

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; or
- earn over \$160,000 per annum and therefore require more than \$10,000 monthly benefit of Income Protection cover.

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

Disclosure notice

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, the insurer conducts a process called underwriting. It's how they decide whether they can cover you, and if so, on what terms and at what cost. The insurer will ask questions they 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 to the insurer in response to their questions is vital to their 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 could be made if an answer is given that is false, only partially true, or that 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 the insurer. These are set out in the *Insurance Contracts Act 1984* (Cth). These are intended to put the insurer in the position they 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. Before the insurer exercises any of these remedies, they will explain their reasons and what you can do if you disagree. Please note that there may be circumstances where the insurer later investigates whether the information given to them was true. For example, they may do this when a claim is made.

Guidance for answering the questions

You are responsible for the information provided to the insurer. When answering their questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask 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.

Changes before your cover starts

Before your cover starts, the insurer may ask about any changes that mean you would now answer their questions differently. As any changes might require further assessment or investigation, it could save time if, before your cover starts, you let the insurer know about any changes to the answers and information you have given the insurer when they happen.

If you need help

It's important that you understand this information and the questions the insurer asks. Ask the insurer or a person you trust, such as your adviser for help if you have difficulty understanding the process of buying insurance or answering the insurer's questions. If you're having difficulty due to a disability, understanding English or for any other reason, the insurer is 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 the insurer immediately and they'll let you know whether it has any impact on the cover.

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A You should be aware that there are risks involved with cancelling your cover and replacing it with a new policy. Your new cover may not provide the same level or scope of cover. You may find, especially if you have suffered medical conditions since commencing your existing policy, that obtaining a new policy is more difficult or that you will end up with a policy with more exclusions. These risks are not exhaustive and there may be additional risks that are specific to your situation. Accordingly, it is important that you consider the risks and your circumstances carefully before making a decision to cancel your policy.

This information is general only and you should seek financial advice about the risks of replacing your policy to receive information that is specific to your circumstances.

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

Step 2. Nominate and consent to member advice fees - insurance

A reference to your Adviser means the Nominated Financial Adviser on your account. By completing this form:

- You can provide consent to an ongoing fee arrangement under which your Adviser will arrange the deduction of ongoing fees from your account; and
- You authorise and direct Netwealth to pay the ongoing fees set out in this form to the AFS Licensee for whom your 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 Adviser (or their nominee).

Adviser name

Adviser code

Adviser Email

Adviser Phone ()

AFS Licensee name

AFS Licensee number

Please provide the details of ongoing member advice fee – insurance that you agree with your Nominated Financial Adviser, including GST¹.

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.

This fee is for services provided to you by your Adviser. Your Adviser is required to obtain your written consent before the ongoing fees can be deducted from your account. This form can be used to provide that consent. If you are not happy with the amount described, you do not have to sign this form, in which case the fees will not be paid to your Adviser. You may vary or withdraw your consent at any time by contacting your Adviser in writing or notifying Netwealth. This fee arrangement is subject to annual renewal.

Step 2. Nominate and consent to member advice fees – insurance (continued)

You enter into this ongoing fee arrangement on / / (the reference day will be 1 year after this date)

The reference day for the ongoing fee arrangement is the anniversary of the day you enter into the arrangement and is the same day each year. The reference day cannot be a date that is more than 60 days after the consent is signed. If you leave this blank or we receive a consent signed more than 60 days before the proposed reference day, the date the consent is signed will be used to set the reference day.

Your consent will last until 150 days after the reference day that occurs 12 months after you enter into the ongoing fee arrangement.

If you have not renewed your consent, ongoing fees will stop being deducted at this date.

The following ongoing fees will be paid from the superannuation account from which the insurance premiums are paid.

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

Your Adviser estimates that for the 12 months from the date the fee arrangement commences this fee will be approximately \$ per month. This estimate is based on the estimated amount of the insurance premium, as estimated by your adviser.

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

¹ Please note, you can only pay member advice fees from Super for advice given by your Nominated Financial Adviser in relation to your Netwealth Superannuation account.

Step 3. Insurance options

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

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

Death and Total & Permanent Disability

1) Death sum insured \$

TPD sum insured \$ (note this amount cannot exceed the Death sum insured)

2) I wish to opt out of annual CPI increase

Income protection

1) Amount of income insured % (up to 75% of annual income)

OR

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

Step 4. Personal questionnaire and declaration

At the date of this application:

- 1) Do you permanently reside in Australia? Yes No
- 2) Occupation

Industry
Annual salary \$
Number 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) In the last 12 months, have you smoked tobacco or any other substance such as cigarettes, cigars, pipes or used e-cigarettes or other nicotine products? Yes No
If yes, please state substance and daily quantity below. (Please note 'packet' is not sufficient detail.)
- 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 on 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)? Yes No
- 6) Do you drink more than 20 standard drinks per week? Yes No
One standard drink = one nip (30 ml) spirits, 100 ml wine, 10 oz/285 ml beer
- 7) Have you ever used recreational drugs or received advice, treatment or counselling for the use of alcohol or recreational drugs? Yes No
(Examples of recreational drugs include marijuana, cocaine, methamphetamines, heroin, LSD or other non-prescribed drugs.)
If yes, please provide details
- 8) Do you engage in or intend to engage in any of the following: abseiling, aviation (other than as a passenger on a recognised airline), football (all codes including tough football and oztag), long-distance sailing, hang gliding, scuba diving, motor racing, non-competitive off-road motorcycle sport (trail bike riding/dirt bike riding/motorcross), parachuting, powerboat racing, mountaineering, martial arts or any other hazardous activity? Yes No
- 9) Have you **ever** experienced symptoms of, or had, or been told you have, or received any advice, investigation or treatment for any of the following:
 - high blood pressure, high cholesterol, heart complaint, chest pain or stroke;
 - asthma, chronic lung disease, sleep apnoea, COVID-19 (do not include a negative test result, or if never diagnosed) other respiratory disorder;
 - mental or nervous disorder including stress, anxiety, depression or neurological condition;
 - cancer or a tumour of any type;
 - back/joint disorder, arthritis, loss of limb or paralysis;
 - loss of sight of any eye(s) or blindness;
 - kidney, bladder, bowel or stomach disorder and or disease; or
 - diabetes or liver disease (including hepatitis)? Yes No

Step 4. Personal questionnaire and declaration (continued)

10) In the last 5 years, have you been diagnosed with or experienced symptoms of Sexually Transmitted Infections (STIs) (examples: chlamydia, gonorrhoea, syphilis)? Yes No

! If you answered 'Yes' to any question from 4 to 10 you are required to complete the Application form and personal statement in the Insurance Guide.

Step 5. General declaration

- 1. I declare that the information I provided in this personal statement (whether written in my hand or not) is true and correct and that no information material to the proposed insurance has been withheld.
2. I agree that any personal statements made (including this one) together with any relevant supporting documents shall form the basis of the proposed contract of insurance with the Insurer.
3. I also understand that my duty to take reasonable care continues after I have completed this application until the Insurer has accepted the risk. I understand that the Insurer may cancel the cover from inception or provide cover on amended terms if I do not comply with my duty to take reasonable care.
4. I consent to the Insurer collecting sensitive information, i.e. health information about me, for the purpose of the performance of this contract.
5. 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 about acceptance of my application.
6. I have read and consent to the handling, collection, use and disclosure of my personal and sensitive information in the manner described in the 'Privacy' section of the Insurance Guide and the AIA Australia Privacy Policy available at www.aia.com.au as updated from time to time, including the exchange with third parties located in Australia and overseas. I agree that any personal and sensitive information that the Insurer holds will be governed by the most current Privacy Policy on the Insurer's website.
7. If I have specified a member advice fee - insurance in Step 2 of this form, I confirm that I have agreed with my Nominated Financial Adviser to pay the member advice fees and I consent to the deduction of these fees from my superannuation account. I confirm that the member advice fees are for financial product advice provided to me by my Nominated Financial Adviser relating solely to insurance held through my Netwealth Superannuation account.

Insurance Election Notice

By completing this form:

- 1. You elect to apply for and maintain insurance benefits even if, at the date of this application/request, your superannuation account has been inactive2 for a continuous period of 16 months; and
2. You elect to maintain your insurance benefits if, at any time after this application/request is accepted, your superannuation account becomes inactive2 for a continuous period of 16 months,

unless you complete the following instruction:

I agree to be notified periodically when my account has had a continuous period of inactivity (to warn me that, if I do not take any further action, my insurance will be cancelled if my account becomes inactive2 for a continuous period of 16 months).

! Warning: If you tick this box and at the time or any time after this application/request is accepted your account has been inactive2 for a period of 16 months, we may cancel your insurance cover at that time.

2 Your superannuation account will be considered inactive if you do not make a contribution or rollover to the account for a period of 16 months or more.

Member

Grid for Member name and address details.

Signature of the person to be insured

Signature box

Date DD / MM / YY

Step 6. Once complete please send to us

- Send to us: contact@netwealth.com.au Netwealth Superannuation Master Fund, Reply Paid 336, South Melbourne VIC 3205
Activities & Tasks > Document Upload > Super Personal Super Application (Advisers only)
For more information: netwealth.com.au 1800 888 223 Your adviser