


Superannuation Personal Insurance Application and personal statement

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

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.

-  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
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 \$
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 (Fee Recipient)

 Please complete the 'Ongoing fee consent' form, available on the Netwealth website, to nominate and provide consent to member advice fees – insurance.

Step 5. Personal statement (continued)

Family History

- 8) Have any your immediate family (father, mother, brother, sister), prior to the age of 60 (living or dead), ever experienced heart disease, stroke, breast cancer, ovarian cancer, prostate cancer, colon (bowel) cancer, polycystic kidney disease, diabetes, Huntington’s chorea, Alzheimer’s disease, Dementia, Motor neurone disease, Multiple sclerosis, Muscular dystrophy, Parkinson’s disease or any other hereditary disease? Yes No

If ‘Yes’, please provide details in the table below:

Relation	Condition/illness (for cancer or heart disease, please specify the type)	Age at onset (approximately)	Age at death (if applicable)
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Sexual Health

- 9) In the last 5 years, have you been diagnosed with or experienced symptoms of Sexually Transmitted Infection/s (STIs) (examples, chlamydia, gonorrhoea, syphilis)? Yes No

Section A – Medical and Health history

- 1) 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:
- a) High blood pressure, chest pains, high cholesterol, heart murmurs, rheumatic fever, any heart complaint or stroke Yes No
 - b) Asthma, chronic lung disease, sleep apnoea, COVID-19 (does not include a negative test result, or if never diagnosed) or other respiratory disorder Yes No
 - c) Indigestion, gastric or duodenal ulcer or any bowel cancer Yes No
 - d) Depression, anxiety/stress, fatigue (including chronic fatigue syndrome), panic attacks, psychiatric treatment/counselling, mental illness or nervous disorder Yes No
 - e) Epilepsy, fits of any kind, paralysis, tinnitus, dizziness or recurrent headaches or any neurological disorder including multiple sclerosis Yes No
 - f) Arthritis, repetitive strain injury (RSI), fibromyalgia Yes No
 - g) Back or neck complaint, whiplash, sciatica or any other disorder of joints (excluding arthritis), bones or muscles Yes No
 - h) Psoriasis or eczema, skin disorder, defect in hearing or sight Yes No
 - i) Diabetes, abnormal blood sugar, gout or thyroid disorder Yes No
 - j) Cancer, cyst, lump, tumour or growth of any kind including skin cancer such as melanoma, BCC, SCC (basal cell or squamous cell carcinoma) or skin lesions/moles that have changed in shape, colour or size Yes No
 - k) Liver disorder (including fatty liver), pancreas, prostate, kidney or bladder disorder, renal colic or stone Yes No
 - l) Blood disorder, anaemia, haemochromatosis, haemophilia or leukaemia Yes No
 - m) Hepatitis B or C (including carrier), Human Immunodeficiency Virus (HIV) infection, Acquired Immune Deficiency Syndrome (AIDS) Yes No

Step 5. Personal statement (continued)

Section B – Doctor’s details

(if no personal doctor, please state name/address of last doctor or medical centre you attended)

Name

Address

Suburb/town

State Postcode Country (if not Australia)

Phone ()

Email address (if known)

Date of last consultation / /

(Give approximate date if exact date unknown)

How long have you been attending the surgery/practice? years months

If less than 12 months, please provide the details of your previous personal doctor or medical centre

Name

Address

Suburb/town

State Postcode Country (if not Australia)

Phone ()

Email address (if known)

Section C – 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?

Step 6. Declarations (continued)

Medical authority

Notes on releasing information about your health

Your health information includes details about all your interactions with health providers, and may include details such as your symptoms, treatment, consultations, personal medical history and lifestyle. Health providers cannot release this information about you without your consent.

The Insurer, (AIA Australia), collects and uses your health information to assess your application for cover, to assess and manage your claim, or to confirm the information you gave them when you applied for cover or made a claim. This is why they need your consent.

Each time you apply for cover or make a claim, they will ask you for a fresh consent. They will respect your privacy by only asking for the information they reasonably need, and they will tell you each time they use your consent.

Please read each Authority carefully and the explanatory notes below.

Authority 1

Authority 1 explanatory notes – through this Authority, with the exception of a copy of the consultation notes held by your General Practitioner/Practice, you are consenting to any health provider releasing any health information about you in the form the Insurer asks for. This may involve, for example:

- preparing a general report and/or a report about a specific condition;
- accessing and releasing your records in SafeScript;
- releasing your hospital patient notes;
- releasing the results of any investigations they have done; and/or
- releasing correspondence with other health providers.

Authority 1 – to release any of my health information except the consultation notes held by my General Practitioner/Practice

With the exception of consultation notes held by any General Practitioner/Practice I have attended, I authorise any health provider, practitioner, practice, psychologist, dentist, allied health services provider or any hospital to access and release, in writing or verbally, any details of my health information to AIA Australia, or to third parties they engage.

I agree to all the following:

- My health information can be released in the form AIA Australia asks for, such as a general report, a report about a specific condition, my records in SafeScript, any hospital notes, or correspondence between health providers.
- AIA Australia can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while AIA Australia is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Member

Grid of 20 empty boxes for member identification

Signature

Large empty box for signature

Date DD / MM / YY


Step 6. Declarations (continued)

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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](#)

For more information:  netwealth.com.au

 1800 888 223

 Your adviser