



Perpetual WealthFocus Super Plan

Perpetual Superannuation Limited ABN 84 008 416 831 AFSL 225246
Perpetual WealthFocus Superannuation Fund ABN 41 772 007 500 RSE R1057010

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
- Total and Permanent Disablement (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, and
- can answer 'no' to questions 3 to 8 in the personal questionnaire section.

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

Are you an existing member?

yes account number

1. Member details

title		Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	other	<input type="text"/>
first name(s)											
last name											
date of birth		<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	age next birthday		<input type="text"/>	<input type="text"/>
gender		male		<input type="checkbox"/>		female		<input type="checkbox"/>			
po box		unit number		street number							
street name											
suburb											
state		postcode		country							
telephone											
email address											

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)

new increase

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)
and/or	buyback option yes <input type="checkbox"/> no (default) <input type="checkbox"/>
<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.)

Please apply indexing to my sum insured

yes (default) no

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"/> age 65
waiting period	<input type="checkbox"/> 30 days	<input type="checkbox"/> 60 days	<input type="checkbox"/> 90 days

Please pay my insurance premium:

<input type="checkbox"/>	from my investment option with the highest balance (default) – including where the balance in a nominated investment option is insufficient to pay a premium
<input type="checkbox"/>	proportionally across my investment options
<input type="checkbox"/>	from my <input type="text"/> investment option

Personal questionnaire:

1. Are you:

- (a) an Australian citizen or holder of an Australian permanent resident visa? no yes
- (b) a New Zealand citizen holding a current special category visa who is residing in Australia indefinitely? 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. Do you engage in or intend to engage in any of the following: abseiling, aviation (other than as a passenger on a recognised airline), football (all codes including touch football), long-distance sailing, hang gliding, scuba diving, motor racing, non-competitive off-road motorcycle sport (trail bike/dirt bike riding/motocross), parachuting, powerboat racing, mountaineering, martial arts or any other hazardous activity? 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. (a) Have you ever used illicit drugs not prescribed by a medical practitioner? no yes

(b) In the past 5 years have you:

- (i) engaged in male to male sexual activity **without** a condom (except in a relationship between you and only one other person where neither of you has had sex **without** a condom with anyone else in the past 5 years) or
- (ii) had sex **without** a condom:
 - with someone you know or suspect to be HIV positive or
 - with someone who injects non prescribed drugs or
 - with a sex worker or as a sex worker?

no yes

8. Unless you are applying for death only cover, 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

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 and where applicable:
 - 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
 - if I am transferring my existing insurance cover from another provider and this information is being provided directly to the insurer, this information is true and accurate at the time of transfer and I have not deliberately withheld any information material to the insurance cover that is being transferred and
 - all information I have provided to the insurer directly is true and accurate and I have not deliberately withheld any information material to the proposed insurance cover.
- **Changes to Contract** – I understand that I must advise the trustee and 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 the trustee about acceptance of my application.
- **Duty to take reasonable care** – I acknowledge that I have read and understood the ‘Duty to take reasonable care’ in accordance with the Insurance Contracts Act 1984 as detailed in the PDS.
- **Privacy Statement** – I have read and understood the privacy disclosure as detailed in the Perpetual WealthFocus Super Plan PDS. I consent to my personal information being collected and used and disclosed in accordance with the Privacy disclosure.
- **Consent to provide personal health information to my adviser** – I consent to allow Perpetual to provide my financial 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 16 months (where my insurance cover would otherwise be 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	<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. Financial adviser use only

Financial adviser details

financial adviser name	<input type="text"/>												
phone (after hours)	<input type="text"/>				phone (business hours)	<input type="text"/>							
mobile	<input type="text"/>				fax	<input type="text"/>							
postal address	<input type="text"/>												
AFSL licensee name	<input type="text"/>					AFSL number	<input type="text"/>						
Perpetual adviser number	<input type="text"/>												
dealer group	<input type="text"/>					dealer branch	<input type="text"/>						
email address	<input type="text"/>												
financial adviser signature	<input type="text"/>					date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>
											<div style="border: 1px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> ADVISER STAMP </div>		

IL GN // (Group)
 IL AN // (Adviser)
 IL CN // (Client)