



# Priority Protection with AIA Vitality eApp<sup>®</sup> Express: Tele-Application Data Collection Form

Version 18 – Date Prepared 29 May 2019

**THIS FORM IS FOR ADVISER USE ONLY. NOT TO BE SENT TO AIA.  
ALL INFORMATION COLLECTED NEEDS TO BE ENTERED ONLINE THROUGH eApp<sup>®</sup> Express.**

This form is for financial advisers only and can be used to collect information from clients for eApp<sup>®</sup> Express.

Please ensure that your clients (including all Policy Owners and the Life Insured):

- are aware of and agree to all the notifications and declarations in the Priority Protection with AIA Vitality Application Form (**Application Form**) that is enclosed in the Priority Protection Product Disclosure Statement and Policy Document (**PDS**);
- understand and agree (before you collect their personal details) that their personal and sensitive information will be handled, collected, used and disclosed in the manner described in the AIA Australia Privacy Policy at [www.aia.com.au](http://www.aia.com.au) as updated from time to time, including exchange with third parties located in Australia and overseas;
- are aware of the 'Important Information' on the first page of the Application Form which includes their duty of disclosure; and
- understand (if applying for AIA Vitality and/or myOwn health insurance) that AIA Australia underwriting does not have access to their AIA Vitality or myOwn health insurance information (including health and medical information) unless they disclose that information as part of the insurance application and so they must answer AIA Australia's underwriting questions even if they already provided any of the information relevant to those questions in connection with AIA Vitality or myOwn health insurance.

## COMPLETION OPTIONS

### Contact details for the tele-interview

Contact number type	<input type="text"/>	Contact number	<input type="text"/>
Provide an alternative number?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	
Email address	<input type="text"/>		
Client name	<input type="text"/>		
Preferred name	<input type="text"/>		
Client gender	<input type="text"/>		
State	<input type="text"/>		

### Preferred appointment times

Please provide two preferred appointment dates and times for your tele-interview. Please note: These times are subject to availability at time of booking. Operating hours are from Monday to Friday 8am – 11pm AEST and Saturday 9am – 2pm AEST.

Date	<input type="text"/>	Date	<input type="text"/>
Times (Est)	<input type="text"/>	Times (Est)	<input type="text"/>
Between	<input type="text"/>	and	<input type="text"/>

### Information for the adviser to relay to the client

- To assist with a smooth and successful tele-interview, your client needs to be prepared.
- Your client's tele-interview will take approx. 30 minutes (possibly longer if a lot of information is required).
- Your client will be asked personal and sensitive information, please suggest that they are in an appropriate environment for the tele-interview.
- Your client will be asked information which includes:
  - Personal history, including activities and pursuits
  - Family history
  - Medical history
  - Lifestyle statement
  - Doctors details
  - Additional occupation details
  - Confirmation of whether their Adviser can see their responses

### A. Life Insured

#### A1 – Name

Title	<input type="text"/>	Sex	<input type="text"/>
Given name(s)	<input type="text"/>		
Surname	<input type="text"/>		

## A. Life Insured (continued)

### A2 – Address and Contact Details

Mailing address

Suburb  State  Postcode

Is the residential address the same as the mailing address?  Yes  No

Mobile (mandatory)

Phone (home)  Phone (work)

Email (mandatory)

### A3 – Personal Details

Smoker  Yes  No Date of birth (dd/mm/yyyy)  /  /  Age next birthday

Country of birth

*\*If not Australia or New Zealand, please complete Section B below.*

## B. Residency

What is your residency status?

## C. Policy Details

Are benefit indexation increases required?  Yes  No *Benefit indexation may automatically be applied if you do not select an option.*

Reasons for cover:  Personal Cover  Key person Cover  Business Partnership  Loan Protection  Buy/Sell, Share Purchase

Is a concurrent application for yourself, a Business Partner or Spouse being submitted? If 'Yes' please provide details. ....Yes  No

## D. Nomination of Beneficiaries

**Proposer to complete if required. Please list your nominated beneficiary(ies) and the proportion of death benefit you would like each to receive.** The nomination of beneficiaries applies to benefits paid under your policy as well as any Complimentary Interim Accidental Death Cover benefits paid before your policy commences.

1.	Surname	Given Name	Date of Birth	Relationship to Life Insured	% of benefit
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address <input type="text"/>			Country of Citizenship <input type="text"/>	
2.	Surname	Given Name	Date of Birth	Relationship to Life Insured	% of benefit
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address <input type="text"/>			Country of Citizenship <input type="text"/>	
3.	Surname	Given Name	Date of Birth	Relationship to Life Insured	% of benefit
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address <input type="text"/>			Country of Citizenship <input type="text"/>	
4.	Surname	Given Name	Date of Birth	Relationship to Life Insured	% of benefit
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address <input type="text"/>			Country of Citizenship <input type="text"/>	

If more than four beneficiaries are to be nominated use a separate Nomination of Beneficiary form available from us or your adviser. **TOTAL 100%**  
If the nominated allocations to beneficiaries do not add up to 100%, AIA Australia will adjust each allocation proportionately so that the total allocation equals 100%.

## G. Personal History (Other Insurance)

State your total number of existing policies and applications in progress (with any other insurer) including life, disability (including Total & Permanent Disablement or Salary Continuance cover) or trauma insurance.

If more than zero, please provide details below.

Policy Number	Commencing Date	Policy Owner	Insurer	Type of Cover	Amount of Cover	Existing Income Protection: Waiting Period/ Benefit Period	To Be Replaced 'Y' or 'N'

**IMPORTANT NOTES IF YOU ARE REPLACING AN EXISTING POLICY:** If you intend to replace an existing policy with an AIA Australia policy, we require that you must cancel your existing policy upon acceptance. Proof of cancellation of your existing policy will be required prior to payment of any AIA Australia claims. Cover under your AIA Australia policy will only start when the existing policy is cancelled. Failure to cancel your existing policy will render your AIA Australia policy void.

Have you ever been declined, deferred or accepted on special terms for life, disability or trauma insurance?  Yes  No  
 If 'Yes', please provide full details below including the type of decision, type of cover, year of decision and reason for decision.

Have you ever claimed benefits from any source (excluding unemployment), e.g. accident, sickness, workers compensation, disability pension or income protection insurance?  Yes  No  
 If 'Yes', please provide full details below including the name of the company, date, amount and reason for each claim.

## J. Present Occupation

Current occupation:

Select your employment status.

How long have you been at your current occupation?

Apart from your current job, how many jobs have you had in the past five years?

## K. Further Occupation Details \*if applying for Income Protection, Business Expenses, TPD, Waiver of Premium and/or Forward Underwriting Benefit

- What is the business/employers name and address?

- Do you work from home more than 30% of your time?  Yes  No

If 'Yes', please give full details below including; (i) percentage of time working at home, (ii) office arrangement (i.e. separate entrance, separate office etc.), (iii) how often you are required to leave the home as part of your duties, and (iv) where you work at these times.

- State the number of other entities you have percentage ownership in (e.g. trusts, partnerships, companies, associations).   
If more than zero, please provide full details below including name and address of the entity, your business involvement in the entity, the date ownership commenced and your % ownership/shareholding.

- Are you or any business with which you are associated, contemplating voluntary administration, or ever been made bankrupt or placed in receivership, involuntary liquidation or under administration?  Yes  No  
If 'Yes', please provide full details below..

The following 3 questions and Section K below only apply if you are self-employed.

- What percentage of your work is contract work?  %
- In the last two years have there been any periods of 'no work' or 'unemployment' between contracts or freelance work?  Yes  No  
If 'Yes' please provide details below.

- Is your work seasonal?  Yes  No

## K. Further Occupation Details – Self-employed

- When was the business purchased/started?
- State what percentage of interest/shareholding you have in the business/practice.  %
- How many full-time employees do you employ?
- Has your company had a net operating loss in the last two years?  Yes  No

## L. Income Details \*if Agreed Value Income Protection

- Are you providing copies of ITRs and/or P&Ls?  Yes  No

## L. Income Details – Employee

- A Total remuneration paid by your employer**  
(including salary, fees, commission, regular bonuses, regular overtime, fringe benefits and superannuation contributions)

Last financial year 30/6/

Previous financial year 30/6/

Where the benefit type selected is Extended Indemnity provide information for:

Third financial year 30/6/

\$

\$

\$

## L. Income Details – Self-employed

	Last financial year 30/6/ <input type="text"/>	Previous financial year 30/6/ <input type="text"/>	Where the benefit type selected is Extended Indemnity provide information for: Third financial year 30/6/ <input type="text"/>
<b>A Gross business income/revenue</b> (Do not include unearned income such as dividends, interest, rental income, proceeds from asset sales or royalties)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
(i) How much of the above gross revenue is renewal, trail or any form of ongoing commission?	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>B Total business expenses</b>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>C Net business profit/loss (before tax) = A – B</b>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>D Your % share of net business income</b>	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
<b>E Your share of net business profit/loss = C x D</b>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>F Add backs</b> (your own portion of personal salary/wages, superannuation contributions, spouse's income if income splitting, share of depreciation)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>G Your net earned income (before tax) = E + F</b>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

## L. Income Details (continued)

- Will any of your income (from any source) continue if you become disabled? If 'Yes' please provide full details below.....  Yes  No
- How many sick days do you have accrued?.....
- Do you receive any unearned income from investments (e.g. rental property, dividends etc)? .....  Yes  No  
If 'Yes', please provide full details below including source and annual income.
- If you have a second occupation, please provide the following details.**  
 Nature of occupation   
 Hours worked per week  Number of weeks worked per year   
 Last financial year 30/6/  Previous financial year 30/6/   
 Net income (before tax) \$  Net income (before tax) \$

## Payment Options

AIA Vitality contributions cannot be funded by Superannuation or SMSF monies.

### Initial deposit payment

- A cheque for the first payment has been forwarded
- Please debit my Financial Institution account for the first payment
- Please debit my credit card for the first payment

### Future payments

- Please debit my Financial Institution account for all future payments
- Please debit my credit card for all future payments

Would you like to provide payment details after the application has been submitted?  Yes  No

## Adviser Details

### Adviser 1

Name of adviser	<input type="text"/>
Adviser code	<input type="text"/>
Commission percentage	<input style="width: 50px;" type="text" value="%"/>
ABN/ACN	<input type="text"/>
Telephone number	<input type="text"/>
Fax number	<input type="text"/>
Email	<input type="text"/>
Association	<input type="text"/>

### Adviser 2

Name of adviser	<input type="text"/>
Adviser code	<input type="text"/>
Commission percentage	<input style="width: 50px;" type="text" value="%"/>

### Other Details

- Has a medical exam, HIV or any other test been arranged? .....  Yes  No
- Can the proposed Policy Owner/s and/or life/lives to be insured read and understand English? .....  Yes  No
- Remuneration structure? .....
- Is a specific commencement date required? .....  Yes  No
- Would you like us to contact you before we issue any policies associated with this application? .....  Yes  No
- Do you agree to AIA Australia contacting the Life Insured directly, if necessary, in order to obtain information required to facilitate the underwriting of the application? .....  Yes  No
- Do you want to complete this application using signature-less electronic declarations? .....  Yes  No
  - Would you like this application to go through as an auto complete case, if applicable? .....  Yes  No*(Note - auto complete question only appears if the Adviser selects 'yes' to signature less)*
- Do you require a signature from the Life Insured and Policy Owner(s) for your own records? .....  Yes  No  
*(Note - you do not need to provide a signed copy to AIA Australia)*

**Direct Debit Request**

If this Direct Debit Request is for more than one policy then please list all relevant policy numbers.

\_\_\_\_\_

Payment options: 1.  Initial payment and all future payments 2.  All future payments

Where you are paying from a business, super, SMSF or platform account, and are applying for AIA Vitality, please also complete the AIA Vitality Payment form.

**Request and Authority to debit the account named below to pay AIA Australia**  **Monthly**  **Half-yearly**  **Yearly**

Please refer to the Direct Debit Request Service Agreement in the Priority Protection Product Disclosure Statement and Policy Document (PDS).

I/We

Account holder 1	Title _____ _____	Surname or Company Name _____ _____ _____	Given Name or ABN _____ _____
Account holder 2	Title _____ _____	Surname or Company Name _____ _____ _____	Given Name or ABN _____ _____

**request and authorise** AIA Australia Limited (Direct Debit User ID 000142) to arrange for any amount payable in relation to my policy and (where applicable) AIA Vitality contributions to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement.

**Insert details of account to be debited**

Name account is held in \_\_\_\_\_

BSB number  -  Account number

**Acknowledgment** I/We have read and understood the terms and conditions governing the debit arrangements between myself and AIA Australia as set out in this Request and in the Direct Debit Request Service Agreement.

**Insert the name and address of financial institution at which account is held**

Financial institution name \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

**Insert your signature**

Account Holder 1 Signature <input type="checkbox"/> X	Account Holder 2 Signature <input type="checkbox"/> X	Date (dd/mm/yyyy) <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>
--	--	--

**Credit Card Authority**

If this Credit Card Authority is for more than one policy then please list all relevant policy numbers.

\_\_\_\_\_

Payment options: 1.  Initial payment only 2.  All future payments 3.  Initial payments and all future payments

Where you are paying from a business account, and are applying for AIA Vitality, please also complete the AIA Vitality Payment form.

**Please debit my**  Visa  MasterCard  Diners  AMEX

No.  Expiry Date  /

This authority enables AIA Australia Limited to debit your credit card for any amount payable in relation to your policy and (where applicable) AIA Vitality contributions until you advise AIA Australia in writing to cancel this authority. The amount debited may vary from time to time as a result of contractual variations (this only applies if option 2 or 3 above is chosen).

If you choose the option of using a credit card for the one-off payment of the deposit please enter the amount. \$ \_\_\_\_\_

Name as shown on credit card \_\_\_\_\_

Cardholder's Signature  X Date (dd/mm/yyyy)  /  /

**IMPORTANT NOTICE:**  
Credit Card refunds will be processed by us in the ordinary course of business. We will not accept any responsibility for credit card charges or fees incurred due to expired or cancelled cards or timing delays in processing refunds by the credit card issuer.