

# Superannuation Personal Insurance Application and personal statement



NWINSUINPA

Please use **BLACK** pen and **BLOCK** letters.

- A** You should read the current Product Disclosure Statement, including the Insurance Guide and the Information Guides referred to in the Product Disclosure Statement for the product in which your account is held as there may have been changes to the terms and conditions governing this transaction. The current Product Disclosure Statement is available on our website.

## Disclosure notice

Your duty of disclosure – Before you enter into a contract with or become insured by the insurer you have a duty under the Insurance Contracts Act 1984 to disclose to the insurer every matter that is known, or could reasonably be expected to be known, that is relevant to their decision whether to accept the risk of insurance, and if so, on what terms. This duty of disclosure applies until Netwealth has confirmed in writing that the insurer has accepted the risk and you have an active Netwealth Superannuation Master Fund account. The same duty of disclosure to disclose these matters to the insurer applies before you extend, vary or reinstate your life insurance contract. Your duty does not, however, require you to disclose a matter:

- that diminishes the risk to be undertaken by the insurer; or
- that is common knowledge; or
- that the insurer knows or should know as an insurer; or
- if your duty to disclose is waived by the insurer.

If you do not tell the insurer something that you know, or could reasonably be expected to know, may affect the insurer's decision to provide the insurance and on what terms, this may be treated as a failure by you to tell the insurer something that you must tell them.

**Consequences of non-disclosure** – The insurer has a number of rights in the event of non-disclosure. In exercising these rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, the insurer may apply the following rights separately to each type of cover. The rights are as follows:

- If you do not tell the insurer anything you are required to, and the insurer would not have provided the insurance if you had told them, the insurer may avoid the contract within 3 years of entering into it.
- If the insurer chooses not to avoid the contract, the insurer may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if you had told the insurer everything you should have. However, if the contract provides cover on death, the insurer may only exercise this right within 3 years of entering into the contract.
- If the insurer chooses not to avoid the contract or reduce the amount of insurance provided, the insurer may, at any time vary the contract in a way that places the insurer in the same position they would have been in if you had told the insurer everything you should have. However, this right does not apply if the contract provides cover on death.
- If the failure to tell the insurer is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

## Step 1. Provide member details

### Existing Netwealth client

Client name

Client number  Netwealth account number

### New client

Mr/Mrs/Miss/Ms/Dr/Other  Family name

Given name(s)

Date of birth  /  /  Sex  Male  Female

Residential address

Suburb/town

State  Postcode

## Superannuation Personal Insurance Application and personal statement

### Step 1. Provide member details (continued)

Postal address (optional)	<input type="text"/>
Suburb/town	<input type="text"/>
State	<input type="text"/> Postcode <input type="text"/>
Phone	Home ( <input type="text"/> ) <input type="text"/> Work ( <input type="text"/> ) <input type="text"/>
Mobile	<input type="text"/>
Email	<input type="text"/>
Country of residence (if not Australia)	<input type="text"/>

### Step 2. Occupation

Occupation	<input type="text"/>
Industry	<input type="text"/>
Annual salary	\$ <input type="text"/> If you are self employed, please supply evidence of income.
Number of hours worked	<input type="text"/> per week (Must be regular and consistent hours each week.)
Daily duties (including % time spent performing each duty including any manual work)	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

### Step 3. Nominate adviser and advice fees

Adviser name	<input type="text"/>
Adviser code	<input type="text"/>

Please provide the details of ongoing member advice fee – insurance that you agree with Your Financial Adviser, including GST. You authorise and direct us to pay these amounts to the AFS Licensee for whom Your Financial Adviser acts as an authorised representative (whoever that may be from time to time) and you consent to some or all of this amount being paid by the AFS Licensee to Your Financial Adviser (or their nominee).

This fee will apply to any new insurance attached to your account. Do not complete this section if you are increasing existing cover with the Netwealth Superannuation Master Fund as the same fee option that applies to your existing cover will also apply to the increased cover, once accepted by the Insurer.

Ongoing member advice fee - insurance  % (0-25%)

Please refer to the 'Insurance Guide' for a full description of the member advice fee.

Netwealth may be entitled to receive a Reduced Input Tax Credit (RITC) on these fees and the amount deducted from your account to pay these fees may be less than the amount shown on this form.

### Step 4. Insurance options

New insurance OR  Increase to existing insurance (if applying for an increase please enter total required insurance amount below)

#### Type of insurance

**Death only** (only complete this section where no TPD cover is required)

- 1) Sum insured \$
- 2)  I wish to opt out of annual CPI increase





Step 5. Personal statement (continued)

p) Females only

i) Female organ disorder (including abnormal pap smear, breast ultrasound or mammogram)?  Yes  No

ii) Are you currently pregnant?  Yes  No

If yes, date of expected delivery  /  /

q) i) Have you ever:

- suffered from AIDS or been infected with the HIV virus; or
- injected yourself with any illicit drugs not prescribed by a medical practitioner; or

ii) In the past 5 years have you:

- engaged in male to male sex without a condom (except in a relationship between you and only one other person where neither of you have had sex without a condom with anyone else in the past 5 years); or
- had sex without a condom:
  - with someone you know or suspect to be HIV positive; or
  - with someone who injects non prescribed drugs; or
  - with a sex worker or as a sex worker

Yes  No

Section B – Medical details

1) Are you considering consulting a doctor, or any other health professional for any medical examination, advice, treatment, tests or an operation?  Yes  No

2) During the last 5 years have you:

a. Had any examination, advice or treatment by a medical practitioner, chiropractor or other health professional?  Yes  No

b. Been in hospital, clinic or nursing home?  Yes  No

c. Been advised to have an operation?  Yes  No

d. Had any tests, including blood tests, ECG, x-rays, or genetic tests?  Yes  No

e. Occasionally or regularly taken any medication, drugs, stimulants, sedatives or tranquillisers?  Yes  No

**!** If you answered yes to **any** of the questions in Sections A or B, please complete all sections below. Otherwise, complete Sections D, E, F and G (Income Protection).

Section C – Answer in detail

If you answered yes to any question in Section A or B, please provide details.

If there is insufficient space, please provide a signed and dated Supplementary Statement.

Question reference (A or B)	Tests, or nature of condition or complaint	Commencement date	Duration	Time off work	Degree of recovery (%)	Full details of treatment and results (include type of operations)	Full name and address of doctor or hospital (if any)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Step 5. Personal statement (continued)

Section D – Other details

2) Do you drink alcohol?  Yes  No

If yes, what type of alcohol

How much (daily intake)?

3) Do you have existing life, disability or trauma cover on your life (including any current applications held with any insurer)?  Yes  No

If yes, please provide details in the following schedule.

Commencement date	Terms of acceptance	Type of cover	Amount of cover	To be replaced
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section E – Doctor’s details (please provide current details of your usual doctor)

Name

Date of last consultation  /  /  How long have you been a patient?  years  months

Reason for consultation

Address

Suburb/town

State  Postcode  Country (if not Australia)

Email address/facsimile

If you have been a patient of your current doctor for less than two years, please provide the details of your previous doctor below:

Name

Date of last consultation  /  /  How long have you been a patient?  years  months

Reason for consultation

Address

Suburb/town

State  Postcode  Country (if not Australia)

Email address/facsimile







**Step 6. Declarations** (continued)

For any additional information, please complete the details below

Section No.

Section No.

Section No.

Section No.



Section No.




Section No.

Section No.

Section No.

**Step 7. Once complete please send to us**

**Send to us:**  [contact@netwealth.com.au](mailto:contact@netwealth.com.au)  Netwealth Investments Limited, Reply Paid 336, South Melbourne VIC 3205

**For more information:**  [netwealth.com.au](http://netwealth.com.au)  1800 888 223  Your adviser