



## Preliminary Statement

**Member No.:**

**Member Name:**

Do any of the following statements apply to your own and current circumstances? **Yes / No**

1. Do you have any definite plans to travel outside of Australia?
2. Have you travelled outside of Australia in the last **21 days**?
3. In the last **21 days** have you experienced any of the following symptoms:

Fever	Yes/No
Flu-like symptoms	Yes/No
Fatigue	Yes/No
Cough	Yes/No
Sore throat	Yes/No
Loss of smell or taste	Yes/No
Shortness of breath	Yes/No
4. In the last **21 days** have you been told to self-isolate?
5. Have you tested positive for COVID-19 in the last **30 days** or are you currently awaiting a test result?
6. Have you tested positive for COVID-19 and since recovered by recording a negative test result less than **30 days** ago?

*If you have answered 'No' to all the questions above, please include this Preliminary Statement with your Insurance Application'.*

*If you have answered "Yes" to the above statement, we are unable to consider your insurance application at this time. If your circumstances change in regard to the statements you have provided, please feel free to reapply.*

Signature of member:

Date:

# 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

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 [grid]
Client number [grid] Netwealth account number [grid]

New client

Mr/Mrs/Miss/Ms/Dr/Other [grid] Family name [grid]
Given name(s) [grid]
Date of birth [DD] / [MM] / [YY] Sex [ ] Male [ ] Female
Residential address [grid]
Suburb/town [grid]
State [grid] Postcode [grid]

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 [grid]
Adviser code [grid]
Adviser Email [grid]
Adviser Phone ( [grid] ) [grid]
AFS Licensee name [grid]
AFS Licensee number [grid]

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

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 [DD] / [MM] / [YY] (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.

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

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 \$ .00 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.

<sup>1</sup> 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)

**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) Sum insured \$  If TPD cover required is less than death cover, please specify \$

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 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 about acceptance of my application.
- 4. **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.
- 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 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.
- 7. I consent to my personal information being collected and used in accordance with the Privacy Statement.

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 inactive<sup>2</sup> 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 inactive<sup>2</sup> 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 inactive<sup>2</sup> 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 inactive<sup>2</sup> for a period of 16 months, we may cancel your insurance cover at that time.

<sup>2</sup> 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

Signature of the person to be insured  Date  /  /

Step 6. Once complete please send to us

- Send to us:** [contact@netwealth.com.au](mailto: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](http://netwealth.com.au) 1800 888 223 Your adviser