



## 2. Insurance details

### Type of insurance

Type of insurance	Cover
<input type="checkbox"/> death only	amount \$ <input type="text"/> (min. \$50,000)
or	
<input type="checkbox"/> TPD only	amount \$ <input type="text"/> (min. \$50,000)
or	
<input type="checkbox"/> death and TPD	death amount \$ <input type="text"/> (min. \$50,000)
	TPD amount \$ <input type="text"/> (min. \$50,000)
or	
<input type="checkbox"/> death and TPD	amount \$ <input type="text"/> (min. \$50,000)
and/or	
<input type="checkbox"/> salary continuance	amount \$ <input type="text"/> per month (min. \$500 per month)
	(This cannot be greater than 85% of your monthly income, which includes a maximum 10% allowance for super contributions. That is your cover amount cannot be greater than 75% of your monthly income plus an optional 10% of your monthly income representing a super contribution component. For example if you have a monthly salary of \$4,000 the maximum monthly cover amount you can have is 75% x \$4,000 plus 10% x \$4,000.)
What percentage of your cover amount indicated above represents a Super contribution component? If this is left blank nil will be assumed.	<input type="text"/> % (This is optional and is a maximum of 10% of your monthly income.)

### Salary continuance only (indemnity)

benefit period	<input type="checkbox"/> 2 years (to age 65 if earlier)	<input type="checkbox"/> 5 years (to age 65 if earlier)	<input type="checkbox"/> to age 65
waiting period	<input type="checkbox"/> 30 days	<input type="checkbox"/> 60 days	<input type="checkbox"/> 90 days

**Personal questionnaire:**

1. Do you permanently reside in Australia? no  yes

2.           annual salary \$            number of hours worked per week            height (cm)            weight (kg)

          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, pastime, pursuit or sport (eg motor car racing, professional football, scuba diving over 30m depth)? no  yes

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)?

no  yes

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?

no  yes

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)? no  yes

**(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)? no  yes

          If yes, please provide the policy details in the schedule below:

Commencement date	Insurer	Type of cover	Amount of cover	To be replaced
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	no <input type="checkbox"/> yes <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	no <input type="checkbox"/> yes <input type="checkbox"/>

**If you answered 'Yes' to any of questions 3 to 8 above, please complete the standard insurance application form.**

### 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.

signature of investor	<input type="text"/>	date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>
print name	<input type="text"/>								

### 4. Adviser use only

adviser name	<input type="text"/>																								
phone (business hours)	<input type="text"/>												mobile	<input type="text"/>											
email	<input type="text"/>																								
[1] perpetual adviser ID	<input type="text"/>																								
OR [2] dealer group AND	<input type="text"/>																								
b.dealer branch*	<input type="text"/>																								
*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																									
<input type="text"/>																									
adviser signature	<input type="text"/>												date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>						
																									