



## Priority Protection

# Application for Reinstatement

(BranchUse Only)

Adviser No:

Adviser name:

Adviser email:


### Important Information

- This application form is to be used when applying for reinstatement of a lapsed Priority Protection policy.
- This application form can only be used where the lapse date of the policy you are applying to reinstate occurred no more than 12 months ago. If the lapse date of the existing policy was more than 12 months ago, please complete a new *Application Form* available at [aia.com.au](http://aia.com.au).
- Before proceeding with this Application for Reinstatement, please carefully consider whether the policy you are applying to reinstate meets the Policy Owner's current or future needs.
- This application form will need to be completed by both the Policy Owner(s) and the Life Insured under each eligible AIA Australia policy. A separate application must be completed for each life insured if there is more than one life insured on the policy.
- Note: ongoing monthly AIA Vitality contributions must be paid by direct debit or credit card. AIA Vitality contributions cannot be paid for by superannuation, Self Managed Super Fund monies or from a platform account.
- AIA Vitality contribution payments will match the frequency of premium payments on the relevant associated insurance policy. All outstanding amounts due in relation to the eligible AIA Australia Insurance policy will need to be paid in full prior to the reinstatement of an AIA Vitality membership.

Please send completed application form and signed quote (if applicable) to [infohub@aia.com](mailto:infohub@aia.com) or AIA Australia, PO Box 6111, Melbourne VIC 3004.

Separate applications must be completed if the reinstated policy will insure more than one life.

Policy No.		Name of Life Insured (as per legal identity)			
Contact phone number (mobile)		(home)		(work)	
Name of Policy Owner				Policy Owner's Date of Birth	
Address of Policy Owner					
Email of Policy Owner					

### About this application

The life insurance policy being applied for with this application is a consumer insurance contract within the meaning of the *Insurance Contracts Act 1984* (Cth). 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 at what cost.

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.

### 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 applies to a new contract of insurance and also applies when extending or making changes to existing insurance, and reinstating insurance.

### If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. There are different remedies that may be available to us. These are set out in the *Insurance Contracts Act 1984* (Cth). These are intended to put us in the position we would have been in if the duty had been met.

Your cover could be avoided (treated as if it never existed), or its terms may be varied. 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.

Before we exercise any of these remedies, we will explain our reasons and what you can do if you disagree.

### Guidance for answering our questions

You are responsible for the information provided to us. 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 about any changes that mean you would now answer our questions differently. 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 a person you trust, such as your adviser for help if you have difficulty understanding the process of buying insurance or answering our questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help. If you want, you can have a support person you trust with you.

### Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has any impact on the cover.

## SECTION A – Confirmation of financial needs (Policy Owner and/or Life Insured to complete)

You must have financial needs to be eligible for this insurance cover. The Policy Owner and/or the Life Insured makes the following declaration:

- ☐ 1. I confirm I have consulted a financial adviser about this Application for Reinstatement.
- OR
- ☐ 2. I confirm I do have either existing or future outstanding financial commitments and needs, such as:
- borrowing costs
  - replacing cash-flow
  - medical or rehabilitation expenses
  - protecting assets
  - providing for loved ones.

## SECTION B – Personal History (Life Insured to complete, if child under 16, please complete Section C)

*Note: Where you are a member of AIA Vitality or AIA Health Insurance, AIA Australia Underwriting does not have access to your AIA Vitality or AIA Health Insurance information (including health and medical information) unless you disclose that information as part of your application. You must answer the questions in this section fully even if you already provided any of the information relevant to those questions in connection with AIA Vitality or AIA Health insurance.*

1. Have you ever had symptoms of, been diagnosed with, or had treatment or medication for:
- (a) Cancer ..... Yes ☐ No ☐
- (b) Diabetes ..... Yes ☐ No ☐
- (c) Heart Complaint ..... Yes ☐ No ☐
- (d) Stroke ..... Yes ☐ No ☐
- (e) Mental health conditions such as anxiety or depression ..... Yes ☐ No ☐
- (f) Major musculoskeletal disorders such as osteoarthritis, rheumatoid arthritis, joint reconstruction/replacement ..... Yes ☐ No ☐

If you answered 'Yes' to any of (a) to (f) above, please provide details below. If insufficient space please attach a separate sheet of paper.

Question reference	Medical condition	Date of first symptoms/ diagnosis	Date of last symptoms	Time off work	% Degree of recovery	Details of any treatment/ medication including dates	Name/Address of doctor or health professional

2. In the last 12 months, have you:
- smoked tobacco or any other substance such as cigarettes, cigars, or pipes? ..... Yes ☐ No ☐
- used e-cigarettes, vapes, or any smokeless tobacco products? ..... Yes ☐ No ☐
- used nicotine patches, chewing gums, or any other nicotine replacement products? ..... Yes ☐ No ☐
- If 'Yes', please state substance and daily quantity (Please note 'packet' is not sufficient detail):

3. (a) What is your height?  cm (b) What is your weight?  kg
- (c) Have you lost 10kg or more in the last 12 months (other than reasons relating to pregnancy)? ..... Yes ☐ No ☐  
If 'Yes', please provide details below including reasons and amount of weight loss (e.g. lost 12kg via diet/exercise)
- (d) Have you had surgery to reduce your weight? ..... Yes ☐ No ☐

**SECTION B – Personal History (continued)** (Life Insured to complete, if child under 16, please complete Section C)

4. With regard to any medical condition you have experienced in the last 5 years:

*You do not need to include a consultation solely for the following:*

- *Minor temporary ailments (e.g. the common cold/influenza now resolved).*
- *Age and/or gender related general check-ups or routine screening with no symptoms present (e.g. Pap smear, mammogram, prostate check) where the results of the check-up/screening were normal.*

- (a) Have you seen a doctor or any other health professional (such as physiotherapist, chiropractor, osteopath, psychologist, psychiatrist)? ..... Yes ☐ No ☐
- (b) Have you had symptoms for more than 2 continuous weeks? ..... Yes ☐ No ☐
- (c) Have you had treatment and/or medication for more than 4 weeks? ..... Yes ☐ No ☐
- (d) Have you been referred for investigations, tests or procedures? ..... Yes ☐ No ☐
- (e) Have you been referred to a specialist? ..... Yes ☐ No ☐
- (f) Have you been admitted to hospital (excluding outpatient visit)? ..... Yes ☐ No ☐
- (g) Have you had time off work for more than 2 continuous weeks? ..... Yes ☐ No ☐

**If you answered 'Yes' to any of (a) to (g) above, please provide details below. If insufficient space please attach a separate sheet of paper.**

Question reference	Medical condition	Date of first symptoms/ diagnosis	Date of last symptoms	Time off work	% Degree of recovery	Details of any treatment/ medication including dates	Name/Address of doctor or health professional

5. Are you currently considering, plan to, or have you been advised or referred to undergo further monitoring, treatment, investigation or any procedure? ..... Yes ☐ No ☐
6. Have you ever made a claim, or do you intend to make a claim, for any injury or sickness through sickness benefit, invalid pension, any insurance policy providing accident or sickness cover including Workers' Compensation? ..... Yes ☐ No ☐
7. Have you ever had any application for life, disability or trauma insurance declined, deferred or offered on special terms? ..... Yes ☐ No ☐

**If you answered 'Yes' to any of the questions from 5–7 above, please provide details below. If insufficient space please attach a separate sheet of paper.**

**SECTION B – Personal History (continued)** (Life Insured to complete, if child under 16, please complete Section C)

8. To the best of your knowledge, have any of your biological parents or siblings prior to the age of 60, ever experienced any of the following (You only need to tell us about your first degree blood relatives, alive or deceased):

- Heart disease or stroke? ..... Yes ☐ No ☐
- Breast cancer, ovarian cancer, prostate cancer or colon (bowel) cancer? ..... Yes ☐ No ☐
- Polycystic kidney disease or diabetes? ..... Yes ☐ No ☐
- Huntington's chorea, Alzheimer's disease, Dementia, Motor neurone disease, Multiple sclerosis, Muscular dystrophy or Parkinson's disease? ..... Yes ☐ No ☐
- Any other hereditary condition? ..... Yes ☐ No ☐

If 'Yes', please provide details in the table below.

	Condition/Illness (for heart disease or cancer please specify the type)	Age at onset (approx.)	Age at death (if applicable)
Father			
Mother			
Siblings			

Note: If you have a **favourable** genetic test result, for example, to show that you are not carrying a gene pattern associated with developing an illness that runs in your family, you may choose to disclose the result.

--

9. Since the date of the original application for cover under this policy, have you changed your occupation, position, hours worked, duties or employment status (e.g. moved from employed to self-employed status or employed by own company)? .... Yes ☐ No ☐

**If you answered 'Yes' to the question above, please provide details below. If insufficient space please attach a separate sheet of paper.**

--

10. Do you have definite plans to travel or reside overseas? ..... Yes ☐ No ☐

**If 'Yes' please state:**

Cities/Countries	Duration of travel	Frequency of travel	Reason for travel	Date of departure
				/ /
				/ /

11. Do you engage in or intend to engage in any of the following: abseiling, aviation (other than as a fare-paying passenger on a scheduled airline), football (all codes including touch football and oztag), long-distance sailing, hang gliding, scuba diving, motor racing, non-competitive off-road motorcycle sport (trail bike riding/dirt bike riding/motocross), parachuting, powerboat racing, mountaineering, martial arts or any other hazardous activity? ..... Yes ☐ No ☐

**If you answered 'Yes' to the question above, please provide details below. If insufficient space please attach a separate sheet of paper.**

--

12. Have you ever been advised to reduce or stop your alcohol consumption by a doctor, nurse or other medical professional? Note: This includes a referral for specialist support such as an alcohol dependence unit or Alcoholics Anonymous..... Yes ☐ No ☐

13. In the last 10 years have you taken any illicit drugs or used drugs that were prescribed to another person?..... Yes ☐ No ☐

**If you answered 'Yes' to questions 12 or 13 above, please provide details below. If insufficient space please attach a separate sheet of paper.**

--

**14. Income Protection only:**

**If you are an Employee:**

What is your annual income (excluding employer superannuation contributions) from your main job before tax?

\$
----

**If you are Self-employed:**

What is your annual income generated directly due to your personal exertion before tax, less your share of business expenses incurred?

\$
----

## SECTION C – Child Only under age 16 (For additional children, please photocopy this page and attach)

Child's name   
Date of birth  /  /

1. Is the child in good health and free from mental and physical impairment? ..... Yes ☐ No ☐
2. Has the child ever experienced any illness or injury necessitating any hospitalisation, or is the child taking prescribed medication or has the child ever had more than 2 weeks off school as a result of illness or injury? If 'Yes', provide details below. .... Yes ☐ No ☐

Illness or Injury: .....

Date of illness or injury .....

Details of treatment: .....

.....

.....

Length of treatment: .....

Time off school .....

Date of last symptom: .....

Degree of recovery % .....

Name/Address of doctor/hospital .....

.....

.....

Child's name   
Date of birth  /  /

1. Is the child in good health and free from mental and physical impairment? ..... Yes ☐ No ☐
2. Has the child ever experienced any illness or injury necessitating any hospitalisation, or is the child taking prescribed medication or has the child ever had more than 2 weeks off school as a result of illness or injury? If 'Yes', provide details below. .... Yes ☐ No ☐

Illness or Injury: .....

Date of illness or injury .....

Details of treatment: .....

.....

.....

Length of treatment: .....

Time off school .....

Date of last symptom: .....

Degree of recovery % .....

Name/Address of doctor/hospital .....

.....

.....

## SECTION D – AIA Vitality Membership Application (Life Insured to complete this section in full.)

### AIA Vitality (only available to the Life Insured)

AIA Vitality is a health and wellbeing program, encouraging you to get healthier and earn great rewards. By participating in the AIA Vitality program, you may earn discounted premiums on your eligible life insurance policies, see the terms provided to you with your application which are also available on the AIA Vitality Member website.

Do you have an existing AIA Vitality membership? ..... Yes ☐ No ☐

If 'Yes' please provide your AIA Vitality membership number.

If 'No' would you like to apply for AIA Vitality membership? ..... Yes ☐ No ☐

Email

*An email address is mandatory. To ensure confidentiality a unique email address must be entered.*

*Note: if you are, or are applying to be an AIA Vitality member you cannot enter the same email address as another AIA Vitality member.*

Note: If you are or are applying to be an AIA Vitality member, your AIA Vitality membership will be associated with an eligible AIA Australia insurance policy. AIA Australia will determine which is the associated policy.

### Information for completion of Payment Authority forms if you are applying for AIA Vitality:

- **Superannuation policies** – AIA Vitality contributions cannot be funded by superannuation monies (including SMSF). In order to have the AIA Vitality fee deducted please complete the AIA Vitality Payment Direct Debit Request or AIA Vitality Payment Credit Card Authority form (page 16).
- **Non Superannuation policies** – In all other instances the AIA Australia insurance premium(s) and the AIA Vitality contribution will be deducted from the same bank account/credit card. The Payment Direct Debit Request or Payment Credit Card Authority form (page 14) of this Application Form must be completed.
- If you are currently paying your insurance premium(s) via a method of BPAY, Post Billpay or cheque please take this opportunity to complete the Direct Debit Request or Payment Credit Card Authority form (page 14) to enable AIA Australia to more efficiently collect your premium(s) and AIA Vitality contribution.

## SECTION E – Financial Adviser Authority

**Note: the references to 'Policy Owner' in this section excludes Equity Trustees Superannuation Limited, where it is a Policy Owner in respect of a Superannuation Plan acquired for a member of the Scheme.**

This section needs to be completed if you wish to allow your financial adviser to provide AIA Australia with instructions relating to your life insurance policies on your behalf and to authorise AIA Australia to accept those instructions. If you allow your financial adviser to provide AIA Australia with instructions on your behalf, this authority will apply in relation to the life insurance policy contemplated by this application form (and associated AIA Vitality membership/s) and any other retail life insurance policies underwritten by AIA Australia (and associated AIA Vitality membership/s) where the policies are arranged by your adviser as long as those policies cover a Life Insured who has signed this form and is owned by any of the Policy Owners who sign this form ('your policies'). This financial adviser authority does not apply to private health insurance policies issued by AIA Health Insurance Pty Ltd.

To establish the adviser authority, all Policy Owners, Lives Insured and their adviser need to complete and sign this application form.

**NOTE: If the identity of one of the Policy Owners, one of the Lives Insured or the adviser, changes after this authority takes effect, a new authority will be required.**

The financial adviser nominated in this application form will have authority to instruct on the following matters relating to your life insurance policies as well as any AIA Vitality membership/s referable to your life insurance policies:

- Credit card expiry update
- Change of address or other contact details
- Change of payment details (where a completed credit card authority or direct debit request has been provided by the Policy Owner)
- Removing/decreasing a benefit or other policy feature or AIA Vitality feature
- Adding/amending or terminating an AIA Vitality membership
- Change in cover due to age parameters
- Cancel cover/policy
- Change occupation class
- Change of premium pattern
- Change of premium payment frequency
- Change of smoker status
- Instructions relating to benefit indexation on your policy/policies
- Suspending premium payments
- Reinstating a policy where underwriting is not required
- Apply to remove loadings or exclusions
- Removing payment details (stop debits)

### IMPORTANT NOTES

The authority allows the adviser to give instructions on your behalf in connection with the matters described in the bullet points above and authorises AIA Australia to accept those instructions. This means, for example, that your adviser will be able to instruct us to make changes to your life insurance policy/policies or AIA Vitality membership/s and we may make those changes without confirming the adviser's instructions directly with you in some circumstances.

**AIA Australia may not have the functionality to accept every type of instruction on your behalf at any given time.**

Accordingly, AIA Australia reserves the right to request additional information, forms, documents or confirmations from a person (including from the Policy Owner/s, the Lives Insured, the adviser or another person) before an instruction is processed.

Under the terms of this authority, the Policy Owner/s and the Lives Insured will generally be responsible for the adviser's conduct under this authority and AIA Australia will not generally be responsible for such conduct (subject to applicable law).

If required, you should obtain your own legal or other professional advice before signing this authority.

### GENERAL TERMS

- This authority will take effect on the date the life insurance policy or policies resulting from this application are issued, or for existing policies, from the date this application is processed.
- All Policy Owner/s, Lives Insured and the adviser must agree to this authority in order for it to take effect.
- This authority applies to any life insurance policy underwritten by AIA Australia and associated AIA Vitality membership/s where the policy is owned by the Policy Owner/s signing this form, covers the Lives Insured signing this form and is arranged by the adviser signing this form.
- AIA Australia excludes all liability in relation to this authority, except that which cannot be excluded by law.
- AIA Australia may seek confirmation from the Policy Owner/s or Lives Insured regarding any instruction received from the holder of this authority prior to acting on such instruction.
- This authority will immediately terminate in respect of a life insurance policy on cancellation of that policy and AIA Australia may also terminate this authority in respect of a policy on death of the Policy Owner or Life Insured under that policy.
- AIA Australia may decline to act on an instruction received from an adviser under this authority or may choose not to act on such an instruction unless a person (including the adviser, Policy Owner/s or Lives Insured or another person) provides additional information, forms, documents or confirmations requested by AIA Australia.
- AIA Australia may, at any time, conduct an audit of the adviser's performance of its obligations under this authority.
- For the avoidance of doubt, this authority does not require AIA Australia to act on instructions that would not be valid if provided by the Policy Owner/s or Lives Insured.
- If the Policy Owner/s and Lives Insured if relevant, cease their relationship with the adviser nominated in this application form, this authority will terminate.
- If the adviser nominated in this application form moves to a new adviser firm or dealer group and retains a relationship with the Policy Owner/s, and if relevant the Lives Insured, AIA Australia may, provided the new adviser firm or dealer group has an existing distribution agreement with AIA Australia, allow this authority to continue.
- In the case where there is more than one Policy Owner, the adviser must obtain and confirm instructions from all Policy Owners and, where relevant, the Lives Insured.

Do you wish to appoint the financial adviser nominated in this application form under this authority? ☐ Yes ☐ No

If yes, the financial adviser nominated will be able to provide AIA Australia with instructions relating to your life insurance policies (including the policy contemplated by this application form and any other retail life insurance policies underwritten by AIA Australia (and associated AIA Vitality membership/s)) on your behalf and AIA Australia will be authorised to accept those instructions.



## Declaration and Privacy Notification (Life Insured and Policy Owner/s must complete this section.)

### Privacy Notification

Personal (including sensitive) information provided will be handled in the manner described in the AIA Australia Group Privacy Policy as updated from time to time, accessible by visiting our website at [www.aia.com.au](http://www.aia.com.au), or by contacting us on 1800 333 613 to request a copy. AIA Australia handles and collects personal information for purposes which include the administration of your policy or claim, the provision of products and services, our business operations and other purposes set out in our Privacy Policy. By providing personal information to us or your adviser (and the Australian financial services licensee they represent), the trustee or administrator of a superannuation fund, or other representative or intermediary, or by continuing your relationship and otherwise interacting with us, you confirm that you have been notified of the matters and consent to the collection, use, disclosure and handling of personal information as described in the AIA Australia Group Privacy Policy as updated from time to time on our website. We rely on the accuracy of the personal information provided to us. If any of your personal information reflected in this form or any of the attachments is incorrect, out of date or incomplete, please call us on 1800 333 613 and we can take reasonable steps to correct the personal information. Where you provide us with personal information about someone else, you must have their consent to provide their information to us in the manner described in the AIA Australia Group Privacy Policy.

#### **Adviser appointment – Policy Owner and Life Insured**

**Note: the references to 'Policy Owner' in this adviser appointment excludes Equity Trustees Superannuation Limited, where it is a Policy Owner in respect of a Superannuation Plan acquired for a member of the Scheme.**

**Please read this important section and make sure you understand it, obtain advice in relation to it (if required) and agree to it before submitting your application.**

You agree to appoint advisers assisting you with your application for reinstatement (and AIA Vitality application, if relevant) to progress and finalise it on your behalf and to arrange for the life insurance policy to be renewed without further involvement from you.

By signing this application you (being the Policy Owner and/or the Life Insured) agree that:

- your adviser is authorised to provide any further instructions, information, consents or declarations in relation to your application for reinstatement (and your AIA Vitality application, if relevant) on your behalf and that we can request and rely on such instructions, information, consents or declarations from your adviser without further confirmation from you;
- where we offer to provide insurance cover on special terms (including, without limitation, premium loadings or special exclusions), you authorise your adviser to accept those special terms on your behalf. Where this occurs, you agree that we may rely on such acceptance by your adviser as if you accepted those special terms without further confirmation from you;
- we, or persons acting on our behalf, may verify any instruction, information, consents, declarations or agreement received from your adviser before acting on it. However, we are not obliged to do so and our failure to do so does not mean that we have waived our right to rely on the instruction, information, consents, declarations or agreement received from your adviser.
- you agree to indemnify us against all loss or liabilities and costs incurred as a result of our reasonable reliance on this adviser appointment, except to the extent that we remain liable for such losses or liabilities by operation of a law that we cannot exclude.


#### **Financial Adviser Authority – if you ticked 'yes' under section E – Financial Adviser Authority – Policy Owner and Life Insured**

- I/We jointly and separately indemnify AIA Australia against any claim, liability, loss, damage, expense (including legal costs on a full indemnity basis) that I/we suffer as a result of AIA Australia acting on instructions received from the adviser nominated above.
- I/We agree to immediately notify AIA Australia in writing if I/we wish to revoke or alter the authority given to the adviser nominated under this application form.
- I/We have read and agree with the information in section E of this application form, including the important notes, the general terms and this declaration. I/We appoint the adviser nominated under this application form to instruct AIA Australia in accordance with the information contained in section E and otherwise in accordance with the terms of this authority. I/We authorise AIA Australia to accept those instructions as if those instructions were provided by me/us.

### Declaration

Life Insured and Policy Owner/s must complete this section (or if applying on-line, have declared the following) except where the Life Insured and/or Policy Owner is under 16, where in such circumstances the parent/guardian of that Life Insured and/or Policy Owner must complete this section (or if applying on-line, have declared the following) on behalf of the Life Insured and/or Policy Owner.

- I/We have read the Priority Protection Product Disclosure Statement and Policy Document (PDS) relevant to the policy being reinstated and understand its contents and what is meant by my/our duty to take reasonable care.
- I/We warrant that, where I/we sign this application on behalf of a business partnership, I/we are authorised by and directed on behalf of the business partnership to reinstate the insurance policy to which this application relates and to do all things necessary to ensure the business partnership satisfies all of its obligations under this policy.
- I/We warrant that, where this application is being submitted on behalf of a business partnership, I/we are authorised by and directed on behalf of the business partnership to enter into this contract of insurance and to do all things necessary to ensure the business partnership satisfies all of its obligations under this contract of insurance.
- I/We acknowledge and agree that any insured death benefit will not be payable in the event of suicide within the exclusion period stated in my/our disclosure documents, following the reinstatement of cover and that qualifying periods for some benefits may also restart from the date of reinstatement.
- I/We agree that cover will not re-commence until AIA Australia has accepted the risk and decided to reinstate the policy.
- I/We declare that the information contained in the personal statements (whether written in my/our hand or not, attached, input into the computer using the electronic application system or are otherwise provided to AIA Australia) is true and correct and that no information material to the insurance has been withheld.
- Where I/we have completed the personal statements electronically using the electronic application system, I/we acknowledge that AIA Australia will send a copy of the statements I/we have provided to my personal address, that I/we must review this information and advise AIA Australia of any inaccuracies or omissions, and of any changes in health or circumstances up until the time a policy is issued.
- I/We agree that any personal statements made, completed electronically or otherwise provided to AIA Australia together with any relevant documents shall form the basis of the proposed contract of insurance with AIA Australia Limited.
- I/We acknowledge that these personal statements may result in certain exclusions or special acceptance terms becoming applicable to me. Where my/our adviser has indicated that the exclusions or special terms may apply, each of these exclusions and special acceptance terms has been explained to me/us. I/We confirm that I/we understand those terms and where they are applicable to me/us I/we agree to be bound by them.
- I/We have read the Priority Protection PDS and any relevant Supplementary PDS (SPDS), current at the time of this application, including Your Duty to Take Reasonable Care notice and understand its contents and what is meant by my/our duty to take reasonable care.
- I/We acknowledge and agree that my/our adviser and the licensed dealer or broker they represent may be entitled to receive commission or remuneration in the event that I/we am/are issued with the insurance policy/ies which is/are the subject of this application.

Continued overleaf 

## Declaration and Privacy Notification (continued) (Life Insured and Policy Owner/s must complete this section.)

- To the maximum extent permissible by law, I/we agree to receive any communications relating to AIA Australia's products and services electronically, including by way of a physical or electronic notice (such as an email, SMS, facsimile, webpage transmitted to a browser or other notice transmitted via any other electronic means that contains a hyperlink to the communication). Such communications may include (without limitation) the PDS (including any schedules and endorsements), Financial Services Guide (FSG) as well as other disclosure documents and communications. For example (and without limitation) I/we agree to receive the PDS (including any endorsements and schedules) and policy related communications, via email or by accessing a webpage that contains hyperlinks to such documents and communications. Electronic communications must be regularly checked and it is my/our responsibility to ensure that I/we provided to AIA Australia an up to date, unblocked and unfiltered electronic address, if requested by AIA Australia.
- I/We understand that any premium rate guarantee period applicable to the new policy, will commence from the original commencement date of the lapsed policy (or a previously replaced policy where applicable).
- I/We agree that cover will not commence until AIA Australia has accepted the risk under my/our policy.
- I/We also understand that my/our duty to take reasonable care continues after I/we have completed this application until AIA Australia has accepted the risk under my/our policy. I/We understand that AIA Australia underwriting does not have access to my/our AIA Vitality information (including health and medical information) unless I/we disclose that information as part of my/our insurance application. I/We understand that any health, medical or other information that may affect the risk under my/our policy needs to be provided to AIA Australia underwriting (including in this form) even if it was also provided as part of the Life Insured's participation in AIA Vitality.
- If I/we am/are a Policy Owner, in that capacity I/we agree that the premium relating to my/our policy may be discounted in some circumstances based on the Life Insured's conduct in respect of AIA Vitality where the Life Insured is a member of AIA Vitality. This declaration is part of my/our application for Priority Protection despite anything to the contrary in this document.
- If I/we am/are insured (or become insured) under an eligible private health insurance policy issued by AIA Health Insurance Pty Ltd which provides me/us with an entitlement to participate in AIA Vitality, I/we agree that the premium relating to the life insurance policy to which this application relates may be discounted.
- I/We acknowledge and confirm that any discounts and benefits provided in respect of the life insurance policy that is the subject of this application because of the Life Insured's conduct in respect of AIA Vitality where the Life Insured is a member of AIA Vitality or because the Life Insured is insured under a private health insurance policy issued by AIA Health Insurance Pty Ltd in respect of AIA Vitality and private health insurance are not guaranteed and AIA Australia reserves the right to vary or withdraw the discounts and benefits or the AIA Vitality product.
- I/We acknowledge and confirm that AIA Australia does not issue, and is not responsible for the administration of or the payment of any benefits provided under, private health insurance products issued by AIA Health Insurance Pty Ltd.
- I/We have been notified of, have read and consented to the handling, collection, use and disclosure of my/our personal (including sensitive) information, including the exchange of personal information with third parties located in Australia and overseas in the manner described in the Privacy section in the current PDS and any relevant SPDS and the Privacy Policy on the AIA Australia website [www.aia.com.au](http://www.aia.com.au) and on the AIA Vitality website [www.aiavitality.com.au](http://www.aiavitality.com.au) which were provided to me/us. I/We agree that any personal information AIA Australia holds will be governed by the most current Privacy Policy. I/We also agree that AIA Australia may update its Privacy Policy from time to time by posting an updated version on these websites and that a separate notice about the Privacy Policy may not be provided in each instance of collection.
- Where I/we have indicated that I/we hold a private health insurance policy issued by AIA Health Insurance Pty Ltd or would like to apply for such a policy, I/we consent to my/our personal information being provided to AIA Health Insurance Pty Ltd and its contractors and agents to facilitate my/our application and to confirm that I/we am/are (and continue to be) insured under such a policy. I/We understand that my/our information will be handled by AIA Health Insurance Pty Ltd in accordance with the AIA Health Insurance Privacy Policy which can be found at [www.aia.com.au/health](http://www.aia.com.au/health).
- I/We confirm that AIA Australia and its related entities, subsidiaries, affiliates and partners may use my/our personal information to provide marketing communications that may be of interest to me/us, including about insurance and financial products and services, wellness products and services and, if I am a member of AIA Vitality, products and services of our AIA Vitality partners. Communications may be provided on an ongoing basis by telephone, electronic messages (e.g. email and pop-ups), online (including websites and mobile apps) and other means. If I/we do not wish to receive these marketing communications I/we will follow unsubscribe instructions in the communications themselves where prompted or contact AIA Australia on 1800 333 613.
- If I/we am/are a Policy Owner who is/are a natural person applying for an ordinary money Priority Protection policy, I/we agree to pay fees that the Life Insured is required to pay in respect of the Life Insured's AIA Vitality membership on behalf of the Life Insured unless otherwise agreed with AIA Australia and to the extent permitted by law. This declaration is not part of my/our application for Priority Protection despite anything to the contrary in this document.
- I/We authorise and consent to AIA Australia disclosing information that relates to me/us or to the insurance policy and/or AIA Vitality membership referable to this application to my/our adviser and the licensed dealer or broker they represent), my/our distributor, to the Policy Owner of any eligible AIA Australia insurance policy that I am insured under and/or the Life Insured under my policy (as applicable) and to their related parties including if applicable, the platform operator to which this application relates. Such information may include (without limitation), personal (including sensitive) information including lifestyle, health and medical information that relates to my/our application or that relates to the ongoing servicing and administration of insurance (including, without limitation, in relation to insurance claim management and assessment) and/or my AIA Vitality membership and other information such as my AIA Vitality status, membership number, whether I have purchased or used certain devices and/or accessories or whether I have visited or used certain AIA Vitality partners, to earn AIA Vitality points.
- Where I am the Life Insured and I have indicated that I would like to apply for an AIA Vitality membership, I declare that:
  - I have read the terms and conditions of AIA Vitality that were provided to me together with this application (also available on the AIA Vitality Member website at [www.aiavitality.com.au](http://www.aiavitality.com.au)) and I agree to those terms. I do so in my personal capacity and not in my capacity as a Policy Owner under an eligible life insurance policy or a member of a superannuation fund.
  - I consent to receive information about AIA Vitality electronically to the email address indicated in this form. Electronic communications must be regularly checked and it is my responsibility to ensure that I provided to AIA Australia an up to date, unblocked and unfiltered email address and that email from AIA Australia is not filtered. I acknowledge that hard copies of AIA Vitality information may not always be provided but that they may be sent at AIA Australia's discretion. I may withdraw my consents by following the unsubscribe instructions in the communications themselves.
  - I understand and agree that the AIA Vitality section of this application and (unless otherwise indicated) any consents, declarations, authorities and other matters relating to AIA Vitality in this application are not part of the application for Priority Protection and are part of my application for AIA Vitality.

☐ If this is an application for a superannuation policy owned by Equity Trustees Superannuation Limited, I acknowledge that I can only contribute to the Scheme for the purpose of funding premiums due under the Superannuation Life Cover Plan and/or Superannuation Income Protection Plan (Plan/s) which I am applying for, and agree that the trustee of the Scheme may acquire and continue to hold the insurance benefits provided under the Plan/s, even if (i) my superannuation account has not had a balance of at least \$6,000 at any point in time or (ii) I am under 25 years of age.  
Note: due to superannuation legislation restricting the ability of the trustee to hold cover for members with a low account balance or who are under 25 years of age, your application will not be considered if you do not meet the minimum account balance and age threshold and do not tick this box.

Continued overleaf 



**Declaration and Privacy Notification (continued)** (Life Insured and Policy Owner/s must complete this section.)

Signature of Life Insured

Name of Life Insured (as per legal identity)

Date

If the Life Insured is under 16 years old, please provide parent or guardian details.

Signature of parent/guardian

Name of parent/guardian

Date

**POLICY OWNER/S** (Please complete one section below)

All correspondence directly relating to the insurance policy/ies arising from this application will be issued to Policy Owner 1. By signing this application form you acknowledge that Policy Owner 2 (or any other Policy Owner) will not receive any correspondence directly related to this insurance application.

**1. Individual/s**

Signature of Policy Owner 1

Date

Signature of Policy Owner 2

Date

Name of Policy Owner 1

Name of Policy Owner 2

**2. Company/Corporate Trustee/Business Partnership**

Executed by (Company/Business Partnership Name)

Company/Business Partnership ABN/ACN

Signature of Director/Business Partner

Date

Signature of Director/Secretary/Business Partner

Date

Name of Director/Business Partner

Name of Director/Secretary/Business Partner

☐ If you are a sole director please tick here.*When a company is to be the policyholder it is important that the application is signed either by: (1) Two directors; or**(2) one director and company secretary; or (3) for a proprietary company that has a sole director who is also the sole company secretary, that director.***3. Non-corporate Trustee (including Self Managed Super funds)**

Signature of Trustee 1

Date

Name of Trustee 1

Signature of Trustee 2

Date

Name of Trustee 2

Signature of Trustee 3

Date

Name of Trustee 3

Signature of Trustee 4

Date

Name of Trustee 4

*When the trustee of a Self Managed Superannuation Fund is to be the policyholder it is important that the application is signed either by:**(1) All individual trustees; or (2) for single member fund, 2 individual trustees.*

## Adviser Use Only

### Adviser 1 details (Servicing Adviser)

Name of Adviser		Adviser Code	
<input type="text"/>		<input type="text"/>	
Company Name of Adviser (if applicable)		ABN/ACN (if applicable)	
<input type="text"/>		<input type="text"/>	
Name of Dealership		AFSL Number	
<input type="text"/>		<input type="text"/>	
Telephone number	Fax number	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

### Adviser 2 details

Name of Adviser	Adviser Code
<input type="text"/>	<input type="text"/>

AIA Australia is committed to assessing insurance applications as quickly as possible. To do this, our representatives may need to contact the Life Insured directly. Please provide the following details:

What is the Life Insured's contact number?

What is the best time to call?

☐ 9am – 12pm

☐ 12pm – 5pm

Which days are best to call them?

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

Has a medical examination or other test been arranged? ☐ Yes ☐ No

If 'Yes', please provide details of name and address of medical examiner or clinic in the space below.

Special Instructions

Would you like us to arrange any required medical examinations or blood tests directly with your client? ☐ Yes ☐ No

### English literacy

Can the proposed Policy Owner/s read and understand English? ☐ Yes ☐ No

Can the proposed life/lives to be insured read and understand English? ☐ Yes ☐ No

If 'No', what language was used to explain the policy?

Quote No.

### Adviser Declaration

- I confirm that I have given each Policy Owner and/or Life Insured a copy of the current:
  - Priority Protection Product Disclosure Statement and Policy Document (PDS) and any relevant Supplementary PDS (SPDS);
  - AIA Australia Group Privacy Policy;
  - where AIA Vitality is being applied for, a copy of the AIA Vitality Terms and Conditions (and where given electronically, the Policy Owner and/or Life Insured agree to receive information/disclosure electronically); and
  - where private health insurance products issued by AIA Health Insurance Pty Ltd are being referred, an AIA Health Insurance Member Guide and Product Fact Sheet.
- I confirm that each Policy Owner and/or Life Insured has checked the details provided in the Application Form, the Life Insured has checked the health information provided and that I have authority from the Policy Owner and/or Life Insured to proceed with the application and will be able to provide evidence of the authority to AIA Australia upon request. I acknowledge and agree that evidence may include, but is not limited to, adviser file notes, voice recording and/or signed declaration in my records.
- I understand that where the Policy Owner and/or Life Insured is less than 16 years of age, I declare that the parent or guardian of the Policy Owner and/or Life Insured has made the above declarations and confirmations to me on behalf of the Policy Owner and/or Life Insured.
- I confirm that all advice which I have provided in connection with this application has been provided in accordance with applicable duties and professional standards (including, without limitation, the legislative obligation for financial services licensees and their authorised representatives to act in accordance with the best interests of their clients).
- I agree to be appointed on behalf of the Policy Owner and Life Insured as described in the 'Adviser appointment – Policy Owner and Life Insured' sub-section in the Declaration and Privacy Notification section of the application for reinstatement. I agree to only exercise the authority granted as part of that appointment in line with the Policy Owner's and Life Insured's instructions (as relevant) and agree to maintain reasonable evidence of those instructions. I further agree to indemnify AIA Australia and persons acting on its behalf against all loss or liabilities and costs incurred as a result of this adviser appointment, except to the extent that AIA Australia remains liable for such losses or liabilities by operation of a law that it cannot exclude.

Continued overleaf 

Adviser Use Only (continued)

Financial Adviser Authority – if your client ticked ‘Yes’ under section E – Financial Adviser Authority

- I confirm I have fully explained to each Policy Owner and each Life Insured the consequences and implications of the Financial Adviser Authority.
- I accept and agree to my appointment to act on behalf of the Policy Owner/s and the Lives Insured in accordance with the Financial Adviser Authority as outlined in this application form.
- I have read and agree with the information in section E of this application form, including the important notes, the general terms, and this adviser declaration.
- I accept and agree to act honestly and in accordance with specific instructions I receive from the Policy Owner/s and Lives Insured, and only in accordance with this authority. In the case where there is more than one Policy Owner, I accept and agree to obtain and confirm instructions from all Policy Owners, and Lives Insured if relevant.
- I agree to provide evidence of any instructions I receive from the Policy Owner/s or Lives Insured, if and when requested by AIA Australia.
- I agree to retain evidence of any instructions I receive from the Policy Owner/s or Lives Insured indefinitely, unless otherwise advised by AIA Australia.
- I acknowledge and agree that this obligation continues even if I cease to have a relationship with the Policy Owner/s, and if relevant the Lives Insured.
- I agree to cooperate and comply with all reasonable requests made by AIA Australia in relation to an audit of my performance under this authority.
- I agree to immediately inform the Policy Owner/s and, where relevant, the Lives Insured of any instructions I have provided AIA Australia on their behalf.
- I agree to immediately notify AIA Australia if I move to a new adviser firm or dealer group, or otherwise cease to have a relationship with the Policy Owner/s, and if relevant the Lives Insured.
- I agree to immediately notify AIA Australia if there is any actual or apparent dispute in relation to any instructions I have provided AIA Australia under this authority.

Adviser 1 Signature	<div>X</div>	Date	<div></div>
Adviser 2 Signature	<div>X</div>	Date	<div></div>

Adviser Notes

# AIA Insurance Super Scheme No2 – Ongoing Superannuation Rollover Authority

## Important information:

Please return signed and completed form to AIA Australia Limited.

We will rely on this authority to initiate the exact rollover amount required from your transferring fund for initial and renewal insurance premiums.

This form is to be used to request an ongoing transfer of an amount of superannuation benefit from another super fund to the AIA Insurance Super Scheme No2 (a subdivision within Smart Future Trust) to pay for your Priority Protection insurance premiums as a member of the AIA Insurance Super Scheme No2.

We recommend you talk to your financial adviser prior to completing this form. Transferring superannuation benefits can have an impact on your insurance, fees and investments with your current fund and you may have to pay tax.

## 1. Personal Details

Title:  Surname:

Given Names:

Date of Birth:  /  /  Gender: ☐ M ☐ F AIA Australia Policy No. (if known):

Under the *Superannuation Industry (Supervision) Act 1994*, you are not obliged to disclose your tax file number but there may be tax consequences.

Tax File No:

Please note: A risk only interest in the AIA Insurance Super Scheme No2 will not be issued unless the trustee of that fund has your Tax File Number. If you did not already provide your Tax File Number to the trustee of the AIA Insurance Super Scheme No2 as part of your application for membership of the AIA Insurance Super Scheme No2, please do so by contacting the trustee directly.

## 2. Residential Address/Contact Details

Number:  Street Name:

Suburb:  State:  Post Code:

Country:

Work Phone:  Home Phone:

Mobile:  Email address:

## 3. Fund Transferring FROM:

Fund Name:

Australian Business Number (ABN):

Address:

Suburb:  State:  Post Code:

Country:

Phone:

### Complying Superannuation Fund

Please provide the following details if you are requesting transfer from a compliant superannuation fund.

Product Name:  Unique Superannuation Identifier (USI):

Member Reference Number:

### Self Managed Super Fund (SMSF)

Please provide the following details if you are requesting transfer from a Self Managed Super Fund (SMSF).

Electronic Service Address (ESA):

SMSF Account Name:

SMSF BSB Number:  SMSF Account Number:

**4. Fund Transferring TO:**

Fund Name: **Smart Future Trust**

Unique Superannuation Identifier (USI): **68 964 712 340 005** This is the USI for the AIA Insurance Super Scheme No2, a subdivision of Smart Future Trust.

Fund Australian Business Number (ABN): **68 964 712 340**

Fund Telephone Number: **1800 333 613**

Fund Address: **PO Box 6111, Melbourne VIC 3004**

Trustee Details: **Equity Trustees Superannuation Limited, ABN 50 055 641 757, AFSL 229757, RSE License L0001458**

**5. Transfer Authority**

You authorise the trustee of the AIA Insurance Super Scheme No2 to initiate rollovers from the fund specified in Section 3 on the previous page to the AIA Insurance Super Scheme No2 from time to time. Such rollovers will be for amounts required by the trustee of the AIA Insurance Super Scheme No2 to pay for premiums in respect of life insurance policies issued by AIA Australia Limited to the trustee of the AIA Insurance Super Scheme No2 covering you. You authorise the trustee of the fund specified in Section 3 on the previous page to complete such rollovers. Your authority also applies to the trustee of any successor fund of the AIA Insurance Super Scheme No2.

**6. Additional information may be required**

The trustee of the AIA Insurance Super Scheme No2 or the trustee of the fund specified in Section 3 on the previous page may require further information from you to complete a rollover request (including proof of identification). Please contact the relevant fund's trustee or administrator to confirm whether any additional requirements apply.

If you do not provide the additional information required by the trustee of either fund, the rollover request may not be completed and the premiums for your policy may not be paid. Your policy may then fall into arrears, unless you make other arrangements to contribute to the AIA Insurance Super Scheme No2.

**7. Declaration and Transfer Authority**

By signing this request form I am making the following statements:

- I declare I have fully read this form and the information I completed is true and correct.
- I am aware I may ask my superannuation provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and do not require any further information.
- I discharge the superannuation trustee of the fund specified in Section 3 on the previous page of all further liability in respect of the benefits paid and transferred to the AIA Insurance Super Scheme No2.
- I request and consent to the transfer of superannuation as described in this form and authorise the superannuation trustee of each fund to give effect to this transfer.
- I authorise the trustees of both funds (and persons acting for or on behalf of those trustees) to disclose personal information about me and my tax file number details to each other and to any third party to give effect to my request in this form.
- I acknowledge this authority is enduring, allows for multiple rollovers and is valid until I revoke it or until the trustee of the AIA Insurance Super Scheme No2 (or its delegate) confirms receipt from me of another rollover authority that supersedes and replaces this authority.
- I understand and agree with all the matters described in this form, including the matters described in sections 5 and 6.
- I have read and consent to the handling, collection, use and disclosure of my personal (including sensitive) information in the manner described in the AIA Australia Privacy Policy available on the AIA Australia website at [www.aia.com.au](http://www.aia.com.au) as updated from time to time or by calling AIA Australia on 1800 333 613, including exchange with third parties located in Australia and overseas.
- I confirm that my authority, declarations and confirmations in respect of the AIA Insurance Super Scheme No2 also apply in respect to a successor fund of the AIA Insurance Super Scheme No2.

Signature:



Date:

## 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 (PDS) and/or on [aia.com.au](http://aia.com.au).

I/We	Title	Surname or Company Name	Given Name or ABN
Account holder 1			
Account holder 2			

**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	Account Holder 2 Signature	Date (dd/mm/yyyy)
X	X	

## 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 ☐ 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:

**Please do not send unprotected credit card information by email to AIA Australia as these requests will be rejected to protect your sensitive information. Instead please complete the secure Credit Card Authority DocuSign form which can be found at [aia.com.au/en/help-and-support/forms-docs](http://aia.com.au/en/help-and-support/forms-docs) or contact our Customer Care team on 1800 333 613 between 8am–6pm AEDT weekdays.**

**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.**



# Authority to Release Health Information

## Notes on releasing information about your health

Your health information includes details about all your interactions with health providers, and may include details such as your symptoms, treatment, consultations, personal medical history and lifestyle. Health providers cannot release this information about you without your consent.

We, (**AIA Australia**), collect and use your health information to assess your application for cover, to assess and manage your claim, or to confirm the information you gave us when you applied for cover or made a claim. This is why we need your consent.

Each time you apply for cover or make a claim, we will ask you for a fresh consent. We will respect your privacy by only asking for the information we reasonably need, and we will tell you each time we use your consent.

Please read each Authority carefully and the explanatory notes below.

## Authority 1

**Authority 1 explanatory notes** – through this Authority, with the exception of a copy of the consultation notes held by your General Practitioner/Practice, you are consenting to any health provider releasing any health information about you in the form we ask for. This may involve, for example:

- preparing a general report and/or a report about a specific condition;
- accessing and releasing your records in SafeScript;
- releasing your hospital patient notes;
- releasing the results of any investigations they have done; and/or
- releasing correspondence with other health providers.

### Authority 1 – to release any of my health information except the consultation notes held by my General Practitioner/Practice

With the exception of consultation notes held by any General Practitioner/Practice I have attended, I authorise any health provider, practitioner, practice, psychologist, dentist, allied health services provider or any hospital to access and release, in writing or verbally, any details of my health information to **AIA Australia**, or to third parties they engage.

I agree to all the following:

- My health information can be released in the form **AIA Australia** asks for, such as a general report, a report about a specific condition, my records in SafeScript, any hospital notes, or correspondence between health providers.
- **AIA Australia** can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while **AIA Australia** is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Name:

Signature:

Date:

## Authority 2

**Authority 2 explanatory notes** – through this Authority, you are consenting to any General Practitioner/Practice you have attended releasing a copy of your full record, including consultation notes, but only if we have asked them to provide a general report and/or a report about a specific condition under Authority 1, and either:

- they will be unable to, or did not, provide the report within 4 weeks; or
- the report provided is incomplete, or contains inconsistencies or inaccuracies.

Your General Practitioner maintains consultation notes to support quality care, your wellbeing and to meet legal and professional requirements. General Practitioners/Practices should only release a copy of your full record, including consultation notes, for life insurance purposes in the rare circumstances set out above.

If you choose to withhold your consent to this authority, we may not be able to process your application for cover or a claim.

### Authority 2 – to release a copy of the full record, including consultation notes, held by my General Practitioner/Practice in specified circumstances

I authorise any General Practitioner/Practice I have attended to release a copy of my full record, including consultation notes, to **AIA Australia**, or to third parties they engage, only if **AIA Australia** has asked them for a report on my health and either:

- the General Practitioner/Practice will be unable to, or did not, provide the report within four weeks; or
- the report is incomplete, or contains inconsistencies or inaccuracies.

I agree to all the following:

- **AIA Australia** can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while **AIA Australia** is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Name:

Signature:

Date:

☐ I/We authorise and consent to any life insurance company disclosing to AIA Australia personal and sensitive information about me/us with regard to previous or current applications for insurance cover or claims made under other insurance cover which may include details of my/our health and medical history.



## AIA Vitality Payment Direct Debit Request

Policy No.

This authority will be used for collection of your AIA Vitality contributions at the same frequency as the premiums under the associated policy. Please note: AIA Vitality contributions cannot be funded by superannuation or SMSF monies or from a platform account.

### Request and Authority to debit the account named below to pay AIA Australia

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

	Title	Surname or Company Name	Given Name or ABN
I, Account holder	<input type="text"/>	<input type="text"/>	<input type="text"/>

**request and authorise** AIA Australia Limited (Direct Debit User ID 000142) to arrange for any amount payable in relation to 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	<input type="text"/>		
BSB number	<input type="text"/>	Account number	<input type="text"/>

**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	<input type="text"/>		
Address	<input type="text"/>		Postcode
<input type="text"/>		<input type="text"/>	

### Insert your signature

Account Holder Signature	<input type="text"/>	Date (dd/mm/yyyy)	<input type="text"/>
--------------------------	----------------------	-------------------	----------------------

NB4002



## AIA Vitality Payment Credit Card Authority

Policy No.

This authority will be used for collection of your AIA Vitality contributions at the same frequency as the premiums under the associated policy.

### Request and Authority to debit

☐ Visa ☐ MasterCard ☐ AMEX

No.	<input type="text"/>	Expiry Date	<input type="text"/>
-----	----------------------	-------------	----------------------

This authority enables AIA Australia Limited, to debit your credit card for any amount payable in relation to your 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 AIA Vitality variations which apply to your AIA Vitality membership.

Name as shown on credit card	<input type="text"/>		
Cardholder's Signature	<input type="text"/>	Date (dd/mm/yyyy)	<input type="text"/>

### IMPORTANT NOTICE:

Please do not send unprotected credit card information by email to AIA Australia as these requests will be rejected to protect your sensitive information. Instead please complete the secure Credit Card Authority DocuSign form which can be found at [aia.com.au/en/help-and-support/forms-docs](http://aia.com.au/en/help-and-support/forms-docs) or contact our Customer Care team on 1800 333 613 between 8am–6pm AEDT weekdays. 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.