

COVID-19 questionnaire

Ful	name of life to be insured Date of Birth	
Арі	olication/Policy/Fund No: Member No: (if applicable)	
Fui	d Name (if applicable)	
1.	Are you currently being investigated or monitored for COVID-19?	Yes No
	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? 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
2.	Have you tested positive for or been diagnosed with COVID-19? If 'Yes', please answer the following questions: (a) When was your positive test/diagnosis for COVID-19?	Yes No
	(b) Did you require hospital admission as a result of COVID-19? If 'Yes', please answer the following: i) Did you require admittance to Intensive Care Unit? ii) Did you require breathing assistance from a ventilator? iii) Date of hospital discharge iv) Details of treating doctor	Yes No Yes No Yes No

(c)	requ Exar ches	ired, no further fol mple of symptoms at pain, memory, c	red with no ongoing symptom: flow ups with your doctor and s include (but not limited to) co- concentration or sleep problem ell or taste, dizziness, worsene	fully returned to work at ough, fatigue, tiredness, ns, fever, difficulty conce	t full capacity? shortness of breati entrating or brain fo	h, difficulty in breathing, g, joint/muscle aches/pa		No
	If 'Ye	es', please answer	r the following:		7			
	i)	Date of recovery	(or date of last symptoms)					
	ii)	Duration of symp	toms (days/weeks/months)					
	If 'No	o', please provide	the following details:					
		Type of symptom						
	ii)	Type of complicat	tions (if any)					
	iii)	Type of treatment	t (if any)					
	iv)	Any impact on yo	our ability to work (any time off	f work, any reduced hou	irs or modification in	n duties)		
		Others						
	v)	Others:						
(d)	Have	e you been advise	ed or currently in quarantine o	or in self-isolation for CC	OVID-19?		Yes	No
	If 'Ye	es', please provide	e details (such as duration and	d date of completing sel	f-isolation/quarantir	ne, reason etc.)		
_							_	
Decla	ratio	on						
that this	docur		e provided to the questions in t of my application for insuranat terms.					
I underst meeting			der the Duty to take reasonabl	le care not to make a mi	isrepresentation an	d am aware of the conse	equences	of not
Signature	e of li	fe to be insured	X			Date		

AIA07799 – 03/22 Page 2 of 2

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																											L			
																			I											
Client number								Ne	etv	wealth	acc	our	nt nı	umb	er]			
New client																														
Mr/Mrs/Miss/Ms/Dr/Other	[Fai	mily	/ nan	ne)																				
Given name(s)																											\mathbb{L}			
Date of birth		D	D]/	M	M	/	Υ	١	Y	Sex			١	Лale				er	nale										
Residential address																											L			
Suburb/town	[
State	[Pc	stc	ode																							
Postal address (optional)																														
Suburb/town	[Ι											
State					Po	stco	ode																							
Phone		Но	me	()									١	Wo	rk (])								
Mobile																														
Email																														
Country of residence (if not Australia)																												\mathbb{L}		
Step 2. Occupation																														
Occupation	[Ī			
Industry	[
Annual salary	\$ [- /				I	lf you a	are s	elf	emp	loye	ed, p	leas	se s	upp	ly e	vide	nce	e of	inc	om	e.					
Number of hours worked	[p	er w	eek	(Mı	ust b	е	regula	r an	d cc	nsi	sten	t ho	urs	ea	ch w	eel	(.)										
Daily duties (including % time spent																											\Box			
performing each duty including any																														
manual work)	[
	[Τ	Γ								Τ		T		T					Π	Т	T	Π	

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																											
																										П	
Adviser Phone	()																							
AFS Licensee name																											
	Please provide the details of ongoing member advice fee – insurance that you agree with your Nominated Financial Adviser, including GST ¹ .																										
AFS Licensee number Please provide the details of ongoing member advice fee – insurance that you agree with your Nominated Financial Adviser, including GST ¹ . 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																											
rlease provide the details of ongoing member advice fee – insurance that you agree with your Nominated Financial Adviser, including GST ¹ . 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																											
lease provide the details of ongoing member advice fee – insurance that you agree with your Nominated Financial Adviser, including GST ¹ . his 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 uperannuation 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.																											
from your account. This form can be used to p which case the fees will not be paid to your Ac																											
You enter into this ongoing fee arrangement of	n [D	D	/	M	VI	/	Υ	Υ	(t	the a	anni	vers	ary o	day v	vill l	oe 1	yea	afte	er th	nis d	late)					
The anniversary day for the ongoing fee arrang anniversary day cannot be a date that is more days before the proposed anniversary day, the	tha	n 30	day	s aft	ter tl	ne c	ons	ent	is si	gne	d. If	you	leav	e th	is bl	ank	or۱						-	-			30
Your consent will last until 150 days after the a	ınni	versa	ary c	ay t	hat	occi	urs 1	12 m	ont	hs a	after	you	ent	er in	ito t	he c	ngo	ing	fee a	arra	ngei	men	t.				
If you have not renewed your consent, ongoin	g fe	es w	ill st	op b	eing	g de	duct	ted	at th	nis c	late																
The following ongoing fees will be paid from the	ne si	uper	annı	uati	on a	ccoı	unt 1	fron	n wh	iich	the	insı	ıran	се р	rem	ium	s ar	е ра	id.								
Ongoing member advice fee - insurance			%	(0-2	25%)																						
Your Adviser estimates that for the 12 months	froi	n th	e da	te tl	ne fe	e ar	rans	gem	ent	cor	nme	ence	s th	is fe	e wi	l be	apı	orox	imat	ely	\$	Т	Т	,	Т	Т	0

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.

per month. This estimate is based on the estimated amount of the insurance premium, as estimated by your adviser.

Step	4. Insurance options																											
	New insurance OR Increase	to e	xisti	ng ins	ura	nce (it	appl	lyin	g for	r ar	n incr	eas	e pl	ease	ent	ert	otal	req	uire	d ins	sura	nce	amo	ount l	belo	ow)		
Тур	e of insurance																											
Deat	ch only (only complete this section where r	no T	PD d	cover	is re	equire	d)																					
1)	Sum insured \$																											
2)	I wish to opt out of annual CPI incr	eas	е																									
Deat	ch and Total & Permanent Disability																											
1)	Sum insured \$			If	TPE) cove	r req	uire	ed is	les	s tha	ın d	eath	COV	er, p	olea	se s	peci	fy\$		I				ı			
2)	I wish to opt out of annual CPI incr	eas	е																									
Inco	me protection																											
1)	Amount of income insured OR	% ((up t	o 75%	of	annua	l inco	ome	e)																			
	Fixed amount of \$ per month (monthly benefit can be up to 75% of annual income as described in the Insurance Guide or \$30,000 per month, whichever the lesser) PLUS (optional) Superannuation contributions % up to 10% of annual income (these are paid directly to your superannuation account)																											
	PLUS (optional)																											
	Superannuation contributions	% l	up to	10%	of a	nnual	inco	me	(the	ese	are p	aid	dire	ctly	to y	our/	sup	erai	nnu	atio	n ac	cou	nt)					
2)	Waiting period (select one) AND	Ве	nefit	t payn	nent	t perio	d (se	elec	t on	e)																		
	30 days		2	2 year	S																							
	60 days		l	Jp to	age	65 (n	o esc	alat	ion))																		
	90 days		l	Jp to	age	65 (w	ith es	scal	atio	n)																		
3)	I wish to opt out of annual CPI incr	eas	es																									
Step	5. Personal statement																											
At t	ne date of this application:																											
1)	Do you permanently reside in Australia?																							Yes			No	
2)	Are you absent from work or unable to pe	erfo	rm y	our u	sual	dutie	s of y	/our	nor	rma	al occ	cup	atio	1?										Yes			No	
	If yes, please provide details																											
3)	Has any company ever refused or applied you for a life or disablement policy?	d sp	ecia	l or m	odif	ied co	nditi	ons	ord	can	icelle	d a	ny p	ropo	sal	to ir	nsur	е						Yes			No	
	If yes, please provide details																											
4)	Have you smoked any tobacco or any oth	ner s	subs	tance	in t	he las	st 12 r	mor	nths	?														Yes	[No	
	If yes, please state forms and quantities																											
					I																							
5)	Have you used or injected yourself with a	ıny p	ores	cribed	d, ille	egal o	r illici	it dr	ugs	?														Yes	[No	
6)	Please state your height [cm																							
	Please state your weight				kg																							ì

7)	Do you intend to work, live or travel or	versea	s?																				Yes		No	Э		
	If yes, please state the destination,																											
	duration, frequency and purpose																											
8)	Have you ever engaged or are you eve or in any hazardous occupation, recre																			?			Yes		No	S		
	If yes, please provide details																											
Sec	ction A – Medical details																											
Hav	ve you ever had or received treatment fo	r or ha	d sy	mpt	oms	of:																						
a)	High blood pressure or blood disorder	r e.g. le	euka	emia	ı, ana	aen	nia d	or ha	aemo	phi	lia?												Yes		No	C		
b)	Heart, vein or circulatory disorder, inc	luding	che	st pa	ain, h	nea	rt at	tac	k, he	art ı	mur	mur, rai	sed	cho	leste	erol	or rh	neur	nati	c fe	ver?		Yes		No	C		
c)	Mental or nervous disorder (e.g. stres migraines, brain disorder or any neuro					on,	insc	mn	ia), fa	ainti	ing,	epileps	y, pa	ıraly	sis, I	mult	iple	scle	eros	is,			Yes		No	0		
d)	Gout arthritis, rheumatism, cartilage of	or ligar	nen	t inju	ıry, b	one	e fra	ctu	re or	her	nia?												Yes		No	C		
e)	Back or neck pain, whiplash, sciatica	or any	mus	scle o	or joi	nt o	diso	rder	?														Yes	s No				
f)	Asthma, bronchitis or other respirator	ry diso	rder	?																			Yes		No	C		
g)	Stomach, intestinal or rectal disorder,	ulcer,	ble	eding	g fro	m b	OWe	el, g	all bla	add	er o	r liver d	isor	der,	incl	udin	g he	pati	tis?				Yes		No	C		
h)	Diabetes, thyroid or prostate disorder	?																					Yes		No			
i)	Cancer, tumour or any form of breast	lump (eve	n if y	ou h	ave	e no	t se	en a	doc	tor))											Yes		No	C		
j)	Impairment/disorder of hearing or sig	ht (oth	ner t	hans	shor	t or	lon	g sig	ghted	dne	ss fu	ılly corr	ecta	ble	by g	lass	es) (or lo	SS O	f an	y lin	ıb?	Yes		No	C		
k)	Dermatitis, thyroid or prostate disorde	er?																					Yes		No	C		
l)	Kidney, bladder, blood in urine or repr	oducti	ve c	rgar	disc	orde	er?																Yes		No	C		
m)	Sexually transmitted diseases?																						Yes		No	C		
n)	Drug or alcohol dependence?																						Yes		No	C		
0)	Any other symptoms, medical conditi	on or o	depa	ırtur	e fro	m g	good	l he	alth r	not	mer	itioned	abo	ve?									Yes		No	C		
p)	i) Have you ever:																											
	suffered from AIDS or been in	nfecte	d wit	h th	e HI\	√ vi	rus;	or																				
	 injected yourself with any illic 	it drug	gs no	ot pr	escri	ibe	d by	a m	edic	al p	ract	itioner;	or															
	ii) In the past 5 years have you:																											
	 engaged in male to male sex where neither of you have ha 																one	oth	ner p	oers	on							
	• had sex without a condom:																											
	- with someone you know	or sus	pec	t to b	e HI	IV p	osit	ive;	or																			
	- with someone who inject	ts non	pres	scrib	ed d	rug	(S; O	r																				

with a sex worker or as a sex worker

Ste	p 5. I	Personal statement (co	ontinued)																				
q)	Fe	emales only																					
	i)	Female organ disorder	(including abnormal p	oap smear, bre	ast	ultras	ound c	r m	amn	nograr	n)?									Yes		1	Vo
	ii)	Are you currently pregr	nant?																	Yes		1	Vo
		If yes, date of expected	delivery DD	/ M M /	γ	Υ																	
Se	ction	n B – Medical details																					
1)			ting a doctor, or any o	other health pr	ofe	essiona	l for ar	ny m	nedic	al exa	ımina	tion,	ad\	vice, t	rea	tme	nt,			Yes			No
2)	Di	uring the last 5 years have	you:																				
	a.	Had any examination, a	dvice or treatment by	/ a medical pra	acti	tioner,	chirop	rac	tor c	r othe	r hea	lth p	rofe	essior	nal?					Yes		1	Vo
	b.	Been in hospital, clinic	or nursing home?																	Yes		1	No
	C.	Been advised to have a	n operation?																	Yes		1	Vo
	d.	Had any tests, including	g blood tests, ECG or	x-rays?																Yes		N	Vo
	e.	Occasionally or regular	ly taken any medicati	on, drugs, stim	nula	ants, se	dative	s or	trar	nquillis	sers?									Yes		1	Vo
Δ			of the questions in Se	ections A or B,	ple	ase co	mplete	e all	sect	ions b	elow.	Oth	ierw	vise, c	om	plet	e Se	ctio	ns D	, E, F	and	G	
Sec	ction	If yes, date of expected delivery DD / MM / YY DD B - Medical details Are you considering consulting a doctor, or any other health professional for any medical examination, tests or an operation? During the last 5 years have you: Had any examination, advice or treatment by a medical practitioner, chiropractor or other health professional for any medical examination, advice or treatment by a medical practitioner, chiropractor or other health professional for any medical examination, and the professional for any medical examination, and																					
If y	a. Had any examination, advice or treatment by a medical practitioner, chiropractor or other health professional? b. Been in hospital, clinic or nursing home? c. Been advised to have an operation? d. Had any tests, including blood tests, ECG or x-rays? e. Occasionally or regularly taken any medication, drugs, stimulants, sedatives or tranquillisers? Yes 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 C (Income Protection). Section C – Answer in detail Yes Yes Yes Yes Yes Yes Occasionally or regularly taken any medication, drugs, stimulants, sedatives or tranquillisers? Yes Yes Yes Yes Yes Occasionally or regularly taken any medication, drugs, stimulants, sedatives or tranquillisers? Yes Yes Occasionally or regularly taken any medication, drugs, stimulants, sedatives or tranquillisers? Yes Yes Occasionally or regularly taken any medication, drugs, stimulants, sedatives or tranquillisers? Yes Yes Occasionally or regularly taken any medication, drugs, stimulants, sedatives or tranquillisers? Yes Occasionally or regularly taken any medication, drugs, stimulants, sedatives or tranquillisers? Yes Occasionally or regularly taken any medication, drugs, stimulants, sedatives or tranquillisers? Yes Occasionally or regularly taken any medication, drugs, stimulants, sedatives or tranquillisers? Yes Occasionally or regularly taken any medication, drugs, stimulants, sedatives or tranquillisers? Yes Occasionally or regularly taken any medication, drugs, stimulants, sedatives or tranquillisers? Yes Occasionally or regularly taken any medication, drugs, stimulants, sedatives or tranquillisers? Yes Occasionally or regularly taken any or tranquillisers?																						
•	a. Had any examination, advice or treatment by a medical practitioner, chiropractor or other health professional? b. Been in hospital, clinic or nursing home? c. Been advised to have an operation? d. Had any tests, including blood tests, ECG or x-rays? e. Occasionally or regularly taken any medication, drugs, stimulants, sedatives or tranquillisers? Yes N 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 Tests, or nature Commencement Duration Time off Degree of Full details of treatment Full name and eference of condition or date work recovery and results (include address of doctor																						
refe	erenc	ce of condition or		Duration			off	r	ecov		ar	nd re	sult	s (inc	lud	е	nt	а	ddre	ss of	doc		
Ė								Γ												<u> </u>			
								Ĺ															
								Ĺ															
								Ĺ															
_		- D - Out I - I - I - I						_															
																				.,		- .	
1)		o you drink alcohol?			_			T	_			_								Yes		r	No T
		res, what type of alcohol			+			<u> </u>	+		$\frac{\perp}{}$	+								<u> </u>	$\frac{\perp}{}$	$\frac{\perp}{}$	<u> </u>
		ow much (daily intake)?			_										_								
2)		o you have existing life, di res, please provide details	,	3	(in	cluding	g any c	urre	ent a	pplica	tions	helc	l wit	th any	/ ins	sure	r)?			Yes			No
	-	ommencement date	Terms of acce			Type	of cov	er				Α	moı	ınt of	co	ver			Tol	oe re	plac	ed	
		D D / M M / Y	Υ																	Yes			Vo
		DD/MM/Y	Υ																	Yes		_	No
		DD / MM/ Y	Υ									F								Yes			Vo
			Y															, ']		Yes			No.

Section E – Doctor's details (please prov	ide d	curr	ent	det	ails	of	you	r us	ual	doc	tor)															
Name																											
Date of last consultation	D	D] /	M	M	/	Υ	Υ		Н	ow lo	ong	have	e yo	u be	een	а ра	tien	t?			yea	ars] mc	nths
Reason for consultation																											
Address																											
Suburb/town																											
State				Po	stco	ode					Co	ount	ry (i	f no	t Aı	ıstra	alia)										
Email address/facsimile																											
														-													
Name																											
Date of last consultation															ars			mc	nths								
Reason for consultation																											
Address																											
Suburb/town																											
State				Po	stco	ode					Co	ount	try (i	f no	t Aı	ıstra	alia)									i	
Email address/facsimile																											
Section F – Family history																			1								
1)																								На	ve a	ny o	fyour
parents, brothers or sisters (living or dec cystic fibrosis, familial polyposis, polycys													rop	hy,										Yes	e		No
2)	otio u	11000	100	Ji ai	ly Ot	.1101	1101	cuit	ury c	21301	uci:													ı		nv o	fyour
parents, brothers or sisters (living or dec																				:				ıπα		, 0	your
diabetes, heart disease, mental illness, h breast cancer, bowel cancer or any othe																chol	este	erol,						Yes	S		No
If yes, please provide details in the sched	dule	belo	w. I	f the	ere is	s ins	uffi	cien	t sp	ace,	plea	ase p	orov	ide a	a sig	gned	d an	d da	ted	Sup	plen	nent	ary	Stat	eme	ent.	
Relation Condition	/illne	ess ((for	can	cer	– sp	ecit	fy ty	pe)						Ag	e at	on	set				Α	ge a	at de	eath	ı	
														,	(ap	pro	xim	atel	y)			(i	f ap	plic	able	:)	
																					╛	L					
																						L					

Step 5. Personal statement (continued)

Se	ctio	n 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?
	e)	How many people do you employ?
2)	Do	you work at home? Yes No If yes, state percentage of the time \(\) %
ite	p 6.	Declarations
Ge	ner	al declaration
1.		Ith 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 tement are true and accurate and I have not deliberately withheld any information material to the proposed insurance.
2.	dat	anges to contract – I understand that I must advise the Insurer of any material change in my health during the period between the application te shown below and the cover commencement date. I understand that my failure to advise of such a change may make the contract of insurance dable by the Insurer.
3.		ceptance of this application – I note that this application is subject to acceptance by the Insurer and that the insurance cover does not mmence until I have been advised by AIA Australia Limited or Netwealth about acceptance of my application.
4.	is r	ty to take reasonable care – I have read and understood the Disclosure notice at the beginning of this form and understand its contents and what neant by my duty to take reasonable care and I understand that my duty continues after I have completed this application until the Insurer has cepted the risk.
5.	Pri	vacy statement – I have read and understood the 'Privacy' section as detailed in the Insurance Guide.
	l co	onsent to my personal information being collected and used in accordance with the Privacy Statement.
6.	Ad	viser 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 viser to pay the member advice fees and I consent to the deduction of these fees from my superannuation account. I confirm that the member vice fees are for financial product advice provided to me by my Nominated Financial Adviser relating solely to insurance held through my

Netwealth Superannuation account.

7. Do you wish to receive direct marketing material from AIA Australia

Superannuation Personal Insurance Application and personal statement

Step 6. Declarations (continued)

Insurance Election Notice

By completing this form:

You elect to apply for and maintain incurance benefits even if at the date of this application/request your superannuation account has been

inactive ² for a continuous period of 16 mc				eve	311 II,	dl l	lie (Jale	OI L	.1115 c	ıhhıı	Call	011/1	equ	est,	you	ı Su	per	allill	Idli	JII di	CCOL	ו אווג	IdS L	ieen			
2. You elect to maintain your insurance ben inactive ² for a continuous period of 16 mo			t any	tim	ne af	ter	this	appl	lica	tion/	req	uest	is a	ccep	oted	l, yo	ur s	upe	ranr	ıuat	ion	acco	ount	bec	ome	!S		
unless you complete the following instruction	n:																											
I agree to be notified periodically when my insurance will be cancelled if my acc																	ne th	nat,	if I d	o no	ot ta	ke a	ny fi	urth	er ac	tior	٦,	
Warning: If you tick this box and at the tage 16 months, we may cancel your insurance.			-				is ap	plica	atio	n/re	que	st is	acc	epte	ed yo	our	acc	oun	t has	s be	en ir	nact	ive ²	for a	ı per	iod	of	
² Your superannuation account will be considered inactive	e if you	ı ob ı	not m	ake a	a con	tribut	tion (or rollo	over	to the	acc	ount	for a p	period	d of 10	6 mo	nths	or m	ore.									
Member																												
																									Т			
Signature of the person to be insured																			Da	ate	D	D] /	M	M	/[Υ	Υ
Consent																												
Consent to disclose – I consent to AIA Austra health professional who at any time I have co Australia. I consent to the use of my personal policy document between AIA Australia and N	nsult I infor	ed p mat	orior tion t	to t to b	he c	late ed a	bel as o	ow. V utlin	Nhil ed i	le I a in th	m ir e Ins	sur sura	ed, I nce	autl Gui	noris de. I	se tl agr	ne p ee t	rovi o be	sion e bo	of s und	such by t	n info the p	orma orovi	atior sion	n to A	AΙΑ		
Member																												
																									П			-
Signature of the person to be insured																			Da	ate	D	D]/	M	M	/[Υ	Υ

Superannuation Personal Insurance Application and personal statement

Step 6. Declarations (continued)																												
Medical authority																												
I, (name of person to be insured)																												
authorise any medical practitioner, clinic, reinhealth and medical history.	nsurer	r, ur	nderv	vrite	r, m	edic	cal r	ecc	ord c	olle	ctor	or (othe	er pe	rsor	ı to	diso	clos	se to	AIA	Aus	trali	a fu	ll de	tails	of n	ny	
Member																								\perp				
Signature of the person to be insured																			[Date	D	D	/	M	M	/	Υ	Υ
Would you like an underwriter to contact you	to cla	arify	any	info	rmat	tion	?																					
For any additional information, please co	ompl	ete	the	det	ails	bel	ow																					
Section No.																												
Section No.																												
Section No.																												
Section No.																												
																								_				
Section No.																								_				
																								_				_
Step 7. Once complete please send to us																												
Send to us:	:@net	wea	alth.c	om.	au	0	Ne	etwe	ealth	ı Su	pera	nnı	uatio	on M	last	er Fu	und	, Re	ply	Paid	336,	Sou	uth I	Melb	ouri	ne V	IC 3	205
Activiti						•																						
For more information: netweat							E	_			88 2								\$₽		ur ac	lvise	er					