



Priority Protection with AIA Vitality Application Form

Version 29 – Date Prepared 15 October 2023

(Head Office Use Only)

Adviser No:

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Campaign:

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Please print in capital letters using a black pen.

Important information for Adviser

- This application form is to be used for New Policies only and may also be used where the Life Insured wishes to apply for AIA Vitality. This form can be used to collect information from clients for eApp® Express, alternatively please send completed application form and signed quote to infohub@aia.com, or PO Box 6111, Melbourne VIC 3004.
- If increasing or adding benefits, please use the Application for Increases and/or Additions form available on the AIA Australia Adviser Site.
- Note: ongoing monthly AIA Vitality contributions must be paid by Direct Debit or Credit Card. AIA Vitality contributions cannot be funded by superannuation, SMSF 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 set-up of an AIA Vitality membership.

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 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 to take reasonable care; and
- understand (if applying for AIA Vitality and/or AIA Health Insurance) that AIA Australia underwriting does not have access to their AIA Vitality or AIA 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 AIA Health Insurance.

Please send completed application form and signed quote to: PO Box 6111, Melbourne VIC 3004, or infohub@aia.com

Important Information

Before you sign this application form, be aware that we or your adviser are obliged to have provided you with a Priority Protection Product Disclosure Statement (PDS – either in electronic or hard copy format) containing a summary of the important information in relation to this product. This information will help you to understand the product and to decide whether it is appropriate for your needs.

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.

A1. Life Insured Details

Application Type

☐ Priority Protection with AIA Vitality Application Form Quote number(s)

TO BE COMPLETED FOR THE LIFE INSURED (complete your names as per your legal identity)

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

First name

Middle name

Last name

Date of birth Age next birthday Gender ☐ Male ☐ Female

Smoker ☐ Yes ☐ No

Is a specific commencement date required? ☐ Yes ☐ No

Please specify commencement date:

Mailing address

If your mailing address is different to your residential address, please complete your mailing address details and then provide your residential address below.

Street address

Suburb State Postcode

Country

Residential address

Street address

Suburb State Postcode

Country

Preferred 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

Phone Mobile Home Work

A2. AIA Vitality Membership Application

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 → Please provide your AIA Vitality membership number

☐ No → Would you like to apply for AIA Vitality membership? ☐ Yes ☐ No

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. To become an eligible AIA Vitality member, you must provide a valid and unique email address.

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 contribution deducted please complete the AIA Vitality Payment Direct Debit Request or AIA Vitality Payment Credit Card Authority form.
- **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 must be completed.

A3. Residency

To be completed for the Life Insured.

1. What is your residency?

☐ Australian citizen ☐ Permanent resident of Australia ☐ New Zealand citizen living and working permanently in Australia

If any of the above three options are selected please proceed to 'Section B1. Policy Details'

☐ Temporary resident of Australia → Please answer questions 2–4

☐ None of the above → Please answer questions 3–4

2. If you are a temporary resident of Australia, which of the following visas do you hold?

☐ Subclass 482 (skill shortage visa – temporary)

☐ Subclass 820 (partner visa – temporary)

☐ Subclass 163 (business owner visa – temporary)

☐ Other → Provide a copy of the clients current Visa and Passport details. If your client has applied for Permanent Residency status in Australia, provide a copy of correspondence from the Department of Home Affairs indicating the same.

3. Are you applying for, or do you intend to apply for permanent residency in Australia?

Note: To be eligible for AIA Vitality you must be an Australian permanent resident.

☐ Yes

☐ No → Provide a copy of the client's current visa and passport details.
(If your client has applied for Permanent Residency status in Australia, provide a copy of correspondence from the Department of Home Affairs indicating the same.)

4. On the date your visa was granted was it valid for a period of two or more years?

Note: To be eligible for AIA Vitality you must be an Australian permanent resident.

☐ Yes

☐ No → Provide a copy of the clients current visa and passport details. If your client has applied for Permanent Residency status in Australia, provide a copy of correspondence from the Department of Home Affairs indicating the same.

B1. Policy Details (Non-Superannuation)

To be completed for the Policy Owner.

1. Please select your payment frequency. ☐ Monthly ☐ Half-yearly ☐ Yearly

Where AIA Vitality is being applied for, the AIA Vitality contribution payments will match the frequency of the premium payments on the relevant associated insurance policy.

2. An initial premium payment is required. Please select an option:

☐ Credit card ☐ Direct debit ☐ Cheque (to be made payable to **AIA Australia**) ☐ Money order ☐ Bank cheque

Please note: Direct Debit and Credit Card Authorities will not be processed until your application has been assessed and accepted by AIA Australia.

3. Are benefit indexation increases required? ☐ Yes ☐ No

Benefit indexation will automatically be applied if you do not select an option.

4. Reason for Covers

☐ Personal Cover ☐ Key Person Cover ☐ Business Partnership ☐ Loan Protection ☐ Buy/Sell, Share Purchase

5. Is a concurrent application for a business partner or Spouse being submitted?

☐ No

☐ Yes → Please provide details:

Name	Last name	Policy number	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Would you like the concurrent policy to have the same start date as your policy, where possible? ☐ Yes ☐ No

B2. Policy Details (Non-Superannuation) (continued)

To be completed for the Policy Owner.

6. The Priority Protection is to be owned by:

- ☐ A. The Life Insured → No further details in this section required
- ☐ B. An individual/s other than the life insured → Please complete relevant section below
- ☐ C. Company Business/Partnership → Please complete relevant section below

Please note: If there are two or more Policy Owners, they will own the policy as joint owners. All correspondence directly relating to the insurance policy/ies arising from this application will be issued to Policy Owner 1. By submitting 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.

B. Policy Owner 1

Name	Title	Last name	Given names
<input type="text"/>			
Mailing address <input type="text"/>			
Suburb	State		Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Contact number	Home	Work	Mobile
<input type="text"/>		<input type="text"/>	<input type="text"/>
Email <input type="text"/>			
Relationship to Life Insured <input type="text"/>			
Date of birth	Gender		
<input type="text" value="DD / MM / YYYY"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female		

B. Policy Owner 2

Name	Title	Last name	Given names
<input type="text"/>			
Mailing address <input type="text"/>			
Suburb	State		Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Contact number	Home	Work	Mobile
<input type="text"/>		<input type="text"/>	<input type="text"/>
Email <input type="text"/>			
Relationship to Life Insured <input type="text"/>			
Date of birth	Gender		
<input type="text" value="DD / MM / YYYY"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female		

C. Company/Business Partnership – Please complete the following

Company Name	ABN/ACN	
<input type="text"/>		
Address <input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Number	Email	
<input type="text"/>	<input type="text"/>	

7. If the Retirement Protector benefit as described in the PDS has been applied for, please nominate the superannuation fund to which the Retirement Protector benefit should be paid at time of any claim. You will be able to change your nomination at time of claim or earlier. AIA Australia will be restricted to paying this benefit to a complying superannuation fund of which the life to be insured is a member at time of claim.

Name of Superannuation Fund

B3. Policy Details – Policy 2 – Superannuation Life Cover Plan

To be completed for the Policy owner(s)/Life insured in full if Superannuation Life Cover is being purchased.

1. The Priority Protection is to be owned by:

☐ A. The trustee of the AIA Insurance Super Scheme No.2 → Please complete relevant section below

☐ B. The trustee of the Private/Self-Managed Super Fund → Please complete relevant section below

A. If owned by AIA Insurance Super Scheme No.2

Will an employee pay contributions to the fund on your behalf? ☐ No

☐ Yes → Please answer below

Date you commenced employment with your employer

DD / MM / YYYY

Date employer will begin to pay contributions to the fund

DD / MM / YYYY

B. If owned by the Private/Self-Managed Super Fund – Please complete below and relevant parts of 'Section V. SMSF Declaration'

Is the Superannuation Trustee a Corporate Trustee?

☐ Yes → Please answer below

☐ No → Please answer below

Corporate Trustee Name

Names of each individual Trustee

1.

2.

3.

4.

Names of all Directors of the Superannuation Trustee Company

1.

2.

3.

4.

Fund Name:

Private/Self-Managed Superannuation Fund ABN/ACN:

Private/Self-Managed Superannuation Fund Address:

2. Please select your payment frequency. ☐ Monthly ☐ Half-yearly ☐ Yearly

Where AIA Vitality is being applied for, the AIA Vitality contribution payments will match the frequency of the premium payments on the relevant associated insurance policy.

Please note: AIA Vitality contributions cannot be funded by superannuation, SMSF monies or from a platform account.

3. An initial premium payment is required. Please select an option

☐ Credit card ☐ Direct debit ☐ Cheque/Money order/Bank cheque (to be made payable to **AIA Australia**)

☐ Partial Rollover from an external superannuation fund

If you are paying for a Superannuation Income Protection Plan via a partial rollover from an external superannuation fund (including SMSF), please complete the separate 'AIA Insurance Super Scheme No2 – Request and Authority to transfer superannuation benefits' form. Please note: Direct Debit and Credit Card Authorities will not be processed until your application has been assessed and accepted by AIA Australia.

4. Are benefit indexation increases required? ☐ Yes ☐ No

Benefit indexation will automatically be applied if you do not select an option.

5. Reason for Covers

☐ Personal Cover ☐ Key Person Cover ☐ Business Partnership ☐ Loan Protection ☐ Buy/Sell, Share Purchase

6. Is a concurrent application for a business partner or Spouse being submitted?

☐ No

☐ Yes → Please provide details below:

Name

Last name

Policy number

Relationship

Would you like the concurrent policy to have the same start date as your policy, where possible?

☐ Yes

☐ No

7. Please provide Tax File Number

B4. Policy Details – Policy 2 – Superannuation Income Protection Plan

To be completed for the life insured if applying for a Superannuation Income Protection Plan.

1. The Priority Protection is to be owned by:

- ☐ A. The trustee of the AIA Insurance Super Scheme No.2 → Please complete relevant section below
- ☐ B. The trustee of the Private/Self-Managed Super Fund → Please complete relevant section below

A. If owned by AIA Insurance Super Scheme No.2

Will an employee pay contributions to the fund on your behalf?

- ☐ No
- ☐ Yes → Please answer below

Date you commenced employment with your employer

DD / MM / YYYY

Date employer will begin to pay contributions to the fund

DD / MM / YYYY

B. If owned by the Private/Self-Managed Super Fund – Please complete below and relevant parts of 'Section V. SMSF Declaration'

Is the Superannuation Trustee a Corporate Trustee?

☐ Yes → Please answer below

☐ No → Please answer below

Corporate Trustee Name

Names of each individual Trustee

1.

2.

3.

4.

Names of all Directors of the Superannuation Trustee Company

1.

2.

3.

4.

Fund Name:

Private/Self-Managed Superannuation Fund ABN/ACN:

Private/Self-Managed Superannuation Fund Address:

2. Please select your payment frequency. ☐ Monthly ☐ Half-yearly ☐ Yearly

Where AIA Vitality is being applied for, the AIA Vitality contribution payments will match the frequency of the premium payments on the relevant associated insurance policy.

Please note: AIA Vitality contributions cannot be funded by superannuation, SMSF monies or from a platform account.

3. An initial premium payment is required. Please select an option

- ☐ Credit card ☐ Direct debit ☐ Cheque/Money order/Bank cheque (to be made payable to **AIA Australia**)
- ☐ Partial Rollover from an external superannuation fund

If you are paying for a Superannuation Income Protection Plan via a partial rollover from an external superannuation fund (including SMSF), please complete the separate 'AIA Insurance Super Scheme No2 – Request and Authority to transfer superannuation benefits' form. Please note: Direct Debit and Credit Card Authorities will not be processed until your application has been assessed and accepted by AIA Australia.

4. Are benefit indexation increases required? ☐ Yes ☐ No

Benefit indexation will automatically be applied if you do not select an option.

5. Reason for Covers

- ☐ Personal Cover ☐ Key Person Cover ☐ Business Partnership ☐ Loan Protection ☐ Buy/Sell, Share Purchase

6. Is a concurrent application for a business partner or Spouse being submitted?

- ☐ No
- ☐ Yes → Please provide details below:

Name

Last name

Policy number

Relationship

Would you like the concurrent policy to have the same start date as your policy, where possible?

- ☐ Yes ☐ No

7. Please provide Tax File Number

C. Nomination of Beneficiaries

Policy Owner/s 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.

Please note: If the policy is a Binding Nomination within super and owned by the AIA Insurance Scheme No2, please complete the AIA Insurance Scheme No2 Nomination of Beneficiaries form. Please find relevant AIA Insurance Scheme No2 nomination of beneficiary at end of application or on the adviser site.

1.	Last name	Given name	% of benefit
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Date of birth	Relationship to Life Insured	
	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	
	Address		
	<input type="text"/>		
	Country of citizenship		
	<input type="text"/>		
2.	Last name	Given name	% of benefit
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Date of birth	Relationship to Life Insured	
	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	
	Address		
	<input type="text"/>		
	Country of citizenship		
	<input type="text"/>		
3.	Last name	Given name	% of benefit
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Date of birth	Relationship to Life Insured	
	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	
	Address		
	<input type="text"/>		
	Country of citizenship		
	<input type="text"/>		
4.	Last name	Given name	% of benefit
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Date of birth	Relationship to Life Insured	
	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	
	Address		
	<input type="text"/>		
	Country of citizenship		
	<input type="text"/>		

TOTAL 100%

If more than four beneficiaries are to be nominated use a separate Nomination of Beneficiary form available from us or your adviser. 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%.

D. Personal History – Other Insurance

Life Insured to complete in full.

NOTE: 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 insurance 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. Do you have, or are you applying for life, disability (including Total & Permanent Disablement or Salary Continuance cover) or trauma insurance on your life (including any pending applications held with any other insurer)?

☐

No → Go to question 2

☐

Yes → Please complete policy 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
TPD ONLY: Is the TPD cover "Own" definition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

IMPORTANT NOTES IF YOU ARE REPLACING AN EXISTING POLICY: AIA Australia issues the replacement policy on the basis that your existing policy will be cancelled upon acceptance of your application. Proof of cancellation of your existing policy will be required prior to payment of any claims under your replacement policy.

If you are intending to replace any existing cover that you hold as part of making this application, you should not cancel your existing cover until we have confirmed that we have accepted your new application. If we don't accept this application, it could mean you have no cover.

The general risks of replacing life insurance cover may include but are not limited to:

- implications of any errors or omissions in your new application
- your existing policy containing differing terms, conditions, features and/or benefits to a new policy (e.g. waiting periods and qualifying periods restarting).

This information is general only and you should seek financial advice about the risks of replacing your policy to receive information that is specific to your circumstances.

2. Have you ever been declined, deferred or accepted on special terms for life, disability or trauma insurance?

☐

No → Go to question 3

☐

Yes → Answer questions below.

- (a) Type of decision:

Deferred/Declined/Special Terms	Type of cover	Year of decision	Reason for decision

- (b) If applying for either Total & Permanent Disablement (TPD) OR Income Protection (DI, GSC); Business Expenses:

Were the special terms related to a musculoskeletal injury only (e.g. back/neck or joint exclusion)? ☐ Yes ☐ No

3. Have you ever claimed benefits from any source (excluding unemployment), e.g. Accident, Sickness, Workers Compensation, Disability Pension or Income Protection Insurance?

☐

No → Go to the next section

☐

Yes → Please give the name of the company, date, amount and reason for each claim below.

	Details of Claim 1	Details of Claim 2
Name of the provider/company		
Year of claim		
Amount		
Benefit type paid		
Reason for claim		
Have you fully recovered		
Date of last symptoms		

E. Personal History

To be completed in full by/for the Life Insured.

1. In the last 12 months, have you smoked tobacco or any other substance such as cigarettes, cigars, pipes or used e-cigarettes or other nicotine products?
- ☐ No → Go to question 2
- ☐ Yes → Please state substance and daily quantity (Please note 'packet' is not sufficient detail):
-
2. Do you drink alcohol?
- ☐ No → Go to question 3
- ☐ Yes → Please state how many standard drinks you consume per week on average (one standard drink = 30 ml spirits (one nip), 100 ml wine, 10 oz/285 ml beer):
-
3. Have you ever used recreational drugs or received advice, treatment or counselling for the use of alcohol or recreational drugs? (Examples of recreational drugs include marijuana, cocaine, methamphetamines, heroin, LSD or other non prescribed drugs)
- ☐ No → Go to question 4
- ☐ Yes → Select all that apply: ☐ Drug use ☐ Alcohol (Please complete a 'Drug & Alcohol Questionnaire' if answered 'Yes')
4. Are you pregnant?
- ☐ No → Go to question 5
- ☐ Yes → Please provide estimated date child is due.

DD / MM / YYYY
5. (a) What is your height?

cm
- (b) What is your weight?

kg
6. Have you lost 10 kg or more in the last 12 months (other than reasons relating to pregnancy)?
- ☐ No → Go to question 7
- ☐ Yes → Please provide details including reasons and amount of weight loss (eg. lost 12 kg via diet/exercise)
-
7. Have you had surgery to reduce your weight?
- ☐ No → Go to question 8
- ☐ Yes → Please complete Weight Related Surgery questionnaire
8. Do you engage in or intend to engage in any of the following:
- ☐ No → Go to question 9
- ☐ Yes → Please tick all that apply and answer additional questions
- ☐ Martial arts – other than Tai Chi
☐ Football (all codes)
☐ Touch football
☐ Abseiling

No additional questions required – please go to Question 9
- ☐ Aviation (other than as a passenger on a recognized airline) → Please answer questions in '**(a) Aviation**' below
☐ Scuba diving → Please answer questions in '**(b) Diving**' below
☐ Motor racing → Please answer questions in '**(c) Motor sports racing**' below
☐ Trail bike riding – Competitive → Please answer questions in '**(c) Motor sports racing**' below
☐ Trail bike riding – Recreational → Please answer questions in '**(d) Trail bike riding – Recreational**' below

☐ Long-distance sailing
☐ Hang gliding
☐ Parachuting/Skydiving
☐ Mountaineering
☐ Powerboat racing
☐ Other hazardous activity

Please answer questions in '**(e) Other details**' below
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(a) Aviation

Select type of aviation licence held

- ☐ Private → Please answer additional questions
☐ Commercial → Please answer additional questions
☐ Senior commercial (e.g. Qantas, Virgin) → No additional questions required

Do you fly outside Australia?

- ☐ Yes ☐ No

What form of aviation do you participate in or intend to participate in?

- ☐ Rotary
☐ Fixed Wing
☐ Agricultural
☐ Aerobatics/Stunt flying/Exhibitions
☐ Hot air balloon
☐ Microlights/Ultralights/Powered hang gliders
☐ Gyrocopter

How many hours did you fly in the past 12 months?

- ☐ Fixed wing hours
☐ Rotary hours
☐ Other (please specify) hours

How many hours do you expect to fly in the next 12 months?

- ☐ Fixed wing hours
☐ Rotary hours
☐ Other (please specify) hours

Advise the number of hours flown per annum (microlights/ultralights/powered hang gliding).

hours

Provide details of the aerobatics/stunt flying/exhibitions participated in.

(b) Diving

Do you hold any diving qualifications (i.e. PADI/ NAUI/ SSI)?

- ☐ Yes ☐ No

In what areas do you dive?

- ☐ Coastal waters/Lakes/Rivers/Pits/Quarries/Sheltered waters
☐ Caves and pot holes
☐ Internal exploration of wrecks
☐ Diving for treasure or special expeditions

Does your diving also include any of the following?

- ☐ Diving bell
☐ Free diving
☐ Hookah
☐ None of above

What maximum depth do you dive to?

What is the frequency of dives between 31 metres and 40 metres per annum if applicable?

(c) Motor sports racing (car racing, racing, rallying)

Specify sport

- ☐ Car racing
☐ Motor cycle racing
☐ Rallying (off-road)
☐ Trail bike riding – Competitive

Type of vehicle(s) driven, including engine size

Type of motor racing license held (e.g. CAMS, ANDRA) and classification

Specify types of events/car racing you participate in (vintage/veterans/historic only, or other – please specify)

Do you currently (or intend to) take part in any competitions/record breaking attempts/prototype testing? If 'Yes', details please.

☐ Yes ☐ No

Have you ever been involved in any accident/mishap whilst participating in this activity? If 'Yes', details please (date, time off work, recovery, injuries, hospital/doctor details).

☐ Yes ☐ No

(d) Trail bike riding – Recreational

Is your trail bike registered in accordance with your State or Territory vehicle registration guidelines?

☐ Yes ☐ No

Do you hold an appropriate license for the class of trail bike being used?

☐ Yes ☐ No

When trail bike riding do you wear appropriate clothing/safety equipment (such as helmet, chest protector, knee pads and boots)?

☐ Yes ☐ No

(e) Other activities

Describe the activity or pursuit.

Types of equipment used.

Times participated in per year.

Is this activity for recreational purposes only?

☐ Yes ☐ No

Are all recognised/standard safety measures and precautions followed? Please provide any additional details including wearing appropriate clothing/safety equipment (including crash helmet, chest protector, knee pads/boots)?

How many actual events/hours/trips/flights/dives/climbs/jumps/competitions/others, did you participate in over the last twelve months approximately? Please provide details.

What qualifications, certificates, licenses, associations and club memberships do you hold?

Heights, depths, speed, distances involved?

What locations to perform this activity?

Have you ever been involved in any accident/mishap whilst participating in this activity?

☐ Yes ☐ No

Please provide any other information you think may assist in underwriting your application.

9. Do you have definite plans to travel or reside overseas?

☐

No

☐

Yes → Please provide details:

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

F. Family History

To be completed in full by/for the Life Insured.

1. 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 disease?

☐

Yes

☐

No

If 'No' to any of the above, please go to Question 2.

If 'Yes' to any of the above, 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			
Brothers			
Sisters			

2. Are you required to undergo any regular screening as a result of your family history?

☐

No

☐

Yes → Please provide details below

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. Please provide details.

G. Genetic Tests

Where relevant otherwise please proceed to Medical and Health History.

If you have had a genetic test (or intend to have one), you only need to answer the following questions if your total AIA Australia cover (including this and any cover previously applied for with AIA Australia) will be more than:

- \$500,000 of lump sum death cover; or
- \$500,000 of total and permanent disability (TPD) cover, or
- \$200,000 of trauma and/or critical illness cover, or
- \$4,000 a month in total of any combination of income protection and salary continuance, or
- \$4,000 a month of business expenses cover

If you have had a genetic test as part of a medical research study conducted by an accredited university or medical research institution where your individual test result has not been and will not be provided to you, or you have specifically asked not to receive the test results, then you may answer 'No'.

1. Have you ever had, or do you intend, in the next 12 months to have a genetic test?

☐ No → Proceed to 'Section H. Medical and Health History'

☐ Yes → Please answer (a) to (f) below

- (a) What was the purpose for the genetic test?

☐ Medical/Health screening

☐ Family tree genealogy (not related to personal health)

☐ Research purposes (not related to personal health)

- (b) Was the result of the test normal (all clear)? ☐ Yes ☐ No ☐ Unknown

- (c) When did you have the genetic test?

DD / MM / YYYY

- (d) Please provide details of the type of genetic test undertaken

Include name and address of doctor consulted (if other than your usual doctor).

- (e) Are you required to have any regular screening due to family history? ☐ Yes ☐ No

If 'Yes', what is the screening in relation to?

- (f) Have all results been normal? ☐ Yes ☐ No

If 'No', please provide details of date, name, results of the test.

Include name and address of doctor consulted (if other than your usual doctor).

H. Medical and Health History

Life Insured to complete this section in full.

Please ensure every question is answered:

1. Have you ever experienced symptoms of, or had, or been told you have, or received any advice, investigation or treatment for any of the following?
- | | | |
|---|------------------------------|-----------------------------|
| (a) High blood pressure, chest pains, high cholesterol, heart murmurs, rheumatic fever, any heart complaint or stroke. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Asthma, chronic lung disease, sleep apnoea, COVID-19 (do not include a negative test result, or if never diagnosed) or other respiratory disorder. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Indigestion, gastric or duodenal ulcer, hernia/s or any bowel disorder. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Diabetes, abnormal blood sugar, gout or thyroid disorder. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Depression, anxiety/stress state, fatigue, panic attacks, psychiatric treatment/counselling, mental illness or nervous disorder. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Epilepsy, fits of any kind, paralysis, migraines, tinnitus, dizziness, tremor or recurrent headaches or any neurological disorder including multiple sclerosis. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Arthritis, repetitive strain injury (RSI), chronic fatigue syndrome, fibromyalgia. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (h) Back or neck complaint, whiplash, sciatica or any other disorder of joints (excluding arthritis), bones or muscles. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (i) Psoriasis or eczema, skin disorder or abnormality with hearing, eyesight or speech. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (j) Cancer, cyst, lump, tumour or growth of any kind including skin cancer such as melanoma, BCC, SCC (basal cell or squamous cell carcinoma) or skin lesions/moles that have changed in shape, colour or size. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (k) Liver disorder (including fatty liver), pancreas, prostate, kidney or bladder disorder, renal colic or stone. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (l) Blood disorder, anaemia, haemochromatosis, haemophilia or leukaemia. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (m) Hepatitis B or C (including carrier), Human Immunodeficiency Virus (HIV) infection, Acquired Immune Deficiency Syndrome (AIDS). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Females only

Have you ever had or been advised to have treatment for:

- | | | |
|---|------------------------------|-----------------------------|
| (n) Any breast lump (even if you have not seen a doctor) or any abnormal mammogram or breast ultrasound? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (o) An abnormal cervical smear (pap smear) test including the detection of Human Papilloma Virus (HPV) or any abnormality of the ovaries? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (p) Abnormal vaginal bleeding within the last 12 months or endometriosis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Only applicable if TPD cover, Income Protection cover, Business Expenses cover, any optional Waiver of Premium or Forward Underwriting Benefit are being purchased.

- | | | |
|--|------------------------------|-----------------------------|
| (q) Have you consulted a chiropractor, osteopath, physiotherapist or acupuncturist? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (r) If not previously disclosed in this application, have you ever been involved in an accident that has caused you to be off work or reduce your working capacity for greater than 10 consecutive days? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (s) Have you ever experienced symptoms of or had any other illness, disease or disorder? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

For any 'Yes' answers in questions 1(a), (b), (e), (h) above, please complete the relevant medical and health questions in Sections H-1 to H-6 below. For all other 'Yes' answers please complete Section H-7 below.

2. In the last 5 years have you:
- | | | |
|---|------------------------------|-----------------------------|
| (a) Had any medical examinations, consultations, X-rays, pathology tests or procedures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Occasionally or regularly taken any stimulants, sedatives, medications or prescribed drugs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Are you currently under ongoing monitoring, consultation or review for any condition, complaint or finding? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Are you currently considering or have you been advised/referred to undergo further treatment, investigation or procedure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

For anything answered 'Yes' in question 2 above, please complete the medical and health questions in Section H-7 below.

H-1. Blood pressure

Was your high blood pressure diagnosed less than 6 months ago?

☐ Yes ☐ No

How many different types of hypertensive medication do you take?

☐ No medication

☐ One type

☐ Two types

☐ Three of more types

If '**No medication**' is taken, is your high blood pressure being treated or controlled with diet/exercise and/or lifestyle changes only?

If medication is taken, has your medication been altered within the last 6 months (excluding any decrease in dosage)?

☐ Yes ☐ No

Have you had an echocardiogram or other heart investigation (e.g Stress ECG) in the last 2 years?

☐ Yes ☐ No

If '**Yes**',

- were the results of the heart investigations all clear without any abnormal findings?
- were you advised to have any further follow up, investigation or review due to the results of your heart investigations (excluding routine GP appointments for high blood pressure)?

☐ Yes ☐ No

☐ Yes ☐ No

Provide full details of these investigations, including:

- when and where you had them
- whether the results were confirmed as normal.

Female only

Did your high blood pressure occur during pregnancy only?

☐ Yes ☐ No

Has your blood pressure returned to normal following childbirth?

☐ Yes ☐ No

H-2. High cholesterol

How do you control your cholesterol?

☐ Diet/exercise

☐ Medication

☐ No treatment

What was your last cholesterol reading?

H-3. Asthma Questionnaire

In the last 12 months have you required hospitalization, nebulizer, or steroid therapy (by tablet or syrup) for your asthma?

☐ Yes ☐ No

- If '**Yes**', please confirm which you required?

- When did you receive this treatment and for how long?

- Were you hospitalized and for how long and where?

How many attacks have you experienced in the last 12 months?

H-4. Spinal/Joints Disorder Questionnaire

Specify condition and area of the body impacted/affected.

Please confirm which side if applicable.

☐ Left ☐ Right

Is the condition related to your neck or back?

☐ Yes ☐ No

How long have you been symptom, pain, and treatment free?

Are you still receiving any form of treatment (including physiotherapy, painkillers etc)?

☐ Yes ☐ No

How many recurrences have you had since symptoms first commenced?

Are you in any way restricted in your occupation duties or daily activities?

☐ Yes ☐ No

How much time off work have you had as a result of this condition?

Have you had any surgical treatment?

☐ Yes ☐ No

Detail the following:

Time off work (how long and when), date symptoms commenced, any symptoms since, hospital and consultant/surgeon.

Any other details of your condition:

Symptoms, treatments, investigations, specialists, x-rays (Include dates, names, addresses of doctors (if other than your personal doctor)

H-5. Mental Health

Please indicate the condition(s) you have had or received treatment for.

- ☐ Major depression or Bipolar disorder
☐ Alcohol or other substance abuse or addiction
☐ Schizophrenia or any other psychotic disorder
☐ Other

Please complete 'Section H-6. Mental Health Questionnaire'.

- ☐ Anxiety including generalized anxiety, panic, or phobic disorder
☐ Eating disorder including anorexia nervosa, bulimia
☐ Post-traumatic stress
☐ Mild depression/Post-natal depression
☐ Stress, sleeplessness, chronic, tiredness

If applying for Life/Crisis, answer questions 1 and 2 below.

If applying for Income Protection CORE cover, Business Expenses cover, Forward Underwriting, Waiver of Premium, and/or Total Permanent Disablement, please complete 'Section H-6. Mental Health Questionnaire'.

1. Anxiety/Stress/Depression/Post-traumatic stress

(a) Are you currently taking prescribed medication for your condition?

☐ No ☐ Yes → Provide details of medication taken.

(b) Have you ever been hospitalized or had suicidal thoughts or attempted suicide as a result of your condition?

☐ No ☐ Yes → Please complete 'Section H-6. Mental Health Questionnaire'.

2. Eating disorder including anorexia nervosa, bulimia

(a) Have you ever had suicidal thoughts or attempted suicide as a result of your condition?

☐ No ☐ Yes → Please complete 'Section H-6. Mental Health Questionnaire'.

(b) Have you been fully recovered from the eating disorder for more than 5 years?

☐ Yes ☐ No → Please complete 'Section H-6. Mental Health Questionnaire'.

H-6. Mental Health Questionnaire

Please answer the below questions if you indicated the following conditions:

Major depression, bipolar disorder, Alcohol or other substance abuse or addiction, Schizophrenia or any other psychotic disorder, or Other.

1. Describe your symptoms including the date started and how long they lasted.

Symptoms	Date from	Date to

2. Has any reason for your condition been identified or are there any factors which trigger your condition?

☐ No ☐ Yes → Provide details.

3. Have you ever had any suicidal thoughts, attempted suicide, threatened to self-harm or engaged in self-harm?

☐ No ☐ Yes → Provide details including what triggered the suicidal attempt or thought, threats to self-harm or actual self-harm, how often they have occurred and when was the last occurrence.

4. Have you had any recurrences of this condition?

☐ No ☐ Yes → For each recurrence please detail the symptoms experienced and the start and end date of each recurrence.

5. Advise of all treatment you have received and/or currently receiving. Including counselling, name/s of medications, hospitalization etc. Also include date treatment started and ceased.

Type of treatment	Date commenced	Date ceased

6. Provide details of doctors or health professionals, including psychiatrists and psychologists consulted for your condition.

7. Have you ever been off work or your normal daily activities restricted in any way due to your condition?

☐ No ☐ Yes → Advise when and for how long you were off work and/or your normal daily activities restricted.

8. Have you any ongoing effects or restrictions to your activities of any kind due to your condition?

☐ No ☐ Yes → Provide details of ongoing effects or restrictions to your activities due to your condition.

H-7. Medical and Health Questions

For any 'Yes' answers in questions 1 and 2 on page 14, please complete the relevant questionnaires above or add details here.

	Question # _____	Question # _____	Question # _____	Question # _____
1. What was the condition and which part of the body was affected?				
2. What was the date symptoms first started including a description of the symptoms?				
3. Please advise all medical investigations/ tests done (include dates and results).				
4. What was the medical diagnosis including results of x-rays and investigations.				
5. Diagnosis date.				
6. What was the frequency (daily, weekly, etc.) of the attacks or symptoms?				
7. Are symptoms continuing? If not, when did they stop?				
8. What was the severity (mild/moderate/severe) and the duration of the attacks or symptoms.				
9. Have you ever been off work or your normal daily activities restricted in any way related to this condition? If 'Yes', please state when, duration and reason/restriction.				
10. If a hospital visit was required, please provide the date and duration of your stay (surgery and details).				
11. What advice/treatment did you receive?				

	Question # _____	Question # _____	Question # _____	Question # _____
12. Are you still receiving any form of treatment? If so, please advise the nature and the frequency of treatment.				
13. When did you last experience any symptoms?				
14. What is your degree of recovery (%)?				
15. Please supply the name and address of all doctors or hospitals consulted for this specific condition.				
16. Does your current general practitioner have records for this condition?				
17. Please provide any further information you think may assist in underwriting this application.				
18. Medication, treatment and medication alteration, treatment end date.				
19. Any associated conditions.				
20. Cause of symptoms.				

H-8. Sexual Health

Life Insured to complete this section in full.

1. In the last 5 years, have you had sexual intercourse **without** a condom with the following persons?

(a) Someone who might have exposed you to the Human Immunodeficiency Virus (HIV) infection.
(This may include unprotected sexual intercourse with someone other than your regular partner whose HIV status is unknown to you.)

☐ No ☐ Yes

(b) Someone who injects non-prescribed drugs.

☐ No ☐ Yes

(c) Someone who is a sex worker.

☐ No ☐ Yes

Please complete a **Sexual Health Questionnaire A** (this will be supplied by AIA Australia).

(d) Someone who is infected with Human Immunodeficiency Virus (HIV) infection.

☐ No ☐ Yes

→ Please complete a **Sexual Health Questionnaire B** (this will be supplied by AIA Australia).

(e) Someone who is infected with Hepatitis B.
(You may answer 'No' if you are vaccinated and have immunity for Hepatitis B.)

☐ No ☐ Yes

(f) Someone who is infected with Hepatitis C

☐ No ☐ Yes

→ Please complete a **Sexual Health Questionnaire D** (this will be supplied by AIA Australia).

2. In the last 5 years, have you been diagnosed with or experienced symptoms of Sexually Transmitted Infection/s (STIs) (examples, chlamydia, gonorrhoea, syphilis)?

☐ No ☐ Yes

→ Please complete a **Sexual Health Questionnaire C** (this will be supplied by AIA Australia).

I. Doctor's Details

Life Insured to complete this section in full.

1. Details of your personal doctor.

If no personal doctor, please state name/address of last doctor or medical centre you attended.

Name

Address

Suburb

State

Postcode

Phone

Fax

Email (if known)

2. What was the date of your last consultation?

DD / MM / YYYY

3. How long have you been attending this surgery or practice?

4. If less than 12 months, please provide the name and address of your previous personal doctor or medical centre.

Name

Address

Suburb

State

Postcode

Phone

Fax

Email (if known)

J. Present Occupation

To be completed by life insured for all cover types.

1.	From	To	Principal/Main Occupation	What is your employment status (tick)							
				Employee of own company	Self-employed sole trader	Employee	Business Partnership	Employee of family business or trust	Home Duties	Student	Unemployed
Current Occupation	/ /	Present									
Previous Occupations	/ /	/ /									
	/ /	/ /									

2. What is your annual before tax income from your current principal or main occupation? (Do not include any unearned income which is not derived from your personal exertion or activities, such as dividends, interest, rental income or proceeds from the sale of assets, or royalties.)

Current annual income \$

Last financial year 30/06/ \$

3. Does your occupation require you to work underground; at heights above 10 m; off-shore; near dangerous materials or substances?

☐ No ☐ Yes → Tick the relevant section below and answer additional questions.

- (a) ☐ **Working underground** → Provide details of duties carried out underground and time spent

- (b) ☐ **Working off-shores** → Provide details of duties carried out and time spent working off-shore

Do you live on the job site? ☐ No ☐ Yes

Are you required to fly in/out to the work site by fixed wing or rotary wing aircraft? ☐ Fixed wing ☐ Rotary wing

State the number of flying hours per annum, type of aircraft flown in and operating company.

- (c) ☐ **At heights above 10 metres**

How many times per annum do you work at heights greater than 10 metres and what is the maximum height worked at?

- (d) ☐ **Near dangerous materials (including explosives) or substances**

What materials or substances do you work near and provide full details of the dangerous materials including details of safety measures employed?

J-1. Occupation – further questions

If you are applying for TPD, Income Protection CORE, Business Expenses, Waiver of Premium, and/or Forward Underwriting benefit, please complete the additional questions below.

4. What type of products or services do you or your employer sell?

5. Do you have any professional or trade qualifications?

☐ No (Go to question 6) ☐ Yes → Please answer additional questions below.

(a) Tick which applies to you: ☐ Trade Qualification ☐ Professional Qualification ☐ Tertiary Qualifications

(b) Date tertiary qualifications attained.

(c) Is your tertiary qualification related to your occupation? ☐ Yes ☐ No ☐ NA

6. Do you perform any manual work?

☐ No (Go to question 7) ☐ Yes → Complete below

(a) Is your manual work important or essential in producing your income? ☐ Yes ☐ No

(b) Describe manual duties and percentage of time spent in each.

Duties – type of work,daily duties performed and location (e.g. corporate office, warehouse, factory)	% of time
Sedentary/Admin (e.g. filing, computer work, office duties):	%
	%
	%
Manual (e.g. cleaning, lifting over 5 kg, painting etc):	%
	%
	%
Other (please specify):	%
	%
	100%

7. How many hours do you currently work in your principal/main occupation?

8. How many weeks per year do you work in your occupation?

9. How much driving do you do as part of your occupation? (Commuting to primary workplace should not be included)

☐ None ☐ 0–100 km per week ☐ 100–300 km per week ☐ 300–500 km per week ☐ Over 500 km per week

10. During work hours what is the % of time spent driving?

☐ 0–5% ☐ 5–10% ☐ 10–25% ☐ 26–40% ☐ Over 40%

11. On what basis are you employed? ☐ Full Time ☐ Part Time → Please select and answer the relevant question below:

(a) ☐ Permanent

(b) ☐ Temporary → When will the position cease or contract expire?

(c) ☐ Contract → When will the position cease or contract expire?

Is your contract likely to be renewed? ☐ Yes ☐ No

Have you been working for more than 2 continuous years as a contractor/temporary worker? ☐ Yes ☐ No

(d) ☐ Casual (under a casual agreement) → How long have you been working continuously for the same employer?

☐ Less than 1 year ☐ 1–2 years ☐ more than 2 years

Provide details of the days and hours worked as a casual worker

12. Do you have any other occupation?

☐ No (Go to question 13) ☐ Yes → Answer (a) and (b) below

(a) What is your second occupation?

(b) Does your occupation require you to work underground, at heights above 10 m, off-shore; near dangerous materials or substances?

☐ No ☐ Yes → Please provide details

13. In the last 12 months, have there been any changes in your current job or occupation?

Example: being stood down, long service leave, extended paid/unpaid leave, loss of job, redundancy, cessation of work contract, change in occupation duties, change in the hours worked in an average in a week, becoming self-employed.

☐ No (Go to question 14) ☐ Yes → Please provide details

14. Do you contemplate any changes in your current job or occupation? (Including redundancy, changes in your role, duties or working hours).

☐ No ☐ Yes → Please select relevant option below and answer (a) to (e)

☐ Retrenchment/Redundancy ☐ Change in working hours ☐ Change in duties

(a) Give details on the occupation change including title, duties, employment status, and expected date of change.

(b) Will your income change? ☐ Increase ☐ Decrease ☐ Remain the same

(c) Will your duties include an increase in manual duties, including the introduction of manual duties not previously performed?

☐ No ☐ Yes → Describe the manual duties and the percentage of time spent in each.

(d) If hours have changed, please confirm how many hours will you be working once changed?

(e) Change to some role elsewhere?

15. What is the business/employer's name?

16. What is the business/employer's address?

17. Do you have a percentage ownership in any other entities (e.g. trusts, partnerships companies, associations)?

☐ No (Go to Question 18) ☐ Yes → Complete table below

Name of entity	Address of entity	Business involvement in entity (e.g. director, silent partner, board member)	Date ownership commenced	% of ownership/ shareholding

18. Are you or any business with which you are associated, contemplating voluntary administration, or ever made bankrupt or paces in receivership, involuntary liquidation or under administration?

☐ No (Go to Question 19) ☐ Yes → Please complete below

Advise when bankruptcy/receivership/liquidation/administration occurred and date of discharge (if applicable).

19. Are you self-employed, in a business partnership or employee of own company?

☐ No → Go to next section.

☐ Yes → Please complete Questions 20 to 25 below

20. Do you operate as:

☐ Sole trader ☐ Business partnership ☐ Company ☐ Trust

21. What percentage of your work is:

Contract % Freelance %

22. In the last 2 years have there been any periods of 'no work' or 'unemployment' between contracts or freelance work?

☐ No → Go to Question 23 ☐ Yes → Please complete below

Excluding holidays has any period of no work/unemployment exceeded 3 weeks?

☐ No → Go to Question 23 ☐ Yes → Give details including duration of time not working

23. Is your work seasonal?

☐ Yes ☐ No

24. When was the business purchased?

25. State what percentage of interest/shareholding you have in the business/practice:

%

26. How many people do you employ?

Please provide employee details (excluding yourself) in the table below.

Occupation of all Business Partners/Employees	Family member Y/N	Daily duties	Full-time, Part-time or Contractor?	Monthly Remuneration	% Interest in Business

27. Has your company had a net operating loss in the last 2 years?

☐ No ☐ Yes → Please provide copies of the company's profit and loss statements for all entities.

K. Income Details

K-1. Income Details

If you are applying for Income Protection Core – please complete the below.

1. Will any of your income (from any source, but excluding annual or long service leave) continue if you become disabled?

☐ No → Answer (a) below

☐ Yes → Answer (b) below

(a) ☐ No income will continue

- i) Do you receive any unearned income from investments (e.g. rental property, dividends etc)?

☐ No ☐ Yes → Answer ii) and iii) below.

- ii) State annual income from investments (do not include negatively geared investments).

\$

- iii) State the source:

(b) ☐ Directors' fees ☐ Salary ☐ Renewal or trail commission ☐ Profit share from the business

- i) Is there an agreement in place in the business/practice limiting profit share or other income in the event of disability?

☐ Yes ☐ No

- ii) When will profit share or other income from the business cease?

☐ Within 3 months ☐ 3–6 months ☐ 6–12 months ☐ More than 12 months ☐ Will not cease

- iii) State source and amount of income and when expected to cease if you become disabled

- iv) Do you receive any unearned income from investments (e.g. rental property, dividends etc)?

☐ Yes ☐ No

- v) State annual income from investments (do not include negatively geared investments).

\$

- vi) State the source:

K-2. Income Details

Life Insured to complete if an Income Protection CORE Plan is being purchased, inside or outside super, or If applying for Retirement Optimiser/Protector.

2. What is your annual income from your current principal or main occupation?
(Do not include any unearned income which is not derived from your personal exertion or activities, such as dividends, interest, rental income or proceeds from the sale of assets, or royalties.)

A) For Employees:

Your Income is the total pre-tax remuneration paid by your employer including salary, commission, regular bonuses, regular overtime, allowances, pre-tax voluntary superannuation contributions* and fringe benefits. (Do not include compulsory employer superannuation guarantee contributions.)

Last financial year	Previous financial year
30/06/ <input type="text"/>	30/06/ <input type="text"/>
\$ <input type="text"/>	\$ <input type="text"/>

B) For Self Employed:

(sole trader, business partner, employee of own company)

This is income that you generate and receive from your business or practice directly due to your personal exertion or activities, less your share of necessarily incurred business expenses, for the last two financial years.

Last financial year	Previous financial year
30/06/ <input type="text"/>	30/06/ <input type="text"/>
\$ <input type="text"/>	\$ <input type="text"/>

3. If Self Employed, in a business partnership or employee of own company – please answer below question:

	Last financial year	Previous financial year
A Gross Business Income/revenue	\$ <input type="text"/>	\$ <input type="text"/>
How much of the above gross revenue is renewal, trail, or any form of ongoing commission?	\$ <input type="text"/>	\$ <input type="text"/>
Will the ongoing commission continue for more than 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B Total Business Expenses	\$ <input type="text"/>	\$ <input type="text"/>
C Net Business profit/loss (before tax)	= A – B \$ <input type="text"/>	\$ <input type="text"/>
D Your % share of net business income	<input type="text"/> %	<input type="text"/> %
E Your share of net business profit/loss	= C x D \$ <input type="text"/>	\$ <input type="text"/>
F Add backs such as your own portion of salary/wages/directors fees, any voluntary personal superannuation contributions, spouses income (if income splitting), or your share of depreciation	\$ <input type="text"/>	\$ <input type="text"/>
G Your net earned income (before tax)	= E + F \$ <input type="text"/>	\$ <input type="text"/>

Note: These figures disclosed should coincide with returns lodged with the Australian Taxation Office.

4. Is your current remuneration package or net earned income different than that stated above for the last financial year?

☐ No ☐ Yes → Please provide details

5. If you have a second occupation, please provide the following details.

Nature of occupation	<input type="text"/>	
Hours worked per week	<input type="text"/>	
Number of weeks worked per year	<input type="text"/>	
Last financial year 30/06/	<input type="text"/>	Previous financial year 30/06/ <input type="text"/>
Net income (before tax)	\$ <input type="text"/>	\$ <input type="text"/>

L. Business Expenses

If you are applying for Business Expenses, please complete this section in full.

1. Please state the value of all monthly business expenses. (Do not include personal remuneration, mortgage principal, depreciation on real estate, cost of goods, wares and merchandise, equipment, fixtures and fittings, salaries of revenue producing employees.)

Eligible Expenses	Monthly Expenses
Rent, property rates and taxes*	\$ <input type="text"/>
Insurance of premises (e.g. fire etc)*	\$ <input type="text"/>
Security costs*	\$ <input type="text"/>
Electricity, gas, water, heating, telephone and cleaning	\$ <input type="text"/>
Mobile phones	\$ <input type="text"/>
Bank fees/charges and interest on business loans	\$ <input type="text"/>
Hire and lease of plant and equipment	\$ <input type="text"/>
Business insurance premiums (e.g. liability professional indemnity)	\$ <input type="text"/>
Membership fees, publications and subscriptions to professional bodies	\$ <input type="text"/>
Accountants and auditors' fees	\$ <input type="text"/>
Regular advertising expenses, postage, printing and stationery	\$ <input type="text"/>
Salaries and costs of employees who do not generate revenue (e.g. superannuation contributions, payroll tax, workers compensation for employees who do not generate revenue)	\$ <input type="text"/>
Net cost of locum, i.e. cost to employ less revenue generated by the locum	\$ <input type="text"/>
Other fixed business expenses	\$ <input type="text"/>
What percentage of Monthly Business Expenses are you responsible for/liable to pay?	<input type="text"/> %
Total Monthly Business Expenses	\$ <input type="text"/>

*Not insurable if working from home

M. Family Protection

Policy owner to complete if purchasing this benefit.

Child 1 – Personal Details

Given name	<input type="text"/>	Surname	<input type="text"/>
Date of birth	<input type="text" value="DD / MM / YYYY"/>	Gender	<input type="text"/>
Country of birth?	<input type="text"/>	Relationship to child?	<input type="text"/>
Is the child a permanent resident of Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No			

1. Is there any insurance cover in force on the child's life, and/or is there any other cover on the child's life being applied for?

☐ No ☐ Yes → Please give details.

Are you cancelling the existing child cover upon acceptance of this new policy? ☐ Yes ☐ No

2. Has an application of insurance cover on the child's life ever been declined or accepted with an increased premium or non-standard terms?

☐ No ☐ Yes → Give details including terms and reason for non-standard terms.

3. Is the child in good health and free from mental or physical impairment?

☐ Yes ☐ No → Give details.

4. Has the child ever experienced any illness or injury necessitating any hospitalizations, 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?

☐ No ☐ Yes → Give details including illness, date started, treatment, time off school, degree of recovery and doctor/hospital if not treated by child's doctor.

5. Name and address of child's family doctor.

6. Has the child's biological mother or father or sister (prior to age 60) experienced diabetes, cancer, heart disease, hemophilia, Huntington's disease, polycystic kidney disease or any other hereditary disease?

☐ No ☐ Yes → Give details including family member, condition, age of onset and age of death (if applicable).

Child 2 – Personal Details

Given name	<input type="text"/>	Surname	<input type="text"/>
Date of birth	<input type="text" value="DD / MM / YYYY"/>	Gender	<input type="text"/>
Country of birth?	<input type="text"/>	Relationship to child?	<input type="text"/>
Is the child a permanent resident of Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No			

1. Is there any insurance cover in force on the child's life, and/or is there any other cover on the child's life being applied for?

☐ No ☐ Yes → Please give details.

Are you cancelling the existing child cover upon acceptance of this new policy? ☐ Yes ☐ No

2. Has an application of insurance cover on the child's life ever been declined or accepted with an increased premium or non-standard terms?

☐ No ☐ Yes → Give details including terms and reason for non-standard terms.

3. Is the child in good health and free from mental or physical impairment?

☐ Yes ☐ No → Give details.

4. Has the child ever experienced any illness or injury necessitating any hospitalizations, 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?

☐ No ☐ Yes → Give details including illness, date started, treatment, time off school, degree of recovery and doctor/hospital if not treated by child's doctor.

5. Name and address of child's family doctor.

6. Has the child's biological mother or father or sister (prior to age 60) experienced diabetes, cancer, heart disease, hemophilia, Huntington's disease, polycystic kidney disease or any other hereditary disease?

☐ No ☐ Yes → Give details including family member, condition, age of onset and age of death (if applicable).

Child 3 – Personal Details

Given name

Surname

Date of birth

DD / MM / YYYY

Gender

Benefit

Country of birth?

Relationship to child?

Is the child a permanent resident of Australia? ☐ Yes ☐ No

1. Is there any insurance cover in force on the child's life, and/or is there any other cover on the child's life being applied for?

☐ No ☐ Yes → Please give details.

Are you cancelling the existing child cover upon acceptance of this new policy? ☐ Yes ☐ No

2. Has an application of insurance cover on the child's life ever been declined or accepted with an increased premium or non-standard terms?

☐ No ☐ Yes → Give details including terms and reason for non-standard terms.

3. Is the child in good health and free from mental or physical impairment?

☐ Yes ☐ No → Give details.

4. Has the child ever experienced any illness or injury necessitating any hospitalizations, 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?

☐ No ☐ Yes → Give details including illness, date started, treatment, time off school, degree of recovery and doctor/hospital if not treated by child's doctor.

5. Name and address of child's family doctor.

6. Has the child's biological mother or father or sister (prior to age 60) experienced diabetes, cancer, heart disease, hemophilia, Huntington's disease, polycystic kidney disease or any other hereditary disease?

☐ No ☐ Yes → Give details including family member, condition, age of onset and age of death (if applicable).

Child 4 – Personal Details

Given name	<input type="text"/>	Surname	<input type="text"/>
Date of birth	<input type="text" value="DD / MM / YYYY"/>	Gender	<input type="text"/>
Country of birth?	<input type="text"/>	Benefit	<input type="text"/>
		Relationship to child?	<input type="text"/>

Is the child a permanent resident of Australia? ☐ Yes ☐ No

1. Is there any insurance cover in force on the child's life, and/or is there any other cover on the child's life being applied for?

☐ No ☐ Yes → Please give details.

Are you cancelling the existing child cover upon acceptance of this new policy? ☐ Yes ☐ No

2. Has an application of insurance cover on the child's life ever been declined or accepted with an increased premium or non-standard terms?

☐ No ☐ Yes → Give details including terms and reason for non-standard terms.

3. Is the child in good health and free from mental or physical impairment?

☐ Yes ☐ No → Give details.

4. Has the child ever experienced any illness or injury necessitating any hospitalizations, 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?

☐ No ☐ Yes → Give details including illness, date started, treatment, time off school, degree of recovery and doctor/hospital if not treated by child's doctor.

5. Name and address of child's family doctor.

6. Has the child's biological mother or father or sister (prior to age 60) experienced diabetes, cancer, heart disease, hemophilia, Huntington's disease, polycystic kidney disease or any other hereditary disease?

☐ No ☐ Yes → Give details including family member, condition, age of onset and age of death (if applicable).

V. Private/Self-Managed Superannuation Fund

The following is to be completed where the benefit is to be owned by the Trustee of a Private/Self-Managed Superannuation Fund. Please note: the Trustee is also required to complete the Declaration in Section Y.

When selecting benefits please ensure that the benefits can be paid from a superannuation fund in accordance with the Superannuation Industry (Supervision) Act 1993 (SIS Act).

Declaration

- I/We, the trustee/s of the superannuation fund named below, request AIA Australia to issue the insurance policy/ies described on this form. The insurance policy/ies will be held subject to the rules of the superannuation fund.
- I/We agree to be bound by the terms and conditions of the insurance policy and the trust deed governing the superannuation fund.
- I/We confirm that the superannuation fund of which I am/we are trustee is a complying superannuation fund within the meaning of the Superannuation Industry (Supervision) Act 1993 (SIS Act) and Income Tax Assessment Act (Tax Act).
- I/We undertake to advise AIA Australia immediately if the superannuation fund at any time ceases to be a complying fund as defined in the SIS Act and/or the Tax Act.
- I/We confirm that I/we have the power under the trust deed governing the superannuation fund to effect the policy/ies described on this form.

Details of Policy Owner/s

To be completed by the trustee/s of the superannuation fund which will own the policy/ies.

Full name of the superannuation fund	ABN/ACN	
<input type="text"/>	<input type="text"/>	
Trustee's address for communications	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone (home)	<input type="text"/>	Phone (work)
<input type="text"/>		<input type="text"/>

Corporate Superannuation Trustee details

Company Trustee name	ABN/ACN	
<input type="text"/>	<input type="text"/>	
If applicable, the common seal of: (name of Corporate Trustee)		
<input type="text"/>		
Was hereto affixed in accordance with the Constitution of the company in the presence of:		
Director Signature	Director/Company Secretary Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ If you are a sole director please tick here.

For Corporate Trustee, this section is to be 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.

If you completed this section, please also complete Section Y Number 2.

And/or

Non-corporate Superannuation Trustee

First Individual Trustee

Title
<input type="text"/>
Surname
<input type="text"/>
Given Name/s
<input type="text"/>
Signature
<input type="text"/>
Date
<input type="text"/>

Third Individual Trustee

Title
<input type="text"/>
Surname
<input type="text"/>
Given Name/s
<input type="text"/>
Signature
<input type="text"/>
Date
<input type="text"/>

Second Individual Trustee

Title
<input type="text"/>
Surname
<input type="text"/>
Given Name/s
<input type="text"/>
Signature
<input type="text"/>
Date
<input type="text"/>

Fourth Individual Trustee

Title
<input type="text"/>
Surname
<input type="text"/>
Given Name/s
<input type="text"/>
Signature
<input type="text"/>
Date
<input type="text"/>

For individual trustees, this section is to be signed either by: (1) All individual trustees; or (2) for single member fund, minimum 2 individual trustees. If you completed this section, please also complete Section Y Number 3.

W. AIA Insurance Super Scheme No2 – Membership Application

Membership Application to the AIA Insurance Super Scheme No2 is issued by:
Equity Trustees Superannuation Limited, ABN 50 055 641 757, AFSL 229757,
RSE License L0001458.

Proposal No.

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PERSONAL SUPERANNUATION

The following is to be completed by the Life Insured where the Superannuation Life Cover Plan and/or Superannuation Income Protection Plan is to be owned by Equity Trustees Superannuation Limited, ABN 50 055 641 757, AFSL 229757, RSE License L0001458, as Trustee of the AIA Insurance Super Scheme No2 (the Scheme), a product issued out of Smart Future Trust ABN 68 964 712 340 – a Registrable Superannuation Entity (RSE) Licensee under the Superannuation Industry (Supervision) Act 1993. (Before you sign this Membership Application, the Trustee is obliged to have provided you with a Priority Protection Product Disclosure Statement (PDS – either in electronic or hard copy format) containing a summary of the important information in relation to the Scheme. This information will help you to understand the product and decide whether it is appropriate for your needs.)

Application for Membership

My full name, address, date of birth and occupation details appear in the body of this form. I hereby apply for membership of the Scheme and agree to be bound by the trust deed governing the Scheme. I acknowledge that my contributions may not be accepted and a risk only interest under the Scheme will not be issued if I have not provided my Tax File Number.

1. Will any employer pay contributions to the Scheme on your behalf?

☐

No

☐

Yes

→ Commencement date with employer.

Contributions to begin.

Note: If 'Yes', your commencement date with your employer will be recorded as the eligible start date on this policy. All contributions made to the Scheme will be reported as personal non-concessional unless a contribution remittance from your employer is received by the Scheme with each contribution made unless made via SuperStream.

2. Nominated Retirement Date or Nominated Retirement Age

3. Personal or Voluntary Employer Contributions

I declare that I am: (a) under age 67 years; or (b) that I am age 67 or over and under age 75 and have been gainfully employed for at least 40 hours in a period of not more than 30 consecutive days in the current financial year; or (c) that I am aged 67 or over and under age 75 and have satisfied the work test in the financial year prior to the financial year in which the contributions are made, and have had a total superannuation balance (across all your superannuation accounts) below \$300,000 at the end of last financial year, and have not relied on this work test exemption to make voluntary contributions in any previous financial year.

If this is no longer correct at any time, I acknowledge that I can no longer make personal or employer voluntary contributions and will advise the Trustee. I acknowledge that the Trustee will write to me each financial year to request this declaration to be made confirming my eligibility to contribute.

4. Nomination of Beneficiary (optional)

Please refer to the section 'Nominating Beneficiaries' in the PDS before completing this part of the form. The nomination of beneficiaries applies to benefits paid under the policy as well as any Complimentary Interim Accidental Death Cover benefits paid before the policy commences. You may nominate one or more of your dependants to receive a benefit payable from the Scheme in the event of your death. A 'dependant' includes your spouse, your child or any other person who is financially dependent or interdependent on you at the time of your death. A 'child' includes an adopted child, a stepchild or legally adopted child. Alternatively, you can choose to nominate your 'Legal Personal Representative' to receive all or part of any benefit payable from the Scheme. Refer to the PDS for more information regarding eligible beneficiaries.

Type of nomination: ☐ Non-lapsing binding ☐ Non-binding

Nominated Beneficiaries	Address	Date of birth (dd/mm/yyyy)	Relationship to you	Percentage of benefit
Surname				
First name	State Postcode			%
Surname				
First name	State Postcode			%
Surname				
First name	State Postcode			%
Surname				
First name	State Postcode			%
Legal Personal Representative				
If more than four beneficiaries are to be nominated use a separate Nomination of Beneficiary form available from the Trustee or your adviser.				100%

5. Signatures

I declare that:

- I am applying for membership in the Scheme as a risk only member;
- I am eligible to contribute to the Scheme;
- the information contained in this Membership Application is true and correct;
- I agree to be bound by the terms and conditions of the Trust deed of the Scheme as amended from time to time;
- I acknowledge that the Trustee will apply to AIA Australia to be issued with a Superannuation Life Cover Plan and/or Superannuation Income Protection Plan and that my benefit in the Scheme is limited to the benefits provided by AIA Australia under the Superannuation Life Cover Plan and/or Superannuation Income Protection Plan to the Trustee;
- I acknowledge the policy conditions for the Superannuation Life Cover Plan and/or Superannuation Income Protection Plan, including that the policy may lapse if premiums are not paid within 60 days of falling due. I agree that it is my responsibility to ensure that contributions to the Scheme are sufficient for the Trustee to pay the policy premiums;
- I agree to notify the Trustee of the Scheme in writing immediately if I cease to be eligible to contribute to the Scheme;
- I acknowledge that legislation governing superannuation funds restricts payments of benefits except as provided by the governing rules of the Scheme and superannuation law;
- I have read the conditions and the important information in the section 'Nominating beneficiaries' in the PDS;
- I acknowledge that if I have made a non-lapsing binding death benefit nomination that it will be valid for the entire time I am a member of the Scheme, unless another nomination is lodged with the Trustee or this nomination becomes invalid or ineffective for some other reason, or I revoke this nomination;
- I have read the Trustee's Privacy Statement set out in the AIA Insurance Super Scheme No2 section of the Superannuation Life Cover Plan and/or Superannuation Income Protection Plan of the PDS and I consent to the collection, use and disclosure of my personal information by the Trustee in the manner described in the Privacy Statement.

Signature of Applicant

X

Name of Applicant

Date

DD / MM / YYYY

Signatures of Witnesses – declaration and statement by TWO witnesses (must not be nominated beneficiaries).

Only complete this section if you wish to make a non-lapsing binding nomination. We declare that this form was signed by the applicant for membership of the Scheme in our presence. We state that we are each over 18 years and that we are not nominated as a beneficiary on this form.

Signature of Witness A

X

Name of Witness A

Date

DD / MM / YYYY

Signature of Witness B

X

Name of Witness B

Date

DD / MM / YYYY

Applicant's Tax File Number

/ /

Note – Please read the important information regarding TFNs in the PDS before providing us with your TFN.

X. 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?

☐ No ☐ 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.

Y. 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, 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 333 610 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 insurance application (and AIA Vitality application, if relevant) to progress and finalise it on your behalf and to arrange for the life insurance policy to be issued without further involvement from you.

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

- your adviser is authorised to provide any further instructions, information, consents or declarations in relation to your insurance application (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 X. 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 X 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 X 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 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 Product Disclosure Statement (PDS) and any relevant Supplementary PDS (SPDS), current at the time of this application, including Your Duty to Take Reasonable Care notice set out in the Getting Started section 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.
- 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 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 understand that if I/we have indicated I/we intend to replace an existing policy with this AIA Australia policy, I/we will be required to cancel my/our existing policy. I/We acknowledge that in this case the replacement policy issued by AIA Australia only starts when my/our existing policy is cancelled. I/We acknowledge that failure to cancel my/our existing policy within a reasonable time will render my/our AIA Australia policy void.
- 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 or Priority Protection for Platform Investors 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 and on the AIA Vitality website 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.
- 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 or Priority Protection for Platform Investors 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 or Priority Protection for Platform Investors 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.
- If this is an application for Priority Protection for Platform Investors I/we acknowledge there is a valid and current account in my/our name with the platform operator to which this application relates and that I/we have provided all of the information required about this account in this application form.
- 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) 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 or Priority Protection for Platform Investors and are part of my application for AIA Vitality.

☐

A copy of the quotation is attached to this application

☐

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.

Note: This application form was designed for the product with the name and version listed on the top of first page and summarised in the code at the bottom of most pages in this application form.

AIA Australia may accept the information and statements you provide in an application form (including your agreement to any declarations) even when the application form was not designed for the product and version for which you are applying. In these circumstances, AIA Australia may treat such information and statements as being part of your application for insurance (and AIA Vitality, if relevant). AIA Australia may also require that you provide additional information or statements or that you complete further forms or that you provide further agreements or consents before your application is progressed.

To help avoid delays in processing your application, please ensure that the product and version in this application form (see the top of page 1) corresponds to the product name and version you are applying for as per your quotation.

Note: Your premium(s), excluding premium(s) made via the Scheme, will be held in a trust account administered by us until the policy is issued to you.

Signature of Life Insured	Name of Life Insured (as per legal identity)	Date
<input type="text" value="X"/>	<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>

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

Signature of parent/guardian	Name of parent/guardian	Date
<input type="text" value="X"/>	<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>

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	Name of Policy Owner 1	Date
<input type="text" value="X"/>	<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>

Signature of Policy Owner 2	Name of Policy Owner 2	Date
<input type="text" value="X"/>	<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>

2. Company/Corporate Trustee/Business Partnership

Executed by (Company/Business Partnership Name)	Company/Business Partnership ABN/ACN
<input type="text"/>	<input type="text"/>

Signature of Director/Business Partner	Name of Director/Business Partner	Date
<input type="text" value="X"/>	<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>

Signature of Director/Secretary/Business Partner	Name of Director/Secretary/Business Partner	Date
<input type="text" value="X"/>	<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>

☐ 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	Name of Trustee 1	Date
<input type="text" value="X"/>	<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>

Signature of Trustee 2	Name of Trustee 2	Date
<input type="text" value="X"/>	<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>

Signature of Trustee 3	Name of Trustee 3	Date
<input type="text" value="X"/>	<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>

Signature of Trustee 4	Name of Trustee 4	Date
<input type="text" value="X"/>	<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>

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 Details
Adviser 1 – Servicing Adviser

Name of Adviser	<input type="text"/>		
Adviser Code	<input type="text"/>		
Commission %	<input type="text"/>	%	
ABN/ACN	<input type="text"/>		
Phone	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		
Company Name of Adviser (if applicable)	<input type="text"/>		

Adviser 2

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

Other Details

Has a medical exam, HIV, or other test been arranged?

☐ No ☐ Yes → Please provide details of name and address of medical examiner or clinic where the exams and test have been arranged.

Would you like us to arrange any required medical examinations or blood tests directly with your client?

☐ Yes ☐ No

Can the proposed policy owner/s and/or life/lives insured read and understand English?

☐ Yes ☐ No → What language was used to explain the policy?

AIA 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:

Life Insured's contact number?	<input type="text"/>				
Best time of day to call?	<input type="checkbox"/> 9am – 12pm	<input type="checkbox"/> 12pm – 5pm			
Which days are best to call them?	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday

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 (PDS) and any relevant Supplementary PDS;
 - AIA Australia 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 proposed Policy Owner and Life Insured as described in the 'Adviser appointment – Policy Owner and Life Insured' sub-section in Section Y of the application form. I agree to only exercise the authority granted as part of that appointment in line with the proposed 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.

Financial Adviser Authority – if your client ticked ‘Yes’ under ‘Section X. 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 X 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

Date

Adviser 2 Signature

Date

Remuneration Structure – please select either (A) or (B):

(a) Same remuneration structure to apply to all Policies (please select):

☐

Upfront

☐

Level (where applicable)

OR

(b) Different remuneration structures to apply by Policy (please select and specify Plan type e.g. Life Cover Plan):

Policy 1

Specify Plan type:

☐

Upfront

☐

Level (where applicable)

Policy 2

Specify Plan type:

☐

Upfront

☐

Level (where applicable)

Policy 3

Specify Plan type:

☐

Upfront

☐

Level (where applicable)

Policy 4

Specify Plan type:

☐

Upfront

☐

Level (where applicable)

Policy 5

Specify Plan type:

☐

Upfront

☐

Level (where applicable)

Policy 6

Specify Plan type:

☐

Upfront

☐

Level (where applicable)

Policy 7

Specify Plan type:

☐

Upfront

☐

Level (where applicable)

Policy 8

Specify Plan type:

☐

Upfront

☐

Level (where applicable)

Remuneration Plan (Commission Dial Up/Dial Down)

Please specify if other than standard

Remuneration Split

Please specify if more than one adviser

Adviser 1

 %

Adviser 2

 %**Note:** Selecting ‘Upfront’ will apply the ‘Upfront’ commission rate as at the issue date of the policy.**Adviser Notes**

Direct Debit Request

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

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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).

I/We	Title	Surname or Company Name	Given Name or ABN
Account holder 1			
	Title	Surname or Company Name	Given Name or ABN
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	<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			
Address			
Suburb	<input type="text"/>	State	<input type="text"/>
Postcode	<input type="text"/>		

Insert your signature

Account holder 1 signature	Account holder 2 signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Credit Card Authority

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

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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.	<input type="text"/>	Expiry Date	<input type="text"/>
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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

Date

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.

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.

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).

I,	Title	Surname or Company Name	Given Name or ABN
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"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>

Insert your signature

Account holder signature	<input type="text"/>	Date	<input type="text"/>
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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

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Diners	<input type="checkbox"/> AMEX
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No.	<input type="text"/>	Expiry Date	<input type="text"/>
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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	<input type="text"/>

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.