



Priority Protection with AIA Vitality eApp[®] Express: Tele-Application Data Collection Form

Version 23 – Date Prepared 25 September 2021

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

This form is for financial advisers only and can be used to collect information from clients for eApp[®] Express.

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

- are aware of and agree to all the notifications and declarations in the Priority Protection with AIA Vitality Application Form (**Application Form**) that is enclosed in the Priority Protection Product Disclosure Statement and Policy Document (**PDS**);
- understand and agree (before you collect their personal details) that their personal and sensitive information will be handled, collected, used and disclosed in the manner described in the AIA Australia Privacy Policy at www.aia.com.au 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.

COMPLETION OPTIONS

Contact details for the tele-interview

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

Preferred appointment times

Please provide two preferred appointment dates and times for your tele-interview. Please note: operating hours are from 8 am to 8 pm AEST. Apart from WA which has the following operating hours: Monday and Tuesday – 6 am to 7 pm WST; Wednesday and Thursday – 6 am to 6 pm WST; Friday 6 am to 3 pm WST.

| | | | |
|-------------|----------------------|-------------|----------------------|
| Date | <input type="text"/> | Date | <input type="text"/> |
| Times (Est) | <input type="text"/> | Times (Est) | <input type="text"/> |

Information for the adviser to relay to the client

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

A. Life Insured

A1 – Name

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

A. Life Insured (continued)

A2 – Address and Contact Details

Mailing address

Suburb State Postcode

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

Mobile (mandatory)

Phone (home) Phone (work)

Email (mandatory)

A3 – Personal Details

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

B. Residency

What is your residency status?

C. Policy Details

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

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

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

D. Nomination of Beneficiaries

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.

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

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

G. Personal History (Other Insurance)

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

If more than zero, please provide details below.

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

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

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

J. Present Occupation

Current occupation:

Select your employment status.

How long have you been at your current occupation?

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

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

- What is the business/employers name and address?

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

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

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

- What percentage of your work is contract work? %

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

- Is your work seasonal? Yes No If 'Yes', please provide more details.

K. Further Occupation Details – Self-employed

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

L. Income Details – Employee

A Total remuneration paid by your employer

This includes 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 30/6/

Previous financial year 30/6/

\$

\$

L. Income Details – Self-employed

| | Last financial year 30/6/ | Previous financial year 30/6/ |
|---|------------------------------|----------------------------------|
| A Gross business income/revenue | \$ | \$ |
| (i) How much of the above gross revenue is renewal, trail or any form of ongoing commission? | \$ | \$ |
| B Total business expenses | \$ | \$ |
| C Net business profit/loss (before tax) = A – B | \$ | \$ |
| D Your % share of net business income | % | % |
| E Your share of net business profit/loss = C x D | \$ | \$ |
| F Add backs such as your own portion of salary/ wages/directors fees, any voluntary personal superannuation contributions, spouse's income (if income splitting), or your share of depreciation. | \$ | \$ |
| G Your net earned income (before tax) = E + F | \$ | \$ |

L. Income Details (continued)

- Will any of your income (from any source) continue if you become disabled? If 'Yes' please provide full details below..... Yes No
- How many sick days do you have accrued?.....
- Do you receive any unearned income from investments (e.g. rental property, dividends etc)? Yes No
 If 'Yes', please provide full details below including source and annual income.
- If you have a second occupation, please provide the following details.**

| | | | |
|---------------------------|---|---------------------------------|---|
| Nature of occupation | <input style="width: 100%; height: 20px;" type="text"/> | | |
| Hours worked per week | <input style="width: 50px;" type="text"/> | Number of weeks worked per year | <input style="width: 50px;" type="text"/> |
| Last financial year 30/6/ | <input style="width: 50px;" type="text"/> | Previous financial year 30/6/ | <input style="width: 50px;" type="text"/> |
| Net income (before tax) | \$ <input style="width: 100px;" type="text"/> | Net income (before tax) | \$ <input style="width: 100px;" type="text"/> |

Payment Options

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

Initial deposit payment

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

Future payments

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

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

Adviser Details

Adviser 1

Name of adviser

Adviser code

Commission percentage

%

ABN/ACN

Telephone number

Fax number

Email

Association

Adviser 2

Name of adviser

Adviser code

Commission percentage

%

Other Details

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

Direct Debit Request

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

| | | |
|--|--|--|
| | | |
|--|--|--|

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

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

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

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

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

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

Insert details of account to be debited

Name account is held in

BSB number Account number

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

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

| | | |
|----------------------------|----------------------|-------------------------------|
| Financial institution name | <input type="text"/> | |
| Address | <input type="text"/> | Postcode <input type="text"/> |

Insert your signature

| | | |
|----------------------------|----------------------------|----------------------|
| Account Holder 1 Signature | Account Holder 2 Signature | Date (dd/mm/yyyy) |
| <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.

| | | |
|--|--|--|
| | | |
|--|--|--|

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

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

Please debit my Visa MasterCard Diners AMEX

No. Expiry Date

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

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

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