



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

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

Are you an existing member?

yes	<input type="checkbox"/>	account number	<input type="text"/>
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1. Member details

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

death only amount \$ (min. \$50,000)

or

TPD only amount \$ (min. \$50,000)

or

death and TPD death amount \$ (min. \$50,000)

TPD amount \$ (min. \$50,000)

and/or

buyback option yes no (default)

salary continuance amount \$ 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? % (This is optional and is a maximum of 10% of your monthly income.)
 If this is left blank nil will be assumed.

Please apply indexing to my sum insured

yes (default) no

Salary continuance only (indemnity)

benefit period 2 years (to age 65 if earlier) 5 years (to age 65 if earlier) age 65

waiting period 30 days 60 days 90 days

Please pay my insurance premium:

proportionally according to my account balance from my investment option
 from my investment option with the highest balance*

* If no selection is made or if your nominated investment option is insufficient, we will deduct premiums from the investment option with the highest balance.

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 (any code), 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. (a) Have you ever injected yourself with any 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. 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’ in accordance with the Insurance Contracts Act 1984 as detailed in the Perpetual WealthFocus Super Plan PDS.
Warning: You have a duty to disclose all information relevant to the insurer’s decision to accept your application.
- **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.

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"/>							
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"/>	<input type="text"/>
														

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