



Application for reinstatement

This form can be used for all insurance plans issued by The National Mutual Life Association of Australia Limited (NMLA) and N.M. Superannuation Proprietary Limited **only**.

For superannuation plans (any plans owned by NM Super, trustees of a self managed superannuation fund (SMSF) or Small APRA fund).

Superannuation plans can only be reinstated if the cover is from the 19 May 2014 series or later. If the cover is from a prior series, the cover is not eligible to be reinstated. FlexiLink and PremierLink covers are also not eligible to be reinstated if it is linked to a super cover that cannot be reinstated.

Please print in CAPITAL LETTERS and place a cross in any applicable boxes.

Instructions for the completion of this form

Section A

Is to be completed in all cases by the life to be insured.

Section B

Is to be completed by the life to be insured if applying to reinstate an income insurance plan.

Section C

Is to be completed by the life to be insured and the Plan owner in all cases. Provided 6 months has not passed since the 'date paid to' the plan may be reinstated subject to completion of sections A, B and C and a payment of any outstanding premiums. The life to be insured will be reinstated with the insurance product they had previously.

In the event that the life to be insured is applying to reinstate a Life Insurance Superannuation Plan or Income Insurance Superannuation Plan, the life to be insured is applying for reinstatement of membership within the Superannuation Fund, and the Trustee will apply to the insurer for reinstatement of the insurance cover.

Important notice – your duty of disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984 to disclose to the insurer every matter you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of life insurance.

Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer
- that is of common knowledge
- that your insurer knows or, in the ordinary course of business, ought to know
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within 3 years of entering into it. If your nondisclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within 3 years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

We have the same rights if you make a misrepresentation to us.

This application form is dated 19 May 2014.

The issuer of all plans except the Life Insurance Superannuation Plan and the Income Insurance Superannuation Plan is The National Mutual Life Association of Australasia Limited ABN 72 004 020 437 AFS Licence No. 234649
The issuer of the Life Insurance Superannuation Plan and the Income Insurance Superannuation Plan is N.M. Superannuation Proprietary Limited ABN 31 008 428 322 AFS Licence No. 234654, Trustee of both the Super Directions Fund ABN 78 421 957 449 and the Wealth Personal Superannuation and Pension Fund ABN 92 381 911 598
amp.com.au

Treatment of policies in exercising our rights

In exercising our rights we have to treat some policies as comprising 2 or more separate contracts of life insurance and elect whether to apply our rights to each of them separately.

A policy must be treated as if it comprises 2 or more contracts of life insurance if any of the following apply:

- it includes 2 or more different groups of provisions
- there are 2 or more life insureds
- underwritten cover together with cover which is not underwritten, or is underwritten on different terms, applying to a life insured.

Additional rights from 28 June 2014

For policies issued from 28 June, 2014, we will have the following additional rights if you fail to comply with your duty of disclosure or you make a misrepresentation to us:

- if the non-disclosure or misrepresentation was not fraudulent, we can avoid the contract of life insurance within 3 years of entering into it if we would not have entered into the same contract. We no longer have to show that we would not have entered into the contract on any terms.
- for contracts of life insurance which do not have a surrender value or death cover:
 - we can elect to reduce the sum insured according to the formula referred to above at any time not just within the first 3 years of entering into the contract.
 - if we have not avoided the contract or varied the sum insured, we can vary the contract in a way that places us in the same position we would have been if the nondisclosure or misrepresentation had not occurred.

We also have these additional rights for policies issued before 28 June, 2014 if we agree to:

- increase the sum insured; or
- provide additional kinds of insurance cover,

but only to the extent of the variation.

If we allow you to replace an existing contract of insurance¹ held with AMP with the same type of cover for the same or lower amount of insurance, and you were previously underwritten by us, then you will not be required to disclose any further information relating to any matter that occurred after the commencement of the existing contract. In entering into the replacement contract of insurance, we will rely on the information that you previously provided in relation to the existing contract of insurance. For that reason, the insurer's rights in relation to a breach of your duty of disclosure (or misrepresentation made) in relation to the existing contract will be applied to the replacement contract.

Privacy – use and disclosure of personal information

The privacy of your personal information is important to you and also to us. We may collect personal information directly from you or your financial adviser. We may also collect personal information if it is required or authorised by law, including the Superannuation Industry (Supervision) Act 1993, the Corporations Act 2001 and the Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) Act 2006.

Our main purpose in collecting personal information from you is so we can establish and manage your plan. If you choose not to provide the information necessary to process your application, then we may not be able to process it. We may also use this information for related purposes—for example, enhancing customer service and product options and providing you with ongoing information about opportunities that may be useful for your financial needs through direct marketing. These may include investment, retirement, financial planning, banking, credit, life and general insurance products and enhanced customer services that may be made available by us, other members of the AMP group, or by your financial adviser.

If, at any time, you do not want to receive this information, you can opt out by telephoning our Customer Service Centre on 132 987 and quoting your plan number.

If you are applying for the Life Insurance Superannuation Plan or the Income Insurance Superannuation Plan, we will also use this information to assess your application for, and manage your membership of, the Super Directions Fund or the Wealth Personal Superannuation and Pension Fund. We will only use information about your dependants in the event of your death.

We usually disclose information of this kind to:

- other members of the AMP group
- your financial adviser or broker (if any)
- the owner of the plan
- your parent or guardian, if you are under age 18
- external service suppliers who may be located in Australia or overseas, who supply administrative, financial or other services to assist the AMP group in providing you with services. A list of countries where these providers are likely to be located can be accessed via our Privacy Policy.

1. All Life Insurance (including Life Insurance Superannuation and Life Insurance SMSF), Trauma Insurance and TPD Insurance Plans.

- the Australian Transaction Reports and Analysis Centre (AUSTRAC) where required by our anti-money laundering compliance plan
- the Australian Taxation Office (ATO) to conduct searches on the ATO's Lost Member Register for lost superannuation
- anyone you have authorised or if required by law.

If sensitive information, such as health information is collected in relation to this financial product, then additional restrictions apply. NMLA may collect health information using a third party provider. The primary purpose for obtaining this health information is for the insurer, NMLA, to assess your application for new or additional insurance. NMLA may also use this information for directly related purposes—for example, deciding whether more information is needed, arranging reinsurance, assessing further applications and processing claims. NMLA may disclose your health information to:

- the financial adviser or broker responsible for the plan
- your parent or guardian, if you are under age 18
- the trustee
- the owner of your personal insurance plan (if applicable)
- NMLA's reinsurers
- medical practitioners
- any person NMLA considers necessary to help either assess claims or resolve complaints
- anyone you have authorised or if required by law.

If you are an insured person, aspects of your health information may be provided to the owner of your plan in resolving terms of acceptance or if the standard plan rates are varied.

If you are an insured person, NMLA and/or its health screening provider may also speak to a third party for the sole purpose of arranging a health screening appointment. This third party may include a spouse, family member, personal assistant, financial planner or other relevant party.

Under the current AMP Privacy Policy you may access personal information about you held by the AMP group. The AMP Privacy Policy sets out the AMP group's policies on management of personal information, including information about how you can access your personal information, seek to have any corrections made on inaccurate, incomplete or out-of-date information, how you can make a complaint about privacy, and information about how we deal with such complaints. The AMP Privacy Policy can be obtained online at amp.com.au or by calling our Customer Service Centre on 132 987.

Section A

This section is to be completed in all cases by the life to be insured

Plan number(s)

Details of life to be insured

Mr Mrs Miss Ms Other—please specify

Surname (please print)

Given name(s)

Date of birth

D	D	M	M	Y	Y	Y	Y
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Contact details

We may need to contact you between 8.00am to 7.00pm regarding the details of your application:

Daytime phone number

Hours you can be contacted

After hours phone number

Hours you can be contacted

Mobile phone number

Hours you can be contacted

Email address

Other policies and benefits

1. Other than this application are you covered by, or are you applying for, life, disability, trauma, income insurance or business expenses insurance with **any company**? **Note:** This includes benefits under superannuation, business or credit insurance or benefits provided by an employer.

No Yes If yes, please provide details:

Name of company	Type of cover	Sum insured	Date commenced	To be replaced?
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes

2. Has **any company** ever indicated they would not issue you insurance, or would apply a loading, modify, restrict or exclude your insurance in any way?

No Yes If yes, please provide full details including reason, date, company name and type of cover:

3. Have you ever, or do you intend to claim benefits under any insurance plan, government scheme, armed forces, pension or allowance, or court proceedings?

No Yes If yes, please provide details:

Company/benefit type	Reason	Benefit amount	Date
<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"/>

Sports and pastimes

4. Do you engage in or intend to engage in any of the following: aviation (other than as a fare paying passenger), underwater diving, motor sports, mountaineering, power boat racing, hang gliding, boxing, non-competitive motorcycling, trail bike riding, quad bike riding, football, martial arts, parachuting or any other hazardous pursuits?

No Yes If yes, please give details:

5. Do you wish to be covered for the sports and pastimes activities you have disclosed in this application?

No Yes (**Note:** This is subject to approval by AMP underwriting)

Occupation

6. Please give details of your current occupation including your job title, duties and the industry you work in:

Job title

Industry

Duties

7. How many hours per week do you spend at your principal occupation? Number of hours

8. Do you intend to change your occupation? No Yes If yes, please provide details below:

Health

9. What is your: Height cm/ft Weight kg/st

10. Do you smoke or have you smoked in the last 12 months (including e-cigarettes and nicotine replacement products)? No Yes

If yes, please provide details including type/substance and how many smoked per day

11. Since your plan commenced have you had any medical examination, advice or treatment, any surgical operation, x-ray, electrocardiograph, blood tests (eg cholesterol, HIV/AIDS, hepatitis, anaemia) or any other test or investigation?

No Yes If yes, please give details of each instance:

Date	Name and address of doctor/hospital	Details
/ /		
/ /		
/ /		

12. Since your plan commenced have you had any sickness, injury or disorder that you have not mentioned above?

No Yes If yes, please give details:

Date	Name and address of doctor/hospital	Type of sickness or injury
/ /		
/ /		
/ /		

13. Have you contemplated, been advised to seek or are you awaiting any medical advice, investigation or treatment including surgery?

No Yes If yes, please provide name of doctor, date of consultation if known and condition:

Date	Details
/ /	

14. Name of general practitioner/medical centre

Address

Suburb

State

Postcode

Phone number

How long have you been his/her patient?

 years

15. Have you ever had, are you currently waiting for a result of, or are you considering having a genetic test? **Note:** You do not have to provide a result if you were or are taking part in a medical research project or trial and haven't been or will not be provided with your individual result.

No Yes If yes, please provide details:

Section A (continued)

Health (continued)

16. Have you or any of your current or previous sexual partners tested positive for HIV/AIDS, or have any sign of HIV infection? (For example, some signs are: unexplained weight loss, swollen glands or persistent diarrhoea.)

No Yes

17. In the last three years, are you aware of any HIV risk situation to which you or any of your sexual partners may have been exposed? No Yes

HIV risk situations include, but are not limited to: sex with or as a sex worker, sex with an intravenous drug user, contact with someone else's blood (for example, through injection or scratch with a used needle), anal intercourse (except in a relationship between you and one other person only and neither of you has had sex with anyone else for at least three years).

(If you answered yes to Question 16 or 17, we will send you a confidential questionnaire to complete.)

18. Has any first degree blood related family member (father, mother, brother, sister) had diabetes, stroke, a heart condition, familial polyposis, breast, ovarian, colon, bowel or any other cancer, polycystic kidney disease, Huntington's chorea, Alzheimer's disease, multiple sclerosis, motor neurone disease, muscular dystrophy or any other hereditary or any other condition that runs in families? **Note:** You are only required to disclose family history information relating to first degree blood related family members—living or deceased (mother, father, brothers and sisters).

No Yes If yes, please provide details in the table below:

Direct family member (please state their relationship to you but not their name)	Condition/illness (for cancer or heart disease, please specify the type)	Age at onset (approx.)	Age at death (if applicable)

Section B

This section is to be completed by the Person to be insured for income insurance plans only—for other insurance please go to Section C.

Income

1. What was your income from personal exertion in the last year? Use last financial year (year ending 30/6/ or specify a more recent period upon which your answer is based.

For self-employed

! Only complete this question if you are self-employed. This includes sole traders, partners, contractors or if you are an employee in your own company.

	Less	Equals
Gross income from personal exertion	Business expenses incurred in earning that income	Net income before tax
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

For employees

! Only complete this question if you are an employee and do not have any ownership in your employer's business.

Insurable income \$

If not the last financial year (June 30) please specify the period that these figures relate to:

to

Note: The amount of weekly or monthly benefit for which you are eligible depends on the amount of your net income before tax. For income insurance, the maximum benefit insured shall be no greater than 75 per cent of net income before tax (subject to certain maximums). In the event of a claim, AMP may call for evidence of your income and business expenses. Therefore, please ensure the above figures accurately reflect your financial position for the period that you have indicated.

Other claims

2. Are you, upon disablement, entitled to a pension or other benefit from a superannuation plan or your employer?

No Yes If yes, please give details:

Other claims (continued)

3. Would any income benefit be payable for more than two years? No Yes

If yes, what is the income amount that would continue, for how long, and the source (eg salary, sick pay, company profits, investment, rental)?

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4. Have you received unemployment benefits in the past two years? No Yes If yes, please give details:

Reasons for unemployment

Period of unemployment

/ /
/ /

to
to

/ /
/ /

Section C

This section is to be completed in all cases by the Person to be insured and the Plan owner

Declaration

To be completed for all insurance plans

I/We apply for reinstatement of insurance cover under the terms the previous insurance contract was provided.

I/We acknowledge that I/we have read the section headed 'Important notice – your duty of disclosure'.

I/We have read and understood the privacy disclosure statement contained in section headed 'Privacy – use and disclosure of personal information'. I/We consent to my/our personal information being collected and used in accordance with the privacy disclosure statement.

I/We declare that all answers given are complete and true and I/we understand that the Insurer will be relying on the complete accuracy of the answers when assessing my/our application for reinstatement.

Further, I/we acknowledge that AMP has the right to avoid the reinstated plan if I/we have failed to comply with my/our duty of disclosure (or made a misrepresentation to AMP) and the insurer would not have allowed the policy to be reinstated on any terms if the failure (or misrepresentation) had not occurred.

I/We acknowledge that the Life Insurance Plan, Life Insurance Superannuation Plan and Life Insurance SMSF Plan will not pay a benefit if death is a result of suicide within 13 months of the reinstatement of this plan.

I/We acknowledge that for those conditions that are listed in my trauma plan document under the heading 'Medical conditions (or Trauma events) subject to a qualifying period', the Insurer will not pay a benefit if the medical condition occurs within 90 days of the date the plan is reinstated.

I/We acknowledge that if I/we are applying for insurance provided through the Life Insurance Superannuation Plan or the Income Insurance Superannuation Plan to be reinstated where N.M. Superannuation Proprietary Limited is the Trustee, I/we are re-applying for membership of the fund, ask N.M. Superannuation Proprietary Limited to seek the reinstatement of insurance cover.

I/We acknowledge that if this application is accepted any nomination of dependants will be reinstated. Any binding nomination will expire three years from the date of the original nomination.

Access to information

I authorise:

- any 'medical practitioner', doctor, health professional, hospital, clinic, other insurers (including related companies of AMP) or other professional, such as a financial adviser or accountant, to disclose any information they may possess about me, whether held in hard copy or in any other format, to AMP, and
- AMP to collect any information they have on my health, medical history, pastimes, work history or anything else that AMP considers to be relevant to assessing or underwriting this cover or assessing any claim under it.

Where I hold a policy with AMP Life Limited, I also authorise NMLA making any information obtained under this authority available to AMP Life for their use in connection with that policy.

To be completed for all insurance plans

Signature of Person to be insured

Date signed

X

To be completed for all insurance plans except Life Insurance Superannuation Plan and Income Insurance Superannuation

Signature of Plan owner

Date signed

X

! Before you complete this page please read the privacy disclosure statement in the Product Disclosure Statement. **Please complete ALL medical authorities below** because some health professionals prefer an original signature.

Authority to release medical information to AMP

Family name Given name(s) Date of birth

I, authorise any medical practitioner, doctor, health professional, hospital, clinic or any other insurer to disclose to the insurer (NMLA trading as AMP and its group of companies), or representatives appointed to collect, the full details of my health and medical history. I agree that a photocopy (or similar copy) of this authorisation should be considered as valid as the original.

Signature of Person to be insured Date signed

Authority for AMP to release medical information to usual doctor

! Only complete this section if you authorise AMP to release medical information to your doctor upon an adverse assessment of your application.


Family name Given name(s) Date of birth

I, authorise NMLA trading as AMP to advise Doctor of the reason(s) behind any adverse assessment of my application if it was based on health evidence obtained during the assessment of this application. I also authorise AMP to provide copies of the relevant health evidence to the doctor noted above.

Signature of Person to be insured Date signed

This page has been left blank intentionally.

To be completed if you are applying for an insurance plan not paid for out of a North, Summit, Generations or iAccess account. Where a FlexiLink Plan and/or PremierLink option is applied for and intended to link to North, Summit, Generations or iAccess, relevant payment authorities require completion.

 Before you complete this page, please read the terms and conditions of this facility in the Product Disclosure Statement.

Payment method

Select method of payment:

Direct debit by credit card (please list insurance plans paid by credit card below and complete option 1)

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Direct debit by bank account (please list insurance plans paid through bank account below and complete option 2)

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Receive payment due notices (only available for quarterly, half-yearly and yearly payments)

Option 1: Direct debit by credit card

If a deposit premium is not supplied, we will automatically deduct the premium on acceptance and completion of this application.

Frequency of ongoing premium deductions (cross one): Fortnightly Monthly Quarterly Half-yearly Yearly

(Optional) If paying **monthly** direct debit by credit card, you may choose a date for deduction, between 1st to 28th only

Credit card type: MasterCard Visa

Credit card number	Expiry date
<input type="text"/>	<input type="text"/>

Name as shown on credit card

Cardholder's signature	Date signed
<input type="text"/>	<input type="text"/>

Should your credit card details change at any time (eg card number or expiry date) then we will be unable to process your payment. You will need to complete a new direct debit authority form or provide the new credit card details over the phone. To do this, please contact our Customer Service Centre on 132 987.

Option 2: Direct debit by bank account

Note: Please refer to your financial institution to check your account offers direct debiting.

If a deposit premium is not supplied, we will automatically deduct the premium on acceptance and completion of this application.

Frequency of ongoing premium deductions (cross one): Fortnightly Monthly Quarterly Half-yearly Yearly

(Optional) If paying **monthly** direct debit by credit card, you may choose a date for deduction, between 1st to 28th only

BSB number	Account number
<input type="text"/>	<input type="text"/>

Bank/financial institution name	Bank/financial institution branch name
<input type="text"/>	<input type="text"/>

Account in name of (name in full)	If company account ABN (Australian Business Number)
<input type="text"/>	<input type="text"/>

Account holder signature(s)

Signature—account holder 1	Date signed	Signature—account holder 2 (if applicable)	Date signed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>