Superannuation Personal Insurance Short personal statement



NWINSUSPSP

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.

You cannot complete this form if you:

- are aged 55 or older;
- require more than \$1,250,000 Death and Total & Permanent Disablement insurance cover;
- earn over \$160,000 per annum and therefore require more than \$10,000 monthly benefit of Income Protection cover; or
- wish to apply for agreed value Income Protection cover.

If you meet one of the above criteria please complete the Application form and personal statement.

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

Step 1. Provide member details (continued	d)																									
Residential address																									$\overline{\mathbb{I}}$	
Suburb/town																										
State			F	ostc	ode																					
Step 2. 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 w	hor	n You	^r Fina	ıncia	ıl Ad	lvise	r ac	ts as	an a	auth	nori	sed	repr	ese	ntat	ive (who	eve	r th						
This fee will apply to any new insurance attach Superannuation Master Fund as the same fee Insurer.																										:h
Ongoing member advice fee - insurance			% (0	-25%)																					
Please refer to the 'Insurance Guide' for a full of	desci	ripti	on of	the m	neml	ber a	advid	ce fe	ee.																	
Netwealth may be entitled to receive a Reduc may be less than the amount shown on this fo		put	Tax C	redit	(RIT	C) o	n th	ese	fees	and	the	e am	nour	nt de	duc	ted	fror	n yo	ur a	CCO	unt 1	:o pa	ay th	nese	fees	i
Step 3. Insurance options																										
New insurance OR Increase	to ex	xisti	ng ins	uran	ce (it	fapp	olyin	g fo	r an	incre	eas	e pl	ease	e ent	er t	otal	req	uire	d ins	sura	nce	amo	ount	: belc	w)	
Type of insurance																										
Death only (only complete this section where	no Ti	PD (cover	is rec	quire	d)																				
1) Sum insured \$																										
2) I wish to opt out of annual CPI inc	rease	Э																								
Death and Total & Permanent Disability																										
1) Sum insured \$			If	TPD	COVE	er re	quire	ed is	s less	s tha	n de	eath	יסט ו	ver, p	lea	se s	peci	fy \$,				1	\neg	
2) I wish to opt out of annual CPI inc	rease	9																								
Income protection																										
Amount of income insured OR	% (up t	:0 75%	of a	nnua	al ind	come	e)																		
Fixed amount of \$			per m	onth	n (mo	onth	ly be	enef	it ca	n be	up	to 7	75%	of ar	nnua	al in	com	ne as	s de	scrit	oed i	n th	ıe In	sura	nce	Guide)
PLUS (optional)	_																									
Superannuation contributions	%ι	ıp to	o 10%	of an	nual	inc	ome	(the	ese a	are p	aid	dire	ectly	to y	our	sup	erai	าทนส	atio	n ac	cour	ıt)				
2) Waiting period (select one) AND	Bei	nefi	t payn	nent	perio	od (s	selec	t or	ne)																	
30 days		,	2 year:	3																						
60 days		ı	Up to	age 6	65 (n	o es	cala	tion)																	
90 days		ı	Jp to	age 6	65 (w	ith e	esca	latio	on)																	
3) I wish to opt out of annual CPI inc	rease	es																								

Step 4. Personal questionnaire and declaration

Att	ne date of this application:																									
1)	Do you permanently reside in Australia?																Yes	3	No)						
2)	Occupation																									
	Industry																									
	Annual salary \$	7			I				lfy	you	ı are	self	emp	oloye	d, p	leas	se sup	ply	evi /	der	nce (of in	com	e.		
	umber of hours worked per week (must be regular consistent hours each week)																									
	Daily duties (including % time spent																									
	performing each duty including any																									
	manual work):																									
3)	Please state your height cm																									
	Please state your weight kg																									
4)	Have you smoked any tobacco or any other substances in the last 12 months?															Yes	6	No)							
	If yes, please state forms and quantities																									
5)	5) At the date of this application, are you absent from work or unable to carry out all of the duties of your current or usual occupation a full time basis, due to an injury or illness (even if you are not currently working on a full time basis or are unemployed?													tion		Yes	8	No)							
6)																	Yes	6	No)						
7)																										
	aviation (other than as a passenger on a recognised airline), football (all codes), scuba diving (more than 40 metres), motor racing or any other hazardous activity?																Yes	3	No)						
9)	 Have you ever suffered symptoms of, or high blood pressure, high cholesterd mental or nervous disorder including cancer or a tumour of any type; back/joint disorder, arthritis, loss of loss of sight of any eye(s) or blindnes kidney, bladder, bowel or stomach d diabetes or liver disease (including h a) Have you ever: suffered from AIDS or been infe injected yourself with any illicit of b) In the past 5 years have you: engaged in male to male sex with where neither of you have had sex without a condom: with someone you know or 	ol, heart g stress, limb or p ss; isorder a nepatitis cted wit drugs no	comp anxie paralys and or and or h the pot pres	laint, tty, de siss; disease HIV vi	ches pres ase; of d by cept m w	st pasion sion or a m	ain o n or i n or i n or i	or str neur	roke rolog rract	; gica gica	al co	or en y	ion;	and c	only			r pe	erso	DΠ			Yes		No	ı
	 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	8	No)								

🛕 If you answered 'Yes' to any question from 4 to 9 you are required to complete the Application form and personal statement in the Insurance Guide.

Step 5. 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.

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

Member																									
													T												
Signature of the person to b															D	ate	D	D] /	M	M	/ [Υ	Υ	
Step 6. Once complete ple	ease send to us																								
Send to us:	@ contact	@netwe	ealth.	com.	au	0	N	Netwealth Investments Limited, Reply Paid 336, South Melbourne										VIC	320)5					
For more information:	netweal	th.com	.au				18	8008	88 22	3					9	₹P	You	r adv	visei	r					