

APPLICATION FOR ALTERATION TO NON-SMOKING PREMIUM RATES



Issued 1 March 2019

Policy number:

Name of insured person:

Name of policy owner:

Your duty of disclosure

To be read by the policy owner and person to be insured before completing the application.

Before you enter into a contract of life insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, that is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

Your duty of disclosure continues to apply until the contract is entered into. It also applies when you extend, vary or reinstate a contract of life insurance.

Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows, or in the ordinary course of their business, ought to know; or
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure and we would not have entered into the contract if the failure had not occurred, we may avoid the contract within 3 years of entering into it.

If your non-disclosure is fraudulent, we may avoid the contract at any time.

We may elect not to avoid your contract but to vary it by:

- (i) reducing the sum insured in accordance with a formula that takes into account the premium that would have been payable if you had complied with your duty of disclosure; or
- (ii) placing us in the position in which we would have been in if you had complied with your duty of disclosure.

The options to vary the contract are available to us while cover under the contract remains in force.

Where your contract provides death cover, we may only apply i) above and must do so within 3 years of you entering into the contract with us.

If the contract is for insurance of the life of another person, any failure by him or her to tell us a matter that he or she knows, or could reasonably be expected to know, is relevant to our decision whether to enter into the contract and, if so, on what terms, may be treated as a failure by you to comply with your duty of disclosure.

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

1. In the last 12 months, have you smoked tobacco or any other substance, inhaled any substance using any type of electronic cigarette, or used any type of smokeless tobacco product? Yes No
If 'yes', what and how much?

2. When did you cease all smoking, all use of electronic cigarettes and all use of smokeless tobacco products?

Month Year

3. What motivated you to give up smoking or using electronic cigarettes or using smokeless tobacco products?

4. Do you intend to resume smoking or using any type of electric cigarette or any smokeless tobacco product? Yes No
If 'yes', when and why?

5. When did you cease use of all types of Nicotine Replacement Therapy (including weaning off period)?

Month Year

This form is issued by Asteron Life & Superannuation Limited ABN 87 073 979 530, AFSL 229880 (Asteron) which is part of the TAL Dai-ichi Life Australia Pty Limited ABN 97 150 070 483 group of companies (TAL). Suncorp Portfolio Services Limited ABN 61 063 427 958, AFSL 237905, RSE Licence No L0002059 (SPSL) is the trustee of the superannuation fund and part of the Suncorp group of companies (Suncorp). The obligations of the different entities of TAL and Suncorp are not guaranteed by other entities.

6. Do you have, or has a medical practitioner or other health professional advised you that you have any smoking, nicotine or tobacco related medical condition eg. emphysema or other breathing problems, heart disease, vascular disease, stroke or cancer? Yes No
 If 'yes', please provide full details, including the name and address of the medical practitioner or health professional.

7. Have you been advised by a medical practitioner or other health professional to give up smoking or electronic cigarettes or smokeless tobacco products on medical grounds? Yes No
 If 'yes', please provide full details, and include the name and address of the medical practitioner or other health professional.

8. If we need to get more information from you, may one of our underwriters phone you? (this can save time and ensure that the underwriter fully understands your circumstances) Yes No
 If 'yes', when is the most convenient time and place:

At home At work Days Convenient times From: To:

Declaration

- I/We 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 Asteron Life & Superannuation 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 have read and acknowledge the Duty of Disclosure to Asteron Life & Superannuation Limited and understand that this duty continues to apply until the insurance applied for has been accepted by Asteron Life & Superannuation Limited. I also acknowledge that the Duty of Disclosure will also apply if I extend, vary or reinstate a contract of insurance.
- Any statements I/we have made on or with an application to another insurer and which I/we have presented to Asteron Life & Superannuation Limited are intended by me/us as declarations and representations to Asteron Life & Superannuation Limited and I/we acknowledge that Asteron Life & Superannuation Limited will use them in assessing this insurance application.
- Before or at the time I/we provided any personal information, I/we have read and understood the current Asteron Life & Superannuation Limited (Asteron) and Suncorp Portfolio Services Limited (Trustee) Privacy Statement in the current Asteron Life Complete Product Disclosure Statement and Policy Document (Asteron Life Complete PDS), which is also available at asteronlife.com.au/privacy.
- I/We consent to Asteron 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

X

Date / /

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

X

Date / /

The completed form can be returned to your state office:

NSW/ACT

GPO Box 4252
 Sydney NSW 2001
 Telephone 02 8275 3400
 Fax 1300 363 389
 NSW callers outside Sydney 1800 805 241

SA/NT

PO Box 429
 Unley Business Centre
 Unley SA 5061
 Telephone 08 8205 5333
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WA

PO Box 444
 West Perth WA 6872
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 Fax 1300 363 980
 WA callers outside Perth 1800 799 537

QLD

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 West End QLD 4101
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VIC/TAS

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 440 Collins Street West Post Office
 Melbourne VIC 8007
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