

APPLICATION FOR ALTERATION TO NON-SMOKING PREMIUM RATES



Policy number

Name of insured person

Name of policy owner

About this application

When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can cover you, and if so on what terms and for what premium.

We will ask questions we need to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give us in response to our questions is vital to our decision.

If your application to vary your Policy is accepted, the Policy will be treated as a consumer insurance contract to the extent of the variation.

The duty to take reasonable care

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

If the duty is not met

If the duty is not met, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

Note: Completion of this form does not mean that non-smoker rates will automatically apply.

1. Have you smoked tobacco or any other substance or used e-cigarettes or any nicotine-containing product in the last 12 months? Yes No
2. Up to the time that you stopped smoking, how many years had you been a smoker? Year
3. How many cigarettes did you smoke per day before you stopped? Per day
4. Have you been advised to stop smoking for health reasons? Yes No
5. Do you plan to seek or are you awaiting medical advice, investigation or treatment for any current health condition? Yes No

Guidance for answering our questions

You are responsible for the information provided to us when applying for insurance. When answering our questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

Changes before your cover starts

Before your cover starts, we may ask you whether the answers to the questions that you have given when applying for insurance remain accurate or whether there has been a change to any of your circumstances. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

If you need help

It's important that you understand this information and the questions we ask. Ask us or your adviser for help if you have difficulty understanding the process of applying for life insurance or answering our questions.

If you're having difficulty due to a disability, language, or for any other reason, please let us know – we're here to help and can provide additional support.

6. Since the commencement of your policy with TAL, have you had or received medical advice or treatment (including surgery) for any of the following conditions?

- (a) Chronic asthma, bronchitis, obstructive airways disease or any other lung or respiratory disorder. Yes No
- (b) Heart attack, chest pain, stroke, diabetes, or any other heart disorder. Yes No
- (c) Cancer or tumour of any kind. Yes No

If 'yes', please provide full details, including the name and address of your medical practitioner or health professional.

7. To help us process your application, we may need to contact you. Please let us know the most convenient time and place:

At home At work Days Convenient times From: To:

Preferred contact number ()

Declaration

- I/We have understood all the questions in this form and declare that the statements made in this Statement are true and complete and agree that they shall form part of the application for insurance and shall be relied upon by TAL Life Limited in deciding whether to issue a policy including the premiums and terms to offer.
- To the extent that if the answers are not in my/our own handwriting they have been checked by me/us and I/we certify that they are correct to the best of my/our knowledge.
- I/We understand there is a duty to take reasonable care not to make a misrepresentation to the insurer before entering into a contract of insurance, extending or making changes to existing insurance, and reinstating insurance. I/We also understand that if this duty is not met it can have serious impacts on my insurance.
- Any statements I/we have made on or with an application to another insurer and which I/we have presented to TAL Life Limited are intended by me/us as declarations and representations to TAL Life Limited and I/we acknowledge that TAL Life Limited will use them in assessing this insurance application.
- Before or at the time I/we provided any personal information, I/we had read and understood the current TAL Life Limited privacy policy, which is available at www.tal.com.au/privacy-policy, and is free of charge on request.
- I/We consent to TAL Life Limited and, if I am/we are applying for membership of the Fund, the Trustee collecting, using and disclosing my/our personal information (including sensitive information), in accordance with the Privacy Statement. This includes disclosing my/our personal information to my/our financial adviser to clarify the decision in the event the application cannot be accepted (if relevant).

Signature of the person to be insured

Date / /

Signature of policy owner (if not same as person to be insured)

Date / /

The completed form can be returned to:

GPO Box 68
Sydney NSW 2001
Telephone 1800 338 102