Superannuation Personal Insurance Application and personal statement



NWINSUINPA

Please use BLACK pen and BLOCK letters.



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	DD/MM/YY Sex Male Female
Residential address	
Suburb/town	
State	Postcode Postcode

Step 1. Provide member details (continued	d)																											
Postal address (optional)																												
Suburb/town																												
State				Po	stc	ode																						
Phone	Нс	me	()									١	Vorl	< ()								
Mobile																												
Email																												
Country of residence (if not Australia)																												
Step 2. Occupation																												
Occupation																												
Industry																												
Annual salary \$				1				lfy	you	are s	self	emp	oloye	ed, pl	eas	e sı	ıpply	y evi	den	се	of in	com	e.					
Number of hours worked			p	er w	eek	(Mı	ust b	e re	gula	ar an	nd c	onsi	ster	t ho	ırs	eacl	h we	eek.)										
Daily duties (including % time spent																												
performing each duty including any																												
manual work)																												
Step 3. Nominate adviser and advice fees																												
Adviser name																												
Adviser code																												
Please provide the details of ongoing member us to pay these amounts to the AFS Licensee time) and you consent to some or all of this ar	for v	vho	m Y	our	Fina	ınci	al Ac	lvise	er ac	ts a	s ar	n aut	hori	sed i	ері	ese	ntat	ive (who	eve	er th	at m						:
This fee will apply to any new insurance attach Superannuation Master Fund as the same fee Insurer.																											lth	
Ongoing member advice fee - insurance			%	(0-2	25%)																						
Please refer to the 'Insurance Guide' for a full	desc	ript	ion	of th	ne m	nem	ber	advi	ce f	ee.																		
Netwealth may be entitled to receive a Reduc may be less than the amount shown on this fo		nput	Tax	(Cr	edit	(RIT	TC) o	n th	iese	fees	s ar	nd th	e an	noun	t de	educ	cted	fror	n yo	ur a	.CCO	unt	to pa	ay th	iese	fees	S	
Step 4. Insurance options																												
New insurance OR Increase	to e	xist	ing	insu	ıranı	ce (if ap	plyir	ng fo	r an	inc	creas	se pl	ease	en	ter t	otal	req	uire	d in:	sura	ınce	amo	ount	bel:	ow)		
Type of insurance			Ü										·															
Death only (only complete this section where	no T	PD	COV	er is	req	uire	ed)																					
1) Sum insured \$]																								
2) I wish to opt out of annual CPI inc	reas	е																										

Step	I. Insurance options (continued)
Deat	and Total & Permanent Disability
1)	Sum insured \$ If TPD cover required is less than death cover, please specify \$ If TPD cover required is less than death cover, please specify \$ If TPD cover required is less than death cover, please specify \$ If TPD cover required is less than death cover, please specify \$ If TPD cover required is less than death cover, please specify \$ If TPD cover required is less than death cover, please specify \$ If TPD cover required is less than death cover, please specify \$ If TPD cover required is less than death cover, please specify \$ If TPD cover required is less than death cover, please specify \$ If TPD cover required is less than death cover, please specify \$ If TPD cover required is less than death cover, please specify \$ If TPD cover required is less than death cover.
2)	I wish to opt out of annual CPI increase
Inco	ne protection
1)	Amount of income insured
	Fixed amount of \$ per month (monthly benefit can be up to 75% of annual income as described in the Insurance Guide)
	PLUS (optional)
	Superannuation contributions % up to 10% of annual income (these are paid directly to your superannuation account)
2)	Waiting period (select one) AND Benefit payment period (select one)
	30 days 2 years
	60 days Up to age 65 (no escalation)
	90 days Up to age 65 (with escalation)
3)	I wish to opt out of annual CPI increases
4)	Agreed value. For full details refer to the 'Insurance Guide'. A 20% premium leading will apply to Agreed value cover.
	You must select one of the below options and provide the evidence specified with your application.
	Employed
	For cover up to \$12,500 per month – Income tax return and Notice of Assessment for the last year.
	For cover above \$12,500 per month – Income tax returns and Notice of Assessments for the last 2 years.
	For cover above \$15,000 per month – Income tax returns and Notice of Assessments for the last 2 years plus Statement of Assets and Liabilities (held personally or in Trust), from the insured's accountant.
	Self-employed
	Profit & loss statement for the business or practice (including any trusts if applicable) for the last 2 years.
	Income tax returns and Notice of Assessments for the insured and all business entities for the last 2 years.
	Statement of Assets and Liabilities (held personally or in Trust), from the insured's accountant for cover of \$15,000 per month or more.
Step	i. Personal statement
At th	e date of this application:
1)	Do you permanently reside in Australia?
2)	Are you absent from work or unable to perform your usual duties of your normal occupation?
	If yes, please provide details
3)	Has any company ever refused or applied special or modified conditions or cancelled any proposal to unsure you for a life or disablement policy? Yes No
	If yes, please provide details

Step	5. Personal statement (continued)																										
4)	Have you smoked any tobacco or any ot	her	sub	star	ice i	n th	ie la	st 12	2 mo	nth	s?														Y	es	No
	If yes, please state forms and quantities																					\mathbb{L}		I		\mathbb{I}	
																						Ι		\mathbb{L}			
5)	Have you used or injected yourself with	any	pres	scrit	oed,	illeg	gal c	or illi	cit d	rug	s?														Y	es	No
6)	Please state your height				С	m																					
	Please state your weight				k	g																					
7)	Do you intend to work, live or travel over	sea	s?																						Ye	es	No
	If yes, please state the destination,																					\mathbb{L}		\mathbf{L}	\prod	\mathbb{L}	
	duration, frequency and purpose																					I		\mathbb{L}	\prod		
8)	Have you ever engaged or are you ever l																								٦.,		
	or in any hazardous occupation, recreat	ion,	pas [.]	time T	or	spoi	rt (e	.g. m	notoi	rrad	cing,	too	tbal	l, ma	arita	l ar	ts, s	cub	a div	ring)	?	_		Ļ] Ye	es	No
	If yes, please provide details						_	<u> </u>				<u> </u>	<u> </u>		<u> </u>		<u> </u>		<u> </u>	<u> </u>	<u> </u>	Ļ	_	\pm	Ļ	\pm	
							<u> </u> 	<u> </u>				<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>		<u> </u>	<u> </u>		Ŧ		\perp	Ļ	_	<u> </u>
																								\perp		\perp	
Sec	tion A – Medical details																										
Hav	e you ever had or received treatment for o	r ha	d sy	mpt	om	s of:																					
a)	High blood pressure or blood disorder e.g	g. leı	ukae	emia	ı, an	aen	nia c	or ha	emo	phi	ilia?														Y	es	No
b)	Heart, vein or circulatory disorder, includ	ing	che	st pa	ain,	hea	rt at	tack	k, he	art ı	mur	muı	, rais	ed o	chol	este	erol	or rl	neur	nati	c fe	ver	?		Y	es	No
c)	Mental or nervous disorder (e.g. stress, a migraines, brain disorder or any neurolog					on,	insc	mni	a), fa	ainti	ing,	epil	epsy	, pa	ralys	sis, I	mul	tiple	scle	eros	is,				Y	es	No
d)	Gout arthritis, rheumatism, cartilage or li	gam	ent	inju	ıry, b	one	e fra	ıctuı	e or	her	nia?)													Y	es	No
e)	Back or neck pain, whiplash, sciatica or a	ıny r	nus	cle d	orjo	int (diso	rder	?																Y	es	No
f)	Asthma, bronchitis or other respiratory d	isor	der:	?																					Y	es	No
g)	Stomach, intestinal or rectal disorder, uld	cer, l	blee	ding	g fro	m b	OWe	el, ga	all bla	add	er o	r liv	er di	sord	ler, i	nclı	udir	ng he	pati	tis?					Y	es	No
h)	Diabetes, thyroid or prostate disorder?																								Ye	es	No
i)	Cancer, tumour or any form of breast lun	np (e	ever	n if y	ou ł	nave	no	t see	en a	doc	tor)	?													Ye	es	No
j)	Impairment/disorder of hearing or sight (othe	er th	nan :	shor	t or	lon	g sig	ghted	dne	ss fu	ılly	corre	ecta	ble l	oy g	las	ses)	or lo	SS O	f an	y lii	mb?		Y	es	No
k)	Dermatitis, thyroid or prostate disorder?																								Y	es	No
l)	Kidney, bladder, blood in urine or reprodu	ıctiv	e o	rgar	dis	orde	er?																		Y	es	No
m)	Sexually transmitted diseases?																								Y	es	No
n)	Drug or alcohol dependence?																								Y	es	No

Any other symptoms, medical condition or departure from good health not mentioned above?

p) Females only i) Female organ disorder (including abnormal pap smear, breast ultrasound or mammogram)? ii) Are you currently pregnant? If yes, date of expected delivery DD / MM / YY q) i) Have you ever: • suffered from AIDS or been infected with the HIV virus; or	Yes N	
ii) Are you currently pregnant? If yes, date of expected delivery DD / MM / YY q) i) Have you ever:		
If yes, date of expected delivery D D / M M / Y Y q) i) Have you ever:	Yes N	lo
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 N	0
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 N	Ю
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 N	0
b. Been in hospital, clinic or nursing home?	Yes N	0
c. Been advised to have an operation?	Yes N	0
d. Had any tests, including blood tests, ECG, x-rays, or genetic tests?	Yes N	0
e. Occasionally or regularly taken any medication, drugs, stimulants, sedatives or tranquillisers?	Yes N	0
A If you answered yes to any of the questions in Sections A or B, please complete all sections below. Otherwise, complete Sections D (Income Protection).	D, E, F and G	
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.		
reference of condition or date work recovery and results (include addre	name and less of doctor ospital (if any	

Step 5. Personal statement (continued)

<u> </u>																											
Section D – Other details																											
2) Do you drink alcohol?																								Yes	3		No
If yes, what type of alcohol																											
How much (daily intake)?																											
3) Do you have existing life, disability or tra	auma	a cov	er c	n yo	ur li	fe (i	nclu	ıdin	g an	у си	rren	t ap	plic	atio	ns h	eld v	with	any	insı	urer)?			Yes	; [No
If yes, please provide details in the follow	_																										
Commencement date Term	s of	acc	ept	ance	9	_	-	Гур	e of	cov	er				,	An	าดน	nt c	of co	ver	•		To	be r	epla	acec	İ
D D / M M / Y Y																								Yes	3		No
D D / M M / Y Y																								Yes	3		No
D D / M M / Y Y																								Yes	3		No
D D / M M / Y Y																								Yes	3		No
Section E – Doctor's details (please prov	/ide (curr	ent	det	ails	of	vou	rus	ual	doc	tor')															
Name		T				Γ.	, 					, 															\top
Ivaille	H	<u> </u>	<u> </u>				<u> </u>			<u> </u>	<u> </u>	<u> </u>															+
Data of last association			<u> </u>	B./I	D //	,	V	l v	<u> </u>		1		l									1					
Date of last consultation] / T	IVI	IVI	/		T T		Н)W 10	ong	nave	e yo T	u be	en a	a pa	tien	[:			yea	ars			mo	nths
Reason for consultation	F																						Щ	Ш		1	+
																							\sqsubseteq	Щ		_	\perp
Address																							Щ	Щ			<u></u>
																								Ш			<u>_</u>
Suburb/town																								Ш			\bot
State				Po	stcc	ode					Co	oun	try (i	if no	t Au	stra	lia)										
Email address/facsimile																											
If you have been a patient of your current do	ctor f	for le	ess t	han	two	yea	ars, p	olea	se p	rovi	de th	ne d	etail	ls of	you	r pre	evio	us d	octo	or b	elow	' :					
Name																											
Date of last consultation	D	D	7	M	M	/	Υ	Υ		Н	ow lo	ong	have	e yo	u be	en a	a pa	tien	t?			yea	ars			mo	nths
Reason for consultation																											
																											İ
Address																											\mp
, 1881-000																								\Box			\pm
Suburb/town	H																						Н	\Box		+	\pm
•	\vdash		<u> </u>	D.	otos	ا			<u> </u>) 	tr. /:	fna	t Au	otro	lio\							\Box			+
State State	-	<u> </u>] PO	stcc	Jue						Jurn	uy (I	ii (1C	ı AU	sıra	ııd)						\Box	<u> </u>			+
Email address/facsimile	L																						Ш	Ш			\perp

Ste	ວ 5.	Personal statement	(continuea)								
Sec	ctic	on F – Family history									
1)			s, brothers or sisters (living or olyposis, polycystic disease or				iuscular dystrophy,	[Ye	S	No
2)	di	iabetes, heart disease, r	s, brothers or sisters (living or mental illness, haemophilia, h ncer or any other cancer (plea	aemochromatosis	, high blood	d pressure	, high cholesterol,	ring condi	tions:	S	No
	lf	yes, please provide det	ails in the schedule below. If t	here is insufficient	t space, ple	ease provid	de a signed and dated Su	pplement	ary Stat	tement.	
Rel	atio	on	Condition/illness (for	cancer – specify	type)		Age at onset (approximately)		ge at d f applic		
Sec	ctic	on G – Further income	e details (if applying for Inc	ome Protection)						
1)	a)	Please state your mon	nthly income from your currer	nt occupation (net	of busines	s expense:	s but before tax).				
		Please refer to the def	finition of income in the 'Insur	ance Guide' for fu	rther inforn	nation – D	O NOT INCLUDE investn	nents and	supera	nnuatio	n.
		Principal occupation:		Current year \$,		per month Previous	year \$,	
	b)	How long have you be	en at your current occupation	1?	у	ears	months				
	c)	How much of the abov	ve income will continue if you	are disabled? \$							
		i) For how long?									
		ii) State source of inc	come (e.g. sick leave, director	s fee, other salary	continuand	ce insuranc	ce)				
	d)	Did your business mak	ke a loss in the last financial y	ear? Yes	s	No					
	e)	How many people do y	you employ?								
2)	Do	you work at home?		Yes	S	No	If yes, state percentage	e of the tir	me] %

Do you wish to receive direct marketing material from AIA Australia

Step 6. Declarations

General declaration

- 1. **Truth and accuracy** I hereby declare that to the best of my knowledge and belief all of the answers to questions on this application and personal statement are true and accurate and I have not deliberately withheld any information material to the proposed insurance.
- 2. Changes to contract I understand that I must advise the Insurer of any material change in my health during the period between the application date shown below and the cover commencement date. I understand that my failure to advise of such a change may make the contract of insurance voidable by the Insurer.
- 3. Acceptance of this application I note that this application is subject to acceptance by the Insurer and that the insurance cover does not commence until I have been advised by AIA Australia Limited or Netwealth Investments Limited about acceptance of my application.
- 4. **Duty of disclosure** I have read and understood the Disclosure notice at the beginning of this form and understand its contents and what is meant by my duty to disclose and I understand that my duty to disclose continues after I have completed this application until the Insurer has accepted the risk.
- 5. Privacy statement I have read and understood the 'Privacy' section as detailed in the Insurance Guide.

I consent to my personal information being collected and used in accordance with the Privacy Statement.

6. Adviser fees – If I have specified a member advice fee – insurance in Step 3 of this form, I authorise and direct Netwealth to deduct the fee from my insurance premium and pay the full amount to my financial adviser as consideration for financial product advice.

Member																												
										•		•																
Signature of the person to be insured																			D	ate	D	D	/	M	M	/ [Υ	Υ
Consent																												
Consent to disclose – I consent to AIA Australia health professional who at any time I have confustralia. I consent to the use of my personal policy document between AIA Australia and N	nsul ⁱ info	ted rma	pric ation	or to n to	the be u	dat sed	e be	low outl	ı. Wh lined	nile I I in t	am he I	insu nsur	red and	, I au ce Gu	thor iide.	ise Lag	the p gree	prov to b	vision be bo	n of s	such by t	n info the p	orm	atior isior	n to	AIA		
Member																												
Signature of the person to be insured Medical authority																			D	ate	D	D] /	M	M	/ [Υ	Υ
•		1	1	1		T	<u> </u>	Т		<u> </u>		T				Ι		1		I								
I, (name of person to be insured)			<u> </u>															_										
authorise any medical practitioner, clinic, reinshealth and medical history.	sure	er, u	nde	rwri	ter, ı	med	dical	rec	cord	colle	ecto	or or	oth	er pe	ersoi	1 to	disc	clos	e to i	AIA .	Aust	ralia	a ful	l det	ails	of m	ıy	
Member																												
																		Ī					1			- '		
Signature of the person to be insured																			D	ate	D	D	/	M	M	/	Υ	Υ
Would you like an underwriter to contact you t	to cl	arif	v ar	ny in	form	atio	on?																					

NW-S-APS 0717

Yes No

For any ad	ditional inf	orma	tion, please com	lete the de	tails belov	V			
Section No.									
Section No.									
		·							
Section No.									
Section No.									
Section No.									
Section No.									
Section No.									
Section No.									

Send to us	S	en	ıd	to	us
------------	---	----	----	----	----





Netwealth Investments Limited, Reply Paid 336, South Melbourne VIC 3205

For more information:

-					
	netweal	lth	com	211	



1800 888 223



Your adviser