

ANZ Super Advantage Life Events Option Form

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Customer Services

Phone 13 38 63

Fax 02 9234 6668

Email customer@onepath.com.au

Website anz.com

This form is for existing members who currently hold insurance cover in ANZ Super Advantage. This form cannot be used for cover provided through OneCare Super.

INSTRUCTIONS

Complete this form if you would like to apply to increase your current Death Only or Death and Total and Permanent Disablement (TPD) Cover due to one of the life events specified below under the Life Events option. Before completing this form please note the following:

- Your insurance cover will be increased automatically by
 - 1 unit of cover for Basic Cover if your existing cover is Basic Cover (provided the increased cover does not exceed the Maximum Benefit Level) and
 - in all other cases, the lesser of 25% of your original sum insured or \$200,000. For those increasing cover under 'Purchase of first home' this increase is the lesser of 25% of your insured amount, \$200,000 or the amount of your mortgage for Enhanced Cover.
- Insurance application increases are limited to one 'Life event' within any 12 month period.
- The application to increase Death Only or Death and TPD Cover must be made within **30 days** of the specific Life event occurring.
- Please complete and return this form and required documentation to:
 - ANZ Super Advantage
 - OnePath Life Limited
 - GPO Box 4028
 - Sydney NSW 2001

The Life events where you may increase your insurance cover and the documents required are outlined below.

Life event	Documents required
1. Marriage	A copy of the marriage certificate in respect of a marriage recognised under the <i>Marriage Act 1961</i> . (Allowed once under the applicant's policy life time).
2. Birth or adoption of a child	A copy of the birth certificate or adoption documentation.
3. A dependant child starts secondary school	A certified copy of a letter of admission to the school and a copy of the birth certificate or adoption documentation.
4. Purchase of first home as your principal place of residence and you take out a mortgage	A copy of mortgage papers.
5. Salary package increase of 20% or more	A copy of the salary increase letter from the employer.

DUTY OF DISCLOSURE

The Trustee who enters into a life insurance contract in respect of your life has a duty, before entering into the contract, to tell the insurer, OnePath Life Limited (Insurer) anything that they know, or could reasonably be expected to know, may affect the Insurer's decision to provide the insurance and on what terms.

The Trustee has this duty until the Insurer agrees to provide the insurance.

The Trustee has the same duty before they extend, vary or reinstate the contract.

The Trustee does not need to tell the Insurer anything that:

- reduces the risk the Insurer insures you for; or
- is of common knowledge; or
- the Insurer knows or should know as an Insurer, or
- the Insurer waives your duty to tell the Insurer about.

In order for the Trustee to comply with the duty of disclosure, we require you to tell us [Trustee] and the Insurer, anything you know, or could reasonably be expected to know, that may affect the Insurer's decision to insure you and on what terms.

If you do not tell us and the Insurer something that you know, or could reasonably be expected to know, may affect the Insurer's decision to provide the insurance and on what terms, this may be treated as a failure by the Trustee entering into the contract to tell the Insurer something that they must tell the Insurer.

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If you do not tell the Insurer something

In exercising the following rights, the Insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, the Insurer may apply the following rights separately to each type of cover.

If you do not tell us or the Insurer anything you are required to, and the Insurer would not have provided the insurance or entered into the same contract with the Trustee if you had told the Insurer and the Trustee, the Insurer may avoid the contract within 3 years of entering into it.

If the Insurer chooses not to avoid the contract, the Insurer may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if you had told the Insurer and the Trustee everything you should have. However, if the contract provides cover on death, the Insurer may only exercise this right within 3 years of entering into the contract.

If the Insurer chooses not to avoid the contract or reduce the amount of insurance provided, the Insurer may, at any time vary the contract in a way that places the Insurer in the same position it would have been in if you had told the Insurer and the Trustee everything you should have.

However this right does not apply if the contract provides cover on death.

If the failure to tell the Insurer is fraudulent, the Insurer may refuse to pay a claim and treat the contract as if it never existed.

1. MEMBER NUMBER

2. MEMBER DETAILS

Title Mr Mrs Ms Miss Dr Other

Surname

Given name(s)

3. LIFE EVENT DETAILS

Please indicate which life event applies to you.

- Marriage.
- Birth or adoption of a child.
- A dependant child starts secondary school.
- Purchase of first home as your principal place of residence and you take out a mortgage.
- Salary package increase of 20% or more.

Please attach a copy of the relevant documentation to this form.

Life Events Cover is not available if:

- at the time of application you are entitled to claim in relation to your cover; or
- you are aged 55 years or older.

4. ELIGIBILITY QUESTIONS

I confirm that:

- | | | |
|--|------------------------------|-----------------------------|
| 1. As at the date of the specific life event, I was aged below 55 years | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. In the event of marriage, I have not previously been approved for an increase in cover under Life Events because of marriage | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. In the event of taking out a mortgage, this application is in respect of a mortgage taken out for the purchase of my first home | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. I have not claimed and am not entitled to claim in respect of my insurance cover | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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5. HEALTH QUESTIONS

1. Other than for colds, flus, minor upper respiratory tract infections or minor headache:
- a. Are you now off work due to illness or injury? Yes No
- b. Have you been absent from work for 7 consecutive calendar days in the last 12 months due to illness or injury? Yes No
2. Are you currently prevented from performing all the usual duties of your occupation on a full-time basis of at least 30 hours per week due to illness or injury? (even if you are currently working less than 30 hours per week for non-medical reasons) Yes No
3. Have you ever made, or are you entitled to make a claim for any type of sickness, accident or disability benefit(s), Workers' Compensation or any other form of compensation (including Centrelink payments) due to illness or injury? Yes No
4. Have you been diagnosed with a medical condition that is expected to reduce your life expectancy to less than 12 months from today? Yes No
5. Have you ever had an application for life, trauma or disability insurance on your life declined, deferred, accepted with a higher than normal premium (other than for smoking) or issued with a restriction or exclusion? Yes No
6. Other than for colds, flus, minor upper respiratory tract infections or minor headache, do you have a medical condition for which you take or have been advised to take medication or undergo any other form of medical treatment? Yes No
7. Are you currently under investigation or been advised to undergo investigations for any medical condition or symptom? Yes No

6. DECLARATION AND SIGNATURE

- I have read and understood the questions in this Life Events Cover Option Form.
- All the answers provided in this form are true and correct (including those not in my own handwriting).
- I understand that all the information I have provided in connection with this application will be used by OnePath Life to determine whether to increase my insurance cover.
- I understand that the increased cover I have applied for will not become effective until I am notified in writing that my application has been accepted.
- I understand and accept that all terms and conditions that currently apply to my existing cover provided by OnePath Life will also apply to any increased cover.
- I have read and understand the Duty of Disclosure section above, and I have not withheld any information that may affect the OnePath Life's decision as to whether to accept my application. I understand that the Duty of Disclosure continues after I have completed this form until my application has been accepted by OnePath Life and confirmation is issued in writing.
- I acknowledge that if I do not complete this form correctly or I do not sign and date this Declaration, my application will not be considered by OnePath Life.
- I authorise any person referred to in this application form to verify any aspect of it, and disclose any information that they may possess about me to OnePath Life in relation to my application.
- I have read the Privacy Statement in this form, and authorise the collection, use, storage and disclosure of my personal information for the purposes of this application, as outlined in the Privacy Statement. If I have provided information about another person in this application (for example a beneficiary or life insured), I declare that I have the consent of that person to do so. I understand that OnePath Life require me to inform the person concerned that I have done so and direct them to the Privacy Policy which is located at onepath.com.au
- I acknowledge that if this application is declined, any of my existing cover on the date of this application will continue on same terms, including but not limited to any pre-existing condition exclusion(s).
- I acknowledge that any information received by OnePath Life in relation to this application may be used when assessing my existing or future claim, and may operate as an exclusion to my claim. This is irrespective of whether this application is accepted or declined.
- I understand that I may cancel my existing cover at any time.

Name of member

Signature of member

Date (dd/mm/yy)

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