



COVID-19 questionnaire

Full name of life to be insured	<input type="text"/>	Date of Birth	<input type="text"/>
Application/Policy/Fund No:	<input type="text"/>	Member No: (if applicable)	<input type="text"/>
Fund Name (if applicable)	<input type="text"/>		

1. Are you currently being investigated or monitored for COVID-19? Yes No

If 'Yes', please answer the following questions:

If 'No', **go to question 2**.

(a) Please select which of the following symptoms you are currently experiencing.

- Fever
- Flu-like symptoms or fatigue
- Cough or sore throat
- Loss of smell or taste
- Shortness of breath
- Muscle or joint pain
- I'm not experiencing any symptoms

(b) Have you had a COVID-19 test? Yes No

If 'Yes', what is the result of your most recent COVID-19 test?

- I have COVID-19 (**continue to question 2**)
- I do not have COVID-19 (**continue to question 1c**)
- I am still awaiting the result of the test (**continue to question 1c**)

If 'No', are you scheduled or intend to have a COVID-19 test? Yes No

Please provide details (i.e. date of appointment etc.)

(c) Have you been advised or currently in quarantine or in self-isolation for COVID-19? Yes No

If 'Yes', please provide details (such as duration required, date of completing self-isolation/quarantine, reason etc.)

2. Have you tested positive for or been diagnosed with COVID-19? Yes No

If 'Yes', please answer the following questions:

(a) When was your positive test/diagnosis for COVID-19?

(b) Did you require hospital admission as a result of COVID-19? Yes No

If 'Yes', please answer the following:

- i) Did you require admittance to Intensive Care Unit? Yes No
- ii) Did you require breathing assistance from a ventilator? Yes No
- iii) Date of hospital discharge

iv) Details of treating doctor

(c) Have you fully recovered with no ongoing symptoms (examples listed below), no complications, no treatment required, no further follow ups with your doctor and fully returned to work at full capacity? Yes No

Example of symptoms include (but not limited to) cough, fatigue, tiredness, shortness of breath, difficulty in breathing, chest pain, memory, concentration or sleep problems, fever, difficulty concentrating or brain fog, joint/muscle aches/pains, headache, loss of smell or taste, dizziness, worsened symptoms after physical or mental activities, depression or anxiety).

If 'Yes', please answer the following:

i) Date of recovery (or date of last symptoms)

ii) Duration of symptoms (days/weeks/months)

If 'No', please provide the following details:

i) Type of symptoms (if any)

ii) Type of complications (if any)

iii) Type of treatment (if any)

iv) Any impact on your ability to work (any time off work, any reduced hours or modification in duties)

v) Others:

(d) Have you been advised or currently in quarantine or in self-isolation for COVID-19? Yes No

If 'Yes', please provide details (such as duration and date of completing self-isolation/quarantine, reason etc.)

Declaration

I declare that the answers I have provided to the questions in this form are honest, true and correct to the best of my knowledge. I understand that this document will form part of my application for insurance and the answers provided will be used by AIA Australia to determine whether to offer insurance and if so on what terms.

I understand my obligations under the Duty to take reasonable care not to make a misrepresentation and am aware of the consequences of not meeting this duty.

Signature of life to be insured

Date

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

About this application

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.

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
Postal address (optional)

Suburb/town
State Postcode
Phone Home () Work ()
Mobile
Email

Country of residence (if not Australia)

Step 2. Occupation

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

Step 3. 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.

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

The anniversary 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 anniversary day cannot be a date that is more than 30 days after the consent is signed. If you leave this blank or we receive a consent signed more than 30 days before the proposed anniversary day, the date the consent is signed will be used to set the anniversary day.

Your consent will last until 150 days after the anniversary 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.

 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.

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 5. Personal statement (continued)

q) 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 / /

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 or x-rays? 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"/>

Section D – Other details

- 1) Do you drink alcohol? Yes No
- If yes, what type of alcohol
- How much (daily intake)?

- 2) 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" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Step 5. Personal statement (continued)

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

Section F – Family history

1) Have any of your parents, brothers or sisters (living or deceased) had Huntington’s disease, muscular dystrophy, cystic fibrosis, familial polyposis, polycystic disease or any other hereditary disorder? Yes No

2) Have any of your parents, brothers or sisters (living or deceased) been diagnosed prior to age 65 with any of the following conditions: diabetes, heart disease, mental illness, haemophilia, haemochromatosis, high blood pressure, high cholesterol, breast cancer, bowel cancer or any other cancer (please specify type), stroke or kidney disease? Yes No

If yes, please provide details in the schedule below. If there is insufficient space, please provide a signed and dated Supplementary Statement.

Relation	Condition/illness (for cancer – specify type)	Age at onset (approximately)	Age at death (if applicable)
<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 G – Further income details (if applying for Income Protection)

- 1) a) Please state your monthly income from your current occupation (net of business expenses but before tax).
Please refer to the definition of income in the 'Insurance Guide' for further information – DO NOT INCLUDE investments and superannuation.
Principal occupation: Current year \$ per month Previous year \$
- b) How long have you been at your current occupation? years months
- c) How much of the above income will continue if you are disabled? \$
- i) For how long?
- ii) State source of income (e.g. sick leave, director's fee, other salary continuance insurance)
- d) Did your business make a loss in the last financial year? Yes No
- e) How many people do you employ?
- 2) Do you work at home? Yes No If yes, state percentage of the time %

Step 6. Declarations

General declaration

- 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.
- 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.
- 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 about acceptance of my application.
- Duty to take reasonable care** – 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 take reasonable care and I understand that my duty continues after I have completed this application until the Insurer has accepted the risk.
- 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.
- Adviser fees** – If I have specified a member advice fee – insurance in Step 3 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.
- Do you wish to receive direct marketing material from AIA Australia** Yes No

Step 6. Declarations (continued)

Medical authority

I, (name of person to be insured)

authorise any medical practitioner, clinic, reinsurer, underwriter, medical record collector or other person to disclose to AIA Australia full details of my health and medical history.

Member

Signature of the person to be insured Date / /

Would you like an underwriter to contact you to clarify any information?

For any additional information, please complete the details below

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  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