

GUIDE TO COMPLETING THIS FORM

- > Complete this form using **black pen** – print in clear **CAPITAL LETTERS**.
- > Once completed, follow the instructions on the back page to return your form to Advance.
- > Questions? Call our Customer Relations team on **1800 819 935** or email **investorservices@advance.com.au**.

Insurance cover through the Advance Retirement Suite (referred to in this form as Advance Super) is offered by BT Funds Management Ltd ABN 63 002 916 458 AFSL 233724 ('BTFM') and AIA Australia Limited ABN 79 004 837 861 AFSL 230043 (the Insurer), the issuer of this cover under the relevant Master Policy held by Asgard Capital Management Ltd ABN 92 009 279 592 AFSL 240695.

Before completing this Amendment Application Form, please read the Insurance Master Policy on **advance.com.au** and the Advance Retirement Suite PDS for information on premiums and conditions.

Privacy laws protect the privacy of individuals. If you would like to know more about AIG Life's approach to privacy, copies of their privacy policy can be obtained from their website **aia.com.au**. You can obtain a copy of our Privacy Policy from our website **advance.com.au**.

Please note that you need to complete the standard application and full personal statement located at advance.com.au if you:

- > are aged 55 or older; or
- > require more than \$1,250,000 Life and/or Total and Permanent Disablement (TPD) insurance cover; or
- > require more than \$10,000 monthly benefit of Salary Continuance cover; or
- > answered YES to any question in section 4.

To avoid any delay in processing your amendment, please ensure you do the following.

- > Complete all the relevant sections, sign and date this form.
- > Attach any required documentation as outlined in the relevant section.
- > Send it to us by either:
 - » **mail:** Advance, GPO Box B87, Perth WA 6838
 - » **fax:** (08) 9481 4318
 - » **email:** investorservices@advance.com.au

Please do not send us the original copy as well if you are sending this form by fax or email.

OFFICE USE ONLY	Client Code																			
	Adviser Code																			
	Insurance Account No.																			
	Chk Code																			

1. EXISTING LIFE INSURED DETAILS

Account number

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Title

Mr
 Mrs
 Miss
 Dr
 Other

Given name(s)

Surname

Residential address

State	Postcode

Postal address (if different from residential address)

State	Postcode

Date of birth (dd/mm/yyyy)

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Gender

Male
 Female

Phone (home)

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Phone (business)

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Phone (mobile)

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Facsimile

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Email

Are you an Australian citizen or permanent resident of Australia (as approved by the Department of Immigration and Citizenship)?

Yes
 No

Marital status



2. EMPLOYMENT DETAILS

Are you currently gainfully employed?

No If you are currently not working, what is your status?

Unemployed Retired Not working due to ill health

Last date of employment (dd/mm/yyyy)

Yes Self-employed

Yes Employed

Full time Permanent part-time Casual

Please complete the following if you are employed or self-employed:

What is your occupation?

What is the nature of your duties (eg clerical, light manual, counter sales, manual work, etc)?

Gross annual income

Number of hours worked each week

3. INSURANCE REQUIRED

Please tick the appropriate option below to indicate if you are increasing or decreasing your current insurance cover with Advance.

Decrease Increase

Please indicate below the proposed total new sum insured amount/s.

Life Protection and TPD Protection

Life Protection sum insured

TPD Protection sum insured¹

TPD Only sum insured

Standard occupation Own occupation² Home duties

Salary Continuance

Monthly benefit

Waiting period 30 days 60 days 90 days

Benefit period 2 years To age 65

Indemnity³ Agreed value cover⁴

¹ The TPD Protection sum insured cannot exceed the Life Protection sum insured.

² Own occupation is only available for some occupations. Please refer to your financial adviser for the full list of eligible occupations. An additional premium will be applied to your TPD cover. TPD standard occupation will apply if own occupation is not selected.

³ If you select the Indemnity option, a 10% discount will be applied to your Salary Continuance premium rates.

⁴ In the event of a claim for an Agreed Value Salary Continuance benefit where financial verification is not provided with this Application, we will require proof of income at the date of claim.

Personal information

Please provide your height and weight details

Height cm Weight kg

4. HEALTH AND PERSONAL INFORMATION

1. Are you applying for greater than \$1,250,000 Life Protection and/or TPD Protection? Yes No

2. Are you applying for Salary Continuance in excess of \$10,000 per month? Yes No

3. Are you aged 55 years or over? Yes No

4. At the date of this application are you absent from work or unable to carry out all of the duties of your current or usual occupation on a full time basis, due to an injury or illness (even if you are not currently working on a full time basis or are unemployed)? Yes No

5. Do you participate or intend to participate in any of the following? Yes No

- > aviation (other than as a passenger on a recognised airline)
- > football (all codes), scuba diving (to a depth of more than 40 metres)
- > motor racing or any other hazardous activity?

6. Have you ever suffered symptoms of, or had, or been told you have or received any advice or treatment for: Yes No

- > high blood pressure, high cholesterol, heart complaint, chest pains or stroke
- > mental or nervous disorder including stress, anxiety, depression or neurological condition
- > cancer or a tumour of any type
- > back/joint disorder, arthritis, loss of limb or paralysis
- > loss of sight of any eye(s) or blindness
- > kidney, bladder, bowel or stomach disorder and or disease
- > diabetes or liver disease (including hepatitis)?

7. Have you ever: Yes No

- > suffered from AIDS or been infected with the HIV virus
- > used or injected yourself with any illicit drugs not prescribed by a medical practitioner
- > engaged in male to male anal sexual activity?

8. During the past 12 months, have you smoked tobacco or any other substance? Yes No

If 'Yes' please state forms and daily quantities

9. Do you drink more than 20 standard drinks per week? Yes No

If you answered YES to any question above you will need to complete the standard application and full personal statement located at advance.com.au.



5. PAYMENT DETAILS

Insurance premiums will be deducted from your Advance Super Account on a monthly basis.

6. ADVISER'S DETAILS

Dealer name

Adviser's name

Adviser's phone (business)

Adviser's phone (mobile)

Advance Adviser's code

 BA

Are there any applications being submitted simultaneously?

Yes No

Adviser's signature

Dealer's stamp

Date

7. DECLARATION AND SIGNATURE

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 that you know, or could reasonably be expected to know, that is relevant to the Insurer's decision whether to accept the risk of insurance and if so, on what terms.

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

However, your duty does not require disclosure of a matter:

- > that diminishes the risk to be undertaken by the Insurer
- > that is common knowledge
- > that your Insurer knows, or ought to know, in the ordinary course of business
- > where your duty is waived by the Insurer.

7. DECLARATION AND SIGNATURE (continued)

Non-disclosure and misrepresentation

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 three years of entering into it. If your non-disclosure 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 three 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.

Privacy

By completion of this form you consent to any personal information, including information that may be of a sensitive nature we or the Insurer may collect about you in the normal course of our and the Insurer's business, being used as outlined in our and the Insurer's respective Privacy Policies. These policies are designed to protect your interests and are consistent with the requirements of the *Privacy Act*. A copy of the Insurer's privacy policy can be obtained from aia.com.au. You can obtain a copy of our Privacy Policy from our website advance.com.au.

By signing this form I acknowledge that:

- > The answers to the above questions are true and I have not deliberately withheld any information material to the proposed insurance.
- > I consent to the Insurer, third party providers and Advance on behalf of the Insurer, seeking medical information from any doctor who at any time I have consulted prior to the date below. While I am insured, I authorise the provision of such information to the Insurer.
- > I acknowledge that I have read and understood my duty of disclosure in accordance with the *Insurance Contracts Act 1984* as detailed in the insurance form.
- > I understand that my duty of disclosure continues after I have completed this application until the Insurer has accepted the risk.
- > I authorise Advance to deduct the premiums and charges for this insurance from my Account, retain the Administration fee and pay the balance on my behalf to the Insurer.
- > I agree to receive any communications (including any confirmation of any transaction, dealing, notice of material changes and significant events and other information I may request) and documents (including periodic reports) which Advance or the Insurer is or may be required to give, or has agreed to give, to me relating to my Account via *Investor Online*, or any other electronic means chosen by Advance or the Insurer (and for these purposes, I agree I will be taken to have received the relevant information whether or not I access the information).

A photocopy of this declaration shall be as valid as an authority as the original.

Signature

Date

SEND THIS COMPLETED FORM TO:

By Post: Advance Asset Management
GPO Box B87
Perth WA 6838
By Fax: 08 9481 4318

FOR FURTHER ASSISTANCE CONTACT:

CUSTOMER RELATIONS
1800 819 935
FAX
08 9481 4318

EMAIL ADDRESS

investorservices@advance.com.au

INTERNET ADDRESS

advance.com.au

ADVANCE
ASSET MANAGEMENT

