the Insurer will explain the reasons for its decision, how to respond and provide further information, and what you can do if you disagree.

Guidance for answering the questions in this form

You are responsible for the information provided to the Insurer. When answering 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.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

Please note that there may be circumstances where the Insurer later investigates whether the information given to it was true. For example, it may do this when a claim is made.

Changes before your cover starts

Before your cover starts, the Insurer may ask you whether the information that has been given as part of your application for insurance remains accurate or whether there has been a change to any of your circumstances. As any changes that occur between when you complete this application and when your cover starts might require further assessment or investigation, it could save time if you let us or the Insurer know about any changes when they happen.

If you need help

It's important that you understand your obligations and the questions that are being asked. Please contact us for help if you have difficulty understanding the process of obtaining insurance or answering any questions.

Please also let us know if you're having difficulty due to a disability, understanding English or for any other reason – we're here to help and can provide additional support.

Your privacy is important

Media Super must comply with a set of principles known as the Australian Privacy Principles when collecting, using, disclosing, storing, and securing personal information. We will only share the information collected on this form with our insurer, administrator and others mentioned in the declaration section below to allow us to assess and process your application or any insurance claim you make (or someone else makes for you). We won't pass your personal information on to anyone else without your permission, unless required by law.

For full details of how we collect and disclose your personal information (and how you can access it) see the *Privacy Policy* and *Personal Information Collection Statement* at mediasuper.com.au/privacy or call us on **1800 640 886** for a copy.

Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.

If you need information on how our insurer collects, handles, secures and discloses information, the TAL Privacy Policy is available at tal.com.au/privacy-policy or on request to TAL.

Step 7: Choose who gets your super if you die

Complete this section to make a non-binding beneficiary nomination. A non-binding nomination means we'll consider who you list but we'll also consider others who have a legal right to your super if you die. The minimum you can allocate to a single beneficiary is 1%.

Your dependants

First name and initial (e.g. Sam R)	Family name	Relationship to you				Percentage			
		Spouse	Child	Financial dependant	Interdependent				
									%
									%
									%
									%
									%
									%

Legal personal representative

– check this box and add the percentage of the benefit payable to have part or all of your benefit paid to your estate. [▶](#)

. %

Attach another page if you have more than six beneficiaries.

You can change your nominations at any time online or by calling us.

Total must add up to . %

Step 8: How should we communicate with you?

You can change your preferences at any time in your online account.

Do you want to receive your statements online only? Yes No

Do you want to receive information about Media Super products and services by email or SMS? Yes No

Do you want to receive information from Media Super about special offers, discounts and other marketing materials outside of your Media Super membership? Yes No

Step 9: Sign and date this form

I am eligible for Media Super Industry membership and agree to the terms and conditions in the trust deed and I confirm that:

- I've read and understood the *Media Super Industry Product Disclosure Statement* and additional information incorporated by reference before making the decision to join.
- I understand Media Super may send product disclosure statements, annual statements, significant event notices and other regulatory items to me digitally (such as a link in an email or making it available through my online account) using the email address provided on this form. I can opt out of receiving these materials electronically through my online account or by contacting Media Super.
- I've read the Trustee's Privacy Statement as contained in the *Privacy Policy* and *Personal Information Collection Statement* and I consent to the collection, use and disclosure of my personal and sensitive information by the Trustee in the manner described in the Privacy Statement.
- I'm entitled to one Media Super account and one insured benefit, and I accept duplicate accounts may be closed.
- I've considered my own personal circumstances, needs and objectives (with or without the assistance of a financial planner) in deciding to invest in Media Super products or make any other choice set out in this form.
- I've answered all questions truthfully and correctly to the best of my knowledge. I'm aware my insurance benefit may be affected if I claim and my responses are later shown to be false or misleading. I acknowledge the insurer has the right to verify my answers.
- I acknowledge that any automatic insurance cover I'm eligible for and have elected to receive will start from the first day of the period for which Media Super receives an on-time compulsory super payment and will stop for the reasons set out in the *Insurance guide (Industry)*.
- I understand that I won't receive automatic cover until I've turned 25 and my account reaches \$6,000, unless I elect to receive cover regardless of my account balance. If I elect to receive cover more than six months after joining my first Media Super employer, I understand that I may receive limited cover.
- My election to keep insurance cover will apply to the death and TPD cover I have and will continue to remain in place even if my level or type of cover changes in the future (unless it stops for another reason).
- **If I return this form by email**, I acknowledge and declare that I have read and accepted the terms and conditions of the *Join Media Super Industry* form and I acknowledge that if I have not applied my physical or electronic signature:
 - If the Trustee is satisfied that this is a genuine application, it will process the request, including making a payment from my account if I have requested one.
 - In some cases, the Trustee may request more information to be satisfied this is a genuine application.



Sign here:

Date

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Send this completed form to **Media Super, Locked Bag 5056, Parramatta NSW 2124**. Or email it to us at enq@mediasuper.com.au.



Want to choose investments?

Once you receive your member number, register your account online to choose investment options or you can call us on **1800 640 886**.



Media Super
Locked Bag 5056
PARRAMATTA NSW 2124



1800 640 886
8am to 8pm (AEST/AEDT)
Monday to Friday



enq@mediasuper.com.au
mediasuper.com.au



Visit us in person in Adelaide, Brisbane,
Melbourne, Perth and Sydney.
Details: mediasuper.com.au/contact