Insurance application form – short personal statement

Please complete all pages of this form in black ink using BLOCK letters.

Please complete the following short personal statement if you are under age 55 and applying for

- death only cover up to \$1 million, or
- TPD only cover up to \$1 million, or
- death and TPD cover up to \$1 million, or
- indemnity salary continuance cover up to \$8,000 per month
- · can answer 'no' to questions 3 to 8.

If you do not satisfy the above condition you will need to complete the standard insurance application form.

Please	e send your completed	d form to: Reply Paid 4171, Perpetual Select Super Plan, GPO Box 4171, Sydney NSW 2001
Are you	ı an existing Perpetu	ual investor?
yes	account number	

1. Investor details

	title	Mr	Mrs	Miss	Ms	other									
	first name(s)														
	last name														
	date of birth	Ш	/	/			age ne	xt birth	nday		gende	· r	male	female	e
po box	unit	numbe	r		street nu	ımber									
						ш									
street na	ame														
suburb															
state	po	stcode													
country															
email ac	Idress														

2. Insurance details

Is this a new application for insurance or an application to increase insurance cover? (complete the boxes below with total amount of cover, not the amount of the increase)								
Type of insurance								
Type of insurance	Cover							
death only	amount	\$		(min. \$50,000)				
or		\$						
TPD only or	amount	•		(min. \$50,000)				
death and TPD	death amount TPD			(min. \$50,000)				
or	amount	\$		(min. \$50,000)				
death and TPD	amount	\$		(min. \$50,000)				
and/or								
salary continuance What percentage of your cover	income, for supe cannot k plus an represer example maximum	nnot be growhich included which incl	udes a ions. ⁻ than 7 0% of er cor e a m cover	per month (min. \$500 per month han 85% of your monthly a maximum 10% allowance That is your cover amount 5% of your monthly income your monthly income ntribution component. For onthly salary of \$4,000 the amount you can have % x \$4,000.)	nth)			
amount indicated above represents a Super contribution component? If this is left blank nil will be assumed.		%	(This i	s optional and is a maximum of	10% of y	our monthly i	ncom	ne.)
Please apply indexing to my sum in	sured							
yes (default) no								
Salary continuance only (indemnity	')							
benefit period 2 years (to a	age 65 if 6	earlier)		5 years (to age 65 if earlier)	to a	age 65		
waiting period 30 days 60 days 90 days								
Please pay my insurance premium								
proportionally according to my account balance (default) %								04
from my investment option								%
								%
						Tot	tal	100%

2. Insurance details (continued)

Personal questionnaire:

If yes, please state forms and quantities: 4. Do you drink more than 20 standard drinks of alcohol per week? If yes, please provide forms and quantities: 5. Have you ever engaged or are you ever likely to engage in any aviation (other than as a fare paying passenger) or in any hazardous occupation, recreation, pastime, pursuit or sport (eg motor car racing, professional football, scuba diving over 30m depth)? 6. Have you ever suffered symptoms of, or had, or been told you have or received any advice or treatment for: • high blood pressure, high cholesterol, heart complaint, chest pain 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: • suffered from AIDS or been infected with the HIV virus; or • used or injected yourself with any illicit drugs not prescribed by a medical practitioner; or • engaged in male-to-male anal sexual activity? 8. 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)? (This question does not apply to you if you are applying for death only cover). 9. Do you have existing life, disability or trauma cover on your life (including any current applications held with any insurer)? If yes, please provide the policy details in the schedule below: Commencement date Insurer Type of cover Amount of cover To be replications.	1. Do you permanently	reside i	n Austra	alia?														no	ye	es
occupation industry daily duties (including) % time spent performing each duty) 3. Have you smoked tobacco or any other substance in the last 12 months? no yes If yes, please state forms and quantities: 4. Do you drink more than 20 standard drinks of alcohol per week? no yes If yes, please provide forms and quantities: 5. Have you ever engaged or are you ever likely to engage in any aviation (other than as a fare paying passenger) or in any hazardous occupation, recreation, pastme, pursuit or sport (eg motor car racing, professional football, scuba diving over 30m depth)? 6. Have you ever suffered symptoms of, or had, or been told you have or received any advice or treatment for: • high blood pressure, high cholesterol, heart complaint, chest pain or stroke; • mental or nervous disorder including stress, anxiety, depression or neurological condition; • cancer or at umour 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: • suffered from AIDS or been infected with the HIV virus; or • used or injected yourself with any illicit drugs not prescribed by a medical practitioner; or • engaged in male-to-male anal sexual activity? 8. 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)? (This question does not apply to you if you are applying for death only cover). 9. Do you have existing life, disability or trauma cover on your life (including any current applications held with any insurer)? If yes, please provide the policy details in the schedule below: Commencement date Insurer Type of cover Amount of cover To be repli		\$										he	iaht ((cm)			wein	ht (kı	a)	
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no ye	Commencement date	ı	nsurer			Ty	pe of	cov	er		An	nou	nt of	cov	er		Т	o be	repl	laced
																		no	ye	es
no ye																		no	ye	es

3. General declaration

- Truth and Accuracy I hereby declare that to the best of my knowledge and belief all of the answers to questions on this application form are true and accurate and I have not deliberately withheld any information material to the proposed insurance.
- 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
- Acceptance of the 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 or the Plan about acceptance of my application.
- **Duty of Disclosure** I acknowledge that I have read and understood the 'Your duty of disclosure' notice in accordance with the Insurance Contracts Act 1984, as detailed in the 'Insurance in your super' document.
- Consent to provide personal health information to my adviser I consent to allow Perpetual to provide my adviser with any personal health information to assist the Trustee and Insurer in assessing my application for insurance.

I do not authorise my financial adviser to be provided with any personal health information submitted in relation to my
application for insurance.

Election to maintain cover (optional)

I wish to opt-in to maintain my insurance cover in the event	that my account becomes inactive for a continuous period of
` ,	required to be cancelled). I understand and acknowledge that the
ongoing insurance premiums being charged to my account	will likely reduce my account balance.
signature of	

date

	4.	Ad	viser	use	on	ly
--	----	----	-------	-----	----	----

investor

print name

Adviser details

adviser name	
phone (business hours)	
email	
[1] perpetual adviser ID	
OR [2] dealer group AND	
dealer branch*	
	*City or suburb of the dealer group office you operate through
	If Senior Adviser details are completed above, please also provide name of your accountant
adviser signature	date / / ADVISER
	STAMP