

PART A – PERSONAL DETAILS (CONTINUED) (ALL QUESTIONS ARE MANDATORY)

1 INSURED DETAILS (CONTINUED)

1 What occupation do you currently work in?

Please note: If you are employed for less than 15 hours per week, or unemployed, you will only be eligible to transfer death cover into FirstChoice Employer Super.

Main occupation	Industry	Self-employed?	Hours per week?
<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/>
Permanent full-time <input type="checkbox"/>	Permanent part-time <input type="checkbox"/>	Casual ¹ <input type="checkbox"/>	Unemployed ¹ <input type="checkbox"/>
			Contractor <input type="checkbox"/>
			Contract end date <input type="text" value="(dd/mm/yyyy)"/>

Annual salary (including average bonus for last three years) \$

Please select the income producing duties of your main occupation and the approximate percentage of time spent on each duty per week. **Note:** The list below represents the physical nature of duties only. Do not write or add to these descriptions.

Nature of duty	% time
Administrative/Clerical (eg filing, computer work, office duties, etc)	<input type="text"/> %
Light manual work only (eg driving with deliveries, lifting under 5kg, etc)	<input type="text"/> %
Supervisor of manual work (not actual performance)	<input type="text"/> %
Caring for dependants (only for TPD and if occupation is 'home duties')	<input type="text"/> %
Manual work (eg cleaning, lifting over 5kg, carpentry, plumbing, etc)	<input type="text"/> %
Flying (other than as a fare-paying passenger) or fly-in fly-out rotation on job site	<input type="text"/> %
Truck driving greater than a distance of 800km from base; working above 15 metres; working underground; working at sea or handling explosives	<input type="text"/> %
Total	100%

PART B – PERSONAL STATEMENT AND CONFIRMATION OF REQUIREMENTS (ALL QUESTIONS ARE MANDATORY)

In order to apply for a transfer of insurance cover, you must be able to answer 'Yes' to question 1.

- 1** Do you confirm that the following statements are true and correct and agree to abide by these requirements?
- a I confirm that my existing cover is not arranged through a defined benefit fund.
 - b I will cancel my existing insurance cover under my former fund or previous policy when I receive confirmation from FirstChoice Employer Super of my successful application.
 - c I will not be transferring the cover under my former fund to any other division or section of the former fund, or to any other fund or insurance policy.
 - d I will not effect a continuation option, or subsequently reinstate cover within the former fund, previous policy or any other division, section or category of the former fund or previous life insurance company, or within any fund or insurance policy where such reinstatement of cover is available to me. No Yes

If you answered 'No' to question 1, you will not be eligible for a transfer of insurance in FirstChoice Employer Super and will not be eligible to make a claim for this portion of cover.

The following question only needs to be answered if you're applying to transfer cover from a different superannuation fund.

- 2** If you are transferring insurance cover from an existing superannuation fund ('former fund'), do you have an account balance in the superannuation fund providing the cover to be transferred? No Yes

If you answered 'Yes' to question 2, you need to transfer your entire balance; otherwise, you will not be eligible for a transfer of insurance in FirstChoice Employer Super and will not be eligible to make a claim for this portion of cover.

- 3** I confirm that my current level and type of cover under the former fund or previous policy which I wish to transfer is as follows:

Type of cover	Has this cover been in place for at least 12 months? ³	Date cover started
a Death cover ² \$ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text" value="dd/mm/yyyy"/>
b TPD cover ^{1,2} \$ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text" value="dd/mm/yyyy"/>
c SCI cover ^{1,2} \$ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text" value="dd/mm/yyyy"/>
SCI waiting period, e.g. 30 days, 60 days, 90 days	<input type="text"/>	
SCI benefit period, e.g. two years, five years, to age 60, to age 65	<input type="text"/>	

Please note: TPD cover amount cannot exceed the death cover amount and SCI cover cannot be greater than 90% (inclusive of up to 15% allowance for super contributions) of your total income.

I understand that my cover, once accepted, will be subject to the terms and conditions of FirstChoice Employer Super insurance arrangements.

¹ You will not be eligible to transfer TPD cover to FirstChoice Employer Super if you are employed for less than 15 hours per week or unemployed. You will not be eligible to transfer SCI cover to FirstChoice Employer Super if you are a casual employee or unemployed.

² **Please note:** Total cover that may be rolled over is limited to \$1.5 million for death and TPD (includes existing cover) and \$10,000 per month for SCI.

³ If your current cover has not been in place for at least 12 months, you will not be eligible to transfer insurance cover into FirstChoice Employer Super.

PART B – PERSONAL STATEMENT AND CONFIRMATION OF REQUIREMENTS (CONTINUED) (ALL QUESTIONS ARE MANDATORY)

- 4 Due to injury, illness or impairment:
- a Are you unable to work 35 hours per week? No Yes
 - b Have you had your duties or workplace modified in the last two years and have you not resumed your pre-modified duties? No Yes
 - c Are you working in a role or occupation that has been designed or chosen to suit your needs? No Yes
- 5 Have you been paid, or are you eligible to be paid, or have you lodged or are you going to lodge a claim for terminal illness or disability from a superannuation fund, life insurance company or any State or Federal Government body, such as Workers' Compensation, Social Security, Veterans' Affairs or a motor accident scheme? No Yes
- 6 In the last 12 months, have you been advised to undergo treatment or to take medication prescribed by a medical practitioner that was intended to last for three months or longer (excluding the contraceptive pill, hormone replacements, inhaled asthma medication or cold, flu or hayfever medication)? No Yes
- 7 Have you had any application for death, TPD or SCI cover declined? No Yes

If you answered 'Yes' to any of the questions 4 through to 7, you will not be eligible for a transfer of insurance in FirstChoice Employer Super.

- 8 Is your cover under the former fund or previous policy subject to any premium loadings and/or exclusions, including but not limited to pre-existing condition exclusions, or restrictions in regard to medical or other conditions? No Yes

If 'Yes', please provide details of the premium loadings, exclusions or restrictions, including a copy of the advice you received from the insurer, former fund or previous policy advising you of the acceptance of your cover subject to these additional terms.

9 Additional requirements

The telephone underwriting facility may reduce the need for follow-up information and medical reports, resulting in faster completion. I permit the insurer (AIA Australia) to call me (the life to be insured) to clarify or gain further information regarding any matter pertaining to the assessment and processing of this application. I understand that the call will form part of my Duty to take reasonable care as described in Part D.

No Yes If 'Yes', I am contactable on (phone) between the hours of (note they must be usual business hours).

PART C – PRIVACY

In completing this form you may be providing AIA Australia Limited with personal and sensitive information. The collection and management of this information must be handled, collected, used and disclosed in accordance with the Privacy Act 1988 (Cth) and the AIA Australia Group Privacy Policy as updated from time to time (AIA Australia Privacy Policy). For more information about the AIA Australia Privacy Policy (including notification) please refer to aia.com.au or contact 1800 333 613 to request a copy.

ACKNOWLEDGEMENT

I acknowledge that:

- if I do not fully complete, sign and date this application, I will not be eligible to transfer my existing cover to FirstChoice Employer Super, and
- if the insurer accepts my application, my existing amount of cover as at the transfer date under my former fund or previous policy will be replaced by the equivalent amount of agreed fixed cover, and
- if the insurer has accepted my application, my cover will generally commence in FirstChoice Employer Super on the date my transfer of superannuation benefits is completed by the former fund, subject to cancellation of my existing cover as outlined in Part B, and
- FirstChoice Employer Super and the insurer may undertake appropriate enquiry and investigation to verify the answers I have provided, and
- FirstChoice Employer Super and the insurer may investigate whether any restrictions that may have applied within the terms of the policy document were applicable to the type and/or level of cover stated on the up-to-date statement from the former fund or previous policy, and
- I agree to provide FirstChoice Employer Super or the insurer with access to the health evidence I provided to my previous insurer in my application for cover, and any non-disclosure to the previous insurer may be acted upon by FirstChoice Employer Super or the insurer, and
- should it become apparent to FirstChoice Employer Super or the insurer that I have not undertaken the requirements that I confirmed in Part B above, then any insured benefit that may be payable to me or my estate or my beneficiaries from FirstChoice Employer Super may be reduced by the insured amount paid or payable from my former fund or previous policy, an associated section or division of the former fund, or other fund, or any policy issued under any option I exercised, as a consequence of my failure to abide by these conditions; this reduction in benefit will, however, be limited to the extent that my benefit from FirstChoice Employer Super is no less than I would have been eligible to receive under the terms of the policy between FirstChoice Employer Super and the insurer had I not applied for a transfer of cover, and
- I understand that my cover, if accepted, will be subject to the terms and conditions and premiums of FirstChoice Employer Super insurance arrangements, as described in the current PDS, and
- I have received and read the current PDS explaining the terms and conditions and premiums that will apply to me under the FirstChoice Employer Super insurance arrangements, and
- I acknowledge Part C and that AIA will handle, collect, use and disclose my personal and sensitive information provided in this form in accordance with the privacy law, and
- I elect to hold insurance cover (as specified in this form) through my superannuation account even if I am under the age of 25 or my account balance is less than \$6,000.

Duty to take reasonable care**About this application**

The life insurance policy being applied for with this application is a consumer insurance contract within the meaning of the *Insurance Contracts Act 1984* (Cth). When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can cover you, and if so, on what terms and at what cost.

We will ask questions we need to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give us in response to our questions is vital to our decision.

The duty to take reasonable care

When applying for insurance, there is 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 applies to a new contract of insurance and 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. There are different remedies that may be available to us. These are set out in the *Insurance Contracts Act 1984* (Cth). These are intended to put us in the position we would have been in if the duty had been met.

Your cover could be avoided (treated as if it never existed), or its terms may be varied. This may also result in a claim being declined or a benefit being reduced.

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

Before we exercise any of these remedies, we will explain our reasons and what you can do if you disagree.

Guidance for answering our questions

You are responsible for the information provided to us. 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.
- 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.

PART D – DUTY TO TAKE REASONABLE CARE (CONTINUED)

Changes before your cover starts

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 you need help

It's important that you understand this information and the questions we ask. Ask us or a person you trust, such as your adviser for help if you have difficulty understanding the process of buying insurance or answering our questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help. If you want, you can have a support person you trust with you.

Notifying the insurer

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.

Original signature of the person to be insured

Print name

Date signed

Please send the completed form to: Colonial First State, Reply Paid 27, Sydney NSW 2001

Please ensure that you attach a copy of the most recent statement from your former fund or life insurance company (as outlined on page 22 of the FirstChoice Employer Super Insurance booklet). Do not cancel your existing insurance cover or transfer any funds until you have received confirmation in writing that your request has been accepted by FirstChoice Employer Super.

ADVISER USE ONLY

Are you submitting any life insurance applications for this customer through AIA Australia? No Yes

Product name

Proposal/Policy number

Adviser name

Contact number

Dealer ID

Adviser ID

Dealer/Adviser stamp (please use black ink only)

An address listed here may be used for adviser correspondence relating to the assessment of this application.