

GROUP MEMBER REGISTRATION FORM

PART A: NAME AND CONTACT DETAILS (MANDATORY FIELDS)

1. Full name of person or company

2. Contact details

Contact name (if trading by a company):

Email:

Telephone:

Postal address:

3. Date of birth

PART B: QUESTIONS TO HELP DETERMINE IF YOU ARE A GROUP MEMBER (MANDATORY FIELDS)

References to 'you' below are to the person or company named in response to question 1.

You are being sent this notice because you or your superannuation fund held a life, TPD or income protection policy issued by CommInsure during the period 21 August 2014 and 21 August 2020 and may have had a financial adviser give you advice about that insurance policy.

4. Did you receive advice from a CFP or FWL financial adviser about that insurance at any time between 21 August 2014 and 21 August 2020? Yes No

5. Did you obtain, renew or otherwise retain that insurance on the basis of that financial advice? Yes No

6. Who was covered by your insurance policy?

Note: Please include the full names and dates of birth of any person insured by your insurance policy in the period from 21 August 2014 to 21 August 2020. This information may appear on letters you received from CommInsure.

Full name(s):

Date(s) of birth:

PART C: ADDITIONAL INFORMATION (NON-MANDATORY FIELD)

If you answered 'yes' to each of questions 4 and 5, please answer the following question to the best of your ability. This question is optional but will assist the parties to identify you and to assess your claim.

7. If you know your insurance policy number, please provide it, as it will assist in identifying you.

Note: Your policy number will appear on letters you received from CommInsure. You can include multiple insurance policy numbers if you had more than one type of policy.

By signing this form, I acknowledge that I have reviewed this form and agree to its terms, including the preceding notice marked "Important". I understand that the Respondents will provide information relevant to my insurance policy to Shine Lawyers, but it will only be used by Shine Lawyers for the purpose of these legal proceedings.

Shine's privacy policy in relation to the handling of your personal information can be accessed at shine.com.au/privacy-policy.

Signature:

Name:

Date:

 SHINE LAWYERS

RIGHT WRONG.