

ANZ Super Advantage

Insurance Application and Short Form Personal Health Statement
Death Only or Death and TPD Applications (Up to \$1,000,000 cover)



18 December 2015

Customer Services

Phone 13 38 63

Fax 02 9234 6668

Email customer@onepath.com.au

Website anz.com

INSTRUCTIONS

- Please complete sections 1–6 for all Death only and Death and Total and Permanent Disablement (TPD) applications up to and including \$1,000,000 (including any existing cover) or if joining outside eligibility rules.
- If you are applying for cover with OnePath Life for over \$1,000,000 please complete a Full Personal Health Statement available from Customer Services on 13 38 63 or at anz.com
- Check your Welcome Letter for any restrictions applying to your insurance.
- If you need any assistance, contact Customer Services on 13 38 63 weekdays between 8.30am and 6.30pm (AEST).
- Please ensure that all applicable questions are fully answered. Date and sign the form and return to:

ANZ Super Advantage

OnePath Life Limited

GPO Box 4028

Sydney NSW 2001

1. YOUR DETAILS

Member number	<input type="text"/>
Employer plan name (if applicable)	<input type="text"/>
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr Other <input type="text"/>
Surname	<input type="text"/>
Given name(s)	<input type="text"/>
Date of birth (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="checkbox"/> Male <input type="checkbox"/> Female
Residential address (this cannot be a PO Box)	<input type="text"/>
Suburb/Town	<input type="text"/> State <input type="text"/> Postcode <input type="text"/>
Country	<input type="text"/>
Postal address (if different from above)	<input type="text"/>
Suburb/Town	<input type="text"/> State <input type="text"/> Postcode <input type="text"/>
Country	<input type="text"/>
Phone	Home <input type="text"/> Business <input type="text"/>
Mobile	<input type="text"/> Fax <input type="text"/>
Email	<input type="text"/>
	<input type="checkbox"/> I authorise one of OnePath Life's underwriting staff or an authorised service provider to contact me by phone if further information is required.
I can be contacted during the following times:	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Any business day
	Between <input type="text"/> am/pm and <input type="text"/> am/pm
Please tick your preferred contact method:	<input type="checkbox"/> home phone <input type="checkbox"/> work phone <input type="checkbox"/> mobile phone

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2. AMOUNT OF COVER

Employer-sponsored members

I wish to apply for additional voluntary insurance cover or I am over my Plan AAL. Please check your Member Benefits Schedule for any restrictions applying to your insurance.

Are you currently on Basic or Enhanced Rates? (Refer to your Welcome Letter for details of applicable cover.)

Basic Cover Enhanced Cover

Insurance cover

Death Only Death and TPD

Total insurance amount requested (including current cover)* \$

Personal members

Death Only Death and TPD \$

* If the total insurance amount exceeds \$1,000,000 please complete sections 1–3, sign the declaration in section 6 and complete a Full Personal Health Statement, available from Customer Services on 13 38 63 or at anz.com

3. OCCUPATION

Occupation

Occupational duties
(include the percentage of time spent on each)

Hours worked per week* Annual salary \$ Amount of manual work (%)

* Average over the past six months.

4. GENERAL DETAILS

Have you smoked tobacco, or any other substance within the past 12 months, or used a nicotine replacement treatment or anti-smoking medication within the past three months? Yes No

If yes please state type and quantity per day:

If you smoke more than 40 tobacco cigarettes per day and/or you smoke any other substance, please complete a Full Personal Health Statement available from Customer Services on 13 38 63 or anz.com

Non-smokers – Have you ever smoked regularly in the past? Yes No

If yes please state type and quantity per day:

If you have smoked more than 40 tobacco cigarettes per day and/or you smoked any other substance within the last five years, please complete a Full Personal Health Statement available from Customer Services on 13 38 63 or anz.com



5. HEALTH DECLARATION FOR DEATH ONLY AND DEATH AND TPD COVER UP TO AND INCLUDING \$1,000,000

- 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
- 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
- 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
- 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
- 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
- Other than for colds, flus, minor upper respiratory tract infections or minor headache
 - a. 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
 - b. Are you currently under investigation or been advised to undergo investigations for any medical condition or symptom? Yes No

If you answered yes to any question in Section 5 please complete a Full Personal Health Statement available from Customer Services on 13 38 63 or anz.com

6. IMPORTANT NOTICE AND AUTHORISATION

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.

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.



Declaration by the life insured

I acknowledge that:

- I have either downloaded the current electronic version, or received a current hard copy version of the Product Disclosure Statement (PDS) and have read and understood the information it contains regarding the insurance offered.
- 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 have read the Duty of Disclosure section above, and understand my obligations under the *Insurance Contracts Act 1984*.
- I have read and carefully considered the questions in this application and all the answers and any other information provided are true and correct and form the basis of the insurance contract.
- I am not restricted by injury from carrying out all my normal work duties and I am working my normal hours.
- If I do not complete this application correctly, or I do not sign and date this form, my application will be invalid and won't be considered by the Insurer.
- Insurance cover will not commence until I am notified of acceptance in writing.
- 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 anz.com/privacy
- 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 applicant

Signature of applicant

Date (dd/mm/yyyy)

7. PRIVACY STATEMENT

In this section 'we', 'us' and 'our' refers to OnePath Custodians Pty Limited, OnePath Life Limited and other members of the ANZ Group. 'You' and 'your' refers to policy owners and life insured's.

We collect your personal information from you in order to manage and administer our products and services. Without your personal information, we may not be able to process your application or provide you with the products or services you require.

We are committed to ensuring the confidentiality and security of your personal information. Our Privacy Policy details how we manage your personal information and is available on request or may be downloaded from anz.com/privacy

In order to undertake the management and administration of our products and services, it may be necessary for us to disclose your personal information to certain third parties.

Unless you consent to such disclosure we will not be able to consider the information you have provided.

Providing your information to others

The parties to whom we may routinely disclose your personal information include:

- an organisation that assists us and/or ANZ to detect and protect against consumer fraud;
- any related company of ANZ which will use the information for the same purposes as ANZ and will act under ANZ's Privacy Policy;
- organisations performing administration and/or compliance functions in relation to the products and services we provide;
- organisations providing medical or other services for the purpose of the assessment of any insurance claim you make with us (such as reinsurers);
- our solicitors or legal representatives;
- organisations maintaining our information technology systems;
- organisations providing mailing and printing services;
- persons who act on your behalf (such as your agent or financial adviser);
- the policy owner;
- regulatory bodies, government agencies, law enforcement bodies and courts.

We will also disclose your personal information in circumstances where we are required by law to do so. Examples of such laws are:

- The *Family Law Act 1975* (Cth) enables certain persons to request information about your interest in a superannuation fund;
- There are disclosure obligations to third parties under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

Information required by law

ANZ may be required by relevant laws to collect certain information from you. Details of these laws and why they require us to collect this information are contained in our Privacy Policy at anz.com/privacy

Life risk – sensitive information

For life risk products, where applicable, we may collect health information with your consent. Your health information will only be disclosed to service providers or organisations providing medical or other services for the purpose of underwriting, assessing the application or assessing any claim.

Privacy consent

We and other members of the ANZ Group may send you information about our financial products and services from time to time. ANZ may also disclose your information to its related companies or alliance partners to enable them or ANZ to tell you about a product or service offered by them or a third party with whom they have an arrangement.

You may elect not to receive such information at any time by contacting Customer Services.

Where you wish to authorise any other parties to act on your behalf, to receive information and/ or undertake transactions please notify us in writing.

If you give us or ANZ personal information about someone else, please show them a copy of this document so that they may understand the manner in which their personal information may be used or disclosed by us or ANZ in connection with your dealings with us or ANZ.

Privacy Policy

Our Privacy Policy contains information about:

- when we or ANZ may collect information from a third party;
- how you may access and seek correction of the personal information we hold about you; and
- how you can raise concerns that we or ANZ has breached the Privacy Act or an applicable code and how we and/or ANZ will deal with those matters.

You can contact us about your information or any other privacy matter as follows:

In writing:
GPO Box 75
Sydney NSW 2001
Email: privacy@onepath.com.au

We may charge you a reasonable fee for this.

If any of your personal information is incorrect or has changed, please let us know by contacting Customer Services on 13 38 63.

More information can be found in our Privacy Policy which can be obtained from our website at anz.com/privacy

Overseas recipients

We or ANZ may disclose information to recipients (including service providers and related companies) which are (1) located outside Australia and/or (2) not established in or do not carry on business in Australia.

You can find details about the location of these recipients in ANZ's Privacy Policy at anz.com/privacy