



Priority Protection with AIA Vitality Application Form

Version 27 – Date Prepared 14 August 2022

(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.
- 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 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 (Life Insured to complete this section in full.)

1. Name

Title

Surname

Sex

Given Name

Middle Name

2. Residential Address

No.

Street

Suburb

State

Postcode

3. Contact Details

Mobile

Phone (home)

Phone (work)

A mobile phone number is mandatory.

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.

4. Mailing Address

(if different to above)

Suburb

State

Postcode

5. Date of Birth (dd/mm/yy)

6. Age next birthday

7. Are you an Australian citizen or permanent resident of Australia (as approved by the Department of Home Affairs) or are you a New Zealand citizen living permanently in Australia?

Yes

No

If 'No', are you applying for, or intending to apply for, Permanent Residency in Australia?

Yes

No

(Please submit a copy of your current Passport and Visa with this application. If applying for Permanent Residency, please submit copies of correspondence from the Department of Home Affairs indicating the same.)

A2. AIA Vitality Membership Application (Life Insured to complete this section in full.)

AIA Vitality (only available to the Life Insured)

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

Do you have an existing AIA Vitality membership?

Yes

No

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

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

Yes

No

Email

An email address is mandatory. To ensure confidentiality a unique email address must be entered.
Note: if you are, or are applying to be an AIA Vitality member you cannot enter the same email address as another AIA Vitality member.

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

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

- Superannuation policies** – AIA Vitality contributions cannot be funded by superannuation monies (including SMSF). In order to have the AIA Vitality contribution deducted please complete the AIA Vitality Payment Direct Debit Request or AIA Vitality Payment Credit Card Authority form (page 35).
- Non Superannuation policies** – In all other instances the AIA Australia insurance premium(s) and the AIA Vitality contribution will be deducted from the same bank account/credit card. The Payment Direct Debit Request or Payment Credit Card Authority form (page 29) of this Application Form must be completed.

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B. Policy Owner(s) – Policy 1 (Non Superannuation) (To be completed by the Policy Owner/s.)

This Priority Protection policy is to be owned by (please tick appropriate box):

☐ **The Life Insured.** No further details are required.

OR

☐ **An individual/s other than the Life Insured.** Please complete the following.

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 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.

Policy Owner 1

	Title	Surname	Given Name	Sex
Name				
Mailing Address				
	Suburb		State	Postcode
Contact Details	Mobile (a mobile phone number is mandatory)		Phone (home)	Phone (work)
	Fax	Email (an email address is mandatory)		
Relationship to Life Insured			Date of Birth (dd/mm/yy)	

Are you an Australian citizen or permanent resident of Australia (as approved by the Department of Home Affairs) or are you a New Zealand citizen living permanently in Australia? Yes ☐ No ☐

Policy Owner 2

	Title	Surname	Given Name	Sex
Name				
Mailing Address				
	Suburb		State	Postcode
Contact Details	Mobile (a mobile phone number is mandatory)		Phone (home)	Phone (work)
	Fax	Email (an email address is mandatory)		
Relationship to Life Insured			Date of Birth (dd/mm/yy)	

Are you an Australian citizen or permanent resident of Australia (as approved by the Department of Home Affairs) or are you a New Zealand citizen living permanently in Australia? Yes ☐ No ☐

OR

☐ **Company/Business Partnership.** Please complete the following:

Company/ Business Partnership Name/s		ABN/ACN	
Contact	Nominated contact person		
	Email for nominated contact person (an email address is mandatory)		
Mailing Address			
	Suburb	State	Postcode
Contact Details	Phone	Fax	

OR

☐ **Trustee of a Private/Self-Managed Superannuation Fund.** Please complete the relevant parts of Section V (page 21).

C. Policy Details – Policy 1 (Non Superannuation) (To be completed by the Policy Owner/s.)

1. Please select your premium frequency. ☐ Monthly ☐ Half-yearly ☐ Yearly
(Ongoing monthly payments must be paid by Direct Debit or Credit Card.)
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. (a) Reasons for cover: ☐ Personal Cover ☐ Key person Cover ☐ Business Partnership ☐ Loan Protection ☐ Buy/Sell, Share Purchase
(b) Is a concurrent application for yourself, a Business Partner or Spouse being submitted? If 'Yes' please provide details.....Yes ☐ No ☐
5. 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

D. Nomination of Beneficiaries – Policy 1 (Non Superannuation) (Applicable only to death benefits.)

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
Address			Country of Citizenship	

2.

Surname	Given Name	Date of Birth	Relationship to Life Insured	% of benefit
Address			Country of Citizenship	

3.

Surname	Given Name	Date of Birth	Relationship to Life Insured	% of benefit
Address			Country of Citizenship	

4.

Surname	Given Name	Date of Birth	Relationship to Life Insured	% of benefit
Address			Country of Citizenship	

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%.

TOTAL 100%

Superannuation Life Cover Plan

(Policy Owner(s)/Life Insured to complete this section in full only if Superannuation Life Cover Plan is being purchased.)

E. Policy Owner(s) and policy details – Policy 2 (To be completed by the Policy Owner(s)/Life Insured.)

This Priority Protection policy is to be owned by (please tick appropriate box):

- ☐ The trustee of the Private/Self-Managed Superannuation Fund.
OR
☐ The trustee of the AIA Insurance Super Scheme No2.

1. Please select your premium frequency. ☐ Monthly ☐ Half-yearly ☐ Yearly
(Ongoing monthly premiums must be paid by Direct Debit or Credit Card.)
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.
2. An initial 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 (available for half-yearly and yearly premium frequencies only)
If you are paying for a Superannuation Life Cover 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.
3. Are benefit indexation increases required? ☐ Yes ☐ No Benefit indexation will automatically be applied if you do not select an option.
4. Is a concurrent application for a Spouse being submitted? If 'Yes' please provide details..... Yes ☐ No ☐

Spouse surname

Spouse given name/s

Policy number (if known)

Superannuation Income Protection Plan

(Policy Owner(s)/Life Insured to complete this section in full only if Superannuation Income Protection Plan is being purchased.)

F. Policy Owner(s) and policy details – Policy 2 (To be completed by the Policy Owner(s)/Life Insured.)

This Priority Protection policy is to be owned by (please tick appropriate box):

- ☐ The trustee of the Private/Self-Managed Superannuation Fund.
OR
☐ The trustee of the AIA Insurance Super Scheme No2.

1. Please select your premium frequency. ☐ Monthly ☐ Half-yearly ☐ Yearly
(Ongoing monthly premiums must be paid by Direct Debit or Credit Card.)
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.
2. An initial 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.
3. Are benefit indexation increases required? ☐ Yes ☐ No Benefit indexation will automatically be applied if you do not select an option.
4. Is a concurrent application for a Spouse being submitted? If 'Yes' please provide details..... Yes ☐ No ☐
If 'Yes' and Section E (4) completed, refer above..... Yes ☐

Spouse surname

Spouse given name/s

Policy number (if known)

G. Personal History (Life Insured to complete this section 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. (a) 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)? Yes ☐ No ☐
If '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 'Y' or 'N'

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.

- (b) Have you **ever** been declined, deferred or accepted on special terms for life, disability or trauma insurance? Yes ☐ No ☐
- (c) Have you **ever** claimed benefits from any source (excluding unemployment), eg. Accident, Sickness, Workers Compensation, Disability Pension or Income Protection Insurance? If 'Yes' please give the name of the company, date, amount and reason for each claim below. Yes ☐ No ☐
2. (a) 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? Yes ☐ No ☐
If 'Yes', please state substance and daily quantity (Please note 'packet' is not sufficient detail):
- (b) Do you drink alcohol? Yes ☐ No ☐
If '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):
- (c) Have you ever used illicit drugs or received advice, treatment or counselling for the use of alcohol or illicit drugs? Yes ☐ No ☐
(If 'Yes' to question 2(c) above, a 'Drug & Alcohol Questionnaire' is required.)
3. (a) What is your height? cm (b) What is your weight? kg

If you answered 'Yes' to any of the above questions [except 1(a)] please provide details below. If insufficient space please attach a separate sheet of paper.

4. Do you engage in or intend to engage in any of the following: abseiling, aviation (other than as a passenger on a recognised airline), football (all codes including touch football and oztag), long-distance sailing, hang gliding, scuba diving, motor racing, non-competitive off-road motorcycle sport (trail bike riding/dirt bike riding/motocross), parachuting, powerboat racing, mountaineering, martial arts or any other hazardous activity? If 'Yes', please fill in Section O (Aviation or Activities/Pursuits Questionnaire). Yes ☐ No ☐
5. Do you have definite plans to travel or reside overseas? Yes ☐ No ☐
If 'Yes', please state:

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

Note: If you are travelling, and you have been fully vaccinated by an Australian Approved COVID-19 vaccine, please 'tick' the box. ☐
(‘Fully vaccinated’ means you have received the recommended dosing regimen of a specific COVID-19 vaccine in accordance to the Australian Department of Health advice.)

G. Personal History (continued) (Life Insured to complete this section in full.)

6. Genetic Tests (where relevant, otherwise please proceed to Question 7)

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 any cover 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.

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.

(a) Have you had, or do you intend, in the next 12 months to have a genetic test?

Yes ☐ – please complete 6(b) and 6(c) below

No ☐ – go to Question 7

Note: 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'.

(b) What is/was the reason for your genetic test?

(c) What was the result of your genetic test?

or, test has not been done yet. ☐

7. Sexual Health

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

(i) Someone who might have exposed you to the Human Immunodeficiency Virus (HIV) infection Yes ☐ No ☐
(This may include unprotected sexual intercourse with someone other than your regular partner whose HIV status is unknown to you.)

(ii) Someone who injects non-prescribed drugs Yes ☐ No ☐

(iii) Someone who is a sex worker Yes ☐ No ☐

(iv) Someone who is infected with Human Immunodeficiency Virus (HIV) infection Yes ☐ No ☐

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

(vi) Someone who is infected with Hepatitis C Yes ☐ No ☐

(b) In the last 5 years, have you been diagnosed with or experienced symptoms of Sexually Transmitted Infection/s (STIs) (examples, chlamydia, gonorrhoea, syphilis)? Yes ☐ No ☐

H. Medical and Health History (Life Insured to complete this section in full.)

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..... Yes ☐ 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. Yes ☐ No ☐
- (c) Indigestion, gastric or duodenal ulcer, hernia/s or any bowel disorder. Yes ☐ No ☐
- (d) Diabetes, abnormal blood sugar, gout or thyroid disorder. Yes ☐ No ☐
- (e) Depression, anxiety/stress state, fatigue, panic attacks, psychiatric treatment/counselling, mental illness or nervous disorder. ... Yes ☐ No ☐
- (f) Epilepsy, fits of any kind, paralysis, migraines, tinnitus, dizziness, tremor or recurrent headaches or any neurological disorder including multiple sclerosis. Yes ☐ No ☐
- (g) Arthritis, repetitive strain injury (RSI), chronic fatigue syndrome, fibromyalgia. Yes ☐ No ☐
- (h) Back or neck complaint, whiplash, sciatica or any other disorder of joints (excluding arthritis), bones or muscles. Yes ☐ No ☐
- (i) Psoriasis or eczema, skin disorder or abnormality with hearing, eyesight or speech. Yes ☐ No ☐

If you have answered 'Yes' to any of the above questions, please also complete a questionnaire for each condition (see Sections P to U). Please use Section U, Multi-Purpose Questionnaire, if a specific questionnaire for the condition is not provided.

- (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. Yes ☐ No ☐
- (k) Liver disorder (including fatty liver), pancreas, prostate, kidney or bladder disorder, renal colic or stone. Yes ☐ No ☐
- (l) Blood disorder, anaemia, haemochromatosis, haemophilia or leukaemia. Yes ☐ No ☐
- (m) Hepatitis B or C (including carrier), Human Immunodeficiency Virus (HIV) infection, Acquired Immune Deficiency Syndrome (AIDS). Yes ☐ No ☐

Females only

- (n) Are you pregnant? If 'Yes', please provide estimated date child is due. / / Yes ☐ No ☐
- Have you ever had or been advised to have treatment for:
- (o) Any breast lump (even if you have not seen a doctor) or any abnormal mammogram or breast ultrasound? Yes ☐ No ☐
- (p) An abnormal cervical smear (pap smear) test including the detection of Human Papilloma Virus (HPV) or any abnormality of the ovaries? Yes ☐ No ☐
- (q) Abnormal vaginal bleeding within the last 12 months or endometriosis? Yes ☐ No ☐

2. Have you ever experienced symptoms of or had any other illness, disease or disorder? Yes ☐ No ☐
3. In the last 5 years have you:
- (a) Had any medical examinations, consultations, X-rays, pathology tests or procedures? Yes ☐ No ☐
- (b) Occasionally or regularly taken any stimulants, sedatives, medications or prescribed drugs? Yes ☐ No ☐
4. Are you currently under ongoing monitoring, consultation or review for any condition, complaint or finding? Yes ☐ No ☐
5. Are you currently considering or have you been advised/referred to undergo further treatment, investigation or procedure? Yes ☐ No ☐

Questions 6 and 7 below are only applicable if TPD cover, Income Protection cover, Business Expenses cover, any optional Waiver of Premium or Forward Underwriting Benefit are being purchased.

6. 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? Yes ☐ No ☐
7. Have you consulted a chiropractor, osteopath, physiotherapist or acupuncturist? Yes ☐ No ☐

Please also complete the Multi-Purpose Questionnaire (Section U) if you answered 'Yes' to either question 6 or 7.

For each 'Yes' answer in questions 1(j) –1(q), 2, 3, 4 and 5 above, please provide full details in the table below.

[illegible]

** If the degree of recovery is less than 100% please complete the Multi-Purpose Questionnaire (see Section U).*

H. Medical and Health History (continued) (Life Insured to complete this section in full.)

Family History

8. (a) Have any of your immediate family (father, mother, brother, sister), prior to the age of 60 (alive or deceased), ever experienced:
- 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 'Yes', please provide details in the table below.

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

- (b) Are you required to undergo any regular screening as a result of your family history? If 'Yes', please provide details..... Yes ☐ No ☐
-

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.

I. Doctor's Details (Life Insured to complete this section in full.)

1. (a) Details of your personal doctor.
IF NO PERSONAL DOCTOR, PLEASE STATE NAME/ADDRESS OF LAST DOCTOR OR MEDICAL CENTRE YOU ATTENDED.
- Name:

Address: Postcode

Phone () Fax () Email (if known)
- (b) What was the date of your last consultation?

/ /
- (c) How long have you been attending this surgery or practice?
- (d) If less than 12 months, please provide the name and address of your previous personal doctor or medical centre.
- Name:

Address: Postcode

Phone () Fax () Email (if known)

J. Present Occupation (Life Insured to complete this section in full)

1. (a) Please give details of your current and previous occupations over the last five (5) years, including any period unemployed, travelling, studying etc.

	From	To	Principal/Main Occupation	Industry	Tick which is applicable				
					Employee of own company	Self-employed	Employee	Business Partnership	Employee of family business or trust
Current Occupation	/ /	Present							
Previous Occupations	/ /	/ /							
	/ /	/ /							

(b) What type of products or services do you or your employer sell?

(c) (i) What trade, professional, business or tertiary qualifications do you have?

(ii) Date tertiary qualifications attained.

/ /

(iii) Is your tertiary qualification related to your occupation? Yes ☐ No ☐ N/A ☐

(d) What are the important income producing duties of your present occupation? Include all manual work performed.

Duties (type of work and daily duties performed)	% of time
Sedentary/Admin (eg: filing, computer work, office duties):	%
	%
	%
Manual (eg: cleaning, lifting over 5 kg, painting etc):	%
	%
	%
Other (please specify):	%
	%
	100 %

(e) If you perform manual work, is the manual work important or essential in producing your income? Yes ☐ No ☐ N/A ☐

(f) State the location where you perform your duties.

Location (where do you perform your duties)	% of time
Corporate offices:	%
Warehouse/Industrial environment:	%
Factory:	%
On site:	%
Other (please specify eg: Lab):	%
	%
	%
	100 %

(i) How many hours per week do you work in your principal/main occupation?

(ii) If more than 60, have you consistently worked these hours over the last 6 months? Yes ☐ No ☐

(iii) How many weeks per year in your principal/main occupation?

J. Present Occupation (continued) (Life Insured to complete this section in full)

- (g) Please state your employment structure:

(i) Permanent

Yes

☐

No

☐

or

(ii) Temporary (state date the position will cease/terminate)

/

/

Please advise if you work:

(iii)

☐

Full time or

(iv)

☐

Part time

Do you work:

(v) on a Casual basis (under a casual work agreement)

Yes

☐

No

☐

If 'Yes', how many years have you been working continuously for the same employer:

☐

< 1 year

☐

≥ 1 year to < 2 years

☐

≥ 2 years
- or
- (vi) as a contractor

Yes

☐

No

☐
- If 'Yes', please state expiry date of your contract:
- /

/
- If your contract expires within 6 months, will it be renewed?
- Yes
- ☐
- No
- ☐

If 'Yes', please state for how long the contract will be renewed.

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

☐

0–100 km per week

☐

100–300 km per week

☐

300–500 km per week

☐

Over 500 km per week

(i) What percentage of your working hours is spent driving?

☐

0% – 10%

☐

11% – 25%

☐

26% – 40%

☐

Over 40%

2. What is your current annual earned income (before tax, including all super and compulsory employer super)?

\$

(Do not include unearned income such as dividends, interest, rental income, proceeds from asset sales or royalties.)

3. (a) Do you have any other occupation?

Yes

☐

No

☐

(b) Do you contemplate or expect any change in occupation (including retrenchments/redundancy or changes in your role or duties or working hours)?

Yes

☐

No

☐

4. Does your occupation require you to work underground, at heights (above 10 metres), off-shore or near dangerous materials or substances? If 'Yes', please give details below, eg. locations, depths, heights, frequency etc.

Yes

☐

No

☐

If you have answered 'Yes' to Question 3 a, 3 b or 4, please provide full details below.

K. Further Occupational Information (Life Insured to complete.)

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

1. What is the business/employer name and address?

2. Do you have a percentage ownership in any other entities (eg. trusts, partnerships, companies, associations)? Yes ☐ No ☐
If 'Yes', please list all entities below.

Name and address of each entity	State your business involvement in each entity (eg.: Director, Silent Partner, Board Member)	Date Ownership Commenced	Ownership/ Shareholding (%)

3. 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 complete AIA Australia Bankruptcy Questionnaire.

Date of discharge

/ /

If you are self-employed, in a business partnership or employee of own company, please complete the remaining questions.

4. Do you operate as a ☐ sole trader ☐ business partnership ☐ company, or ☐ trust?

5. (a) What percentage of your work is: Freelance?

%

 Contract?

%

(b) In the last 2 years have there been any periods of 'no work' or 'unemployment' between contracts or freelance work? Yes ☐ No ☐
If 'Yes', please provide details.
(c) Is your work seasonal? Yes ☐ No ☐ If 'Yes', please provide more details.

6. (a) When was the business purchased/started?

/ /

(b) Please state what percentage of interest/shareholding you have in the business/practice?

%

7. How many people do you employ?

8. 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

9. Has your company had a net operating loss in the last 2 years?..... Yes ☐ No ☐
If 'Yes', please provide details of your company's profit and loss statements for all entities.

L. Income Details

(Life Insured to complete if an Income Protection CORE Plan is being purchased, inside or outside super.)

1. 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 30/6/

Previous financial year 30/6/

\$

\$

(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.

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

\$

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

2. Is your current remuneration package or net earned income different than that stated above for the last financial year? Yes ☐ No ☐

If 'Yes', state reasons for the change below.

Current income

\$

3. If providing financial evidence, have you provided full financial documentation* for all entities listed in Section K, Question 2?..... Yes ☐ No ☐

If 'No', please provide reason/s.

4. Will any of your income (from any source) continue if you become disabled? Yes ☐ No ☐

If 'Yes', state source (eg. directors' fees, salary, renewal or trail commission, profit share from the business etc?)

(a) For how long will it continue?

(b) Amount of income (per month).

\$

(c) Is there an agreement in place in the business/practice limiting profit share or other income in the event of disability?..... Yes ☐ No ☐

If 'Yes', provide details.

5. Do you receive any unearned income from investments (eg. rental property, dividends etc.)? Yes ☐ No ☐

If 'Yes', please state the amount per month (net of costs and expenses).

\$

(Do not include negatively geared investments)

Please state the source.

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

Nature of occupation

Hours worked per week

Number of weeks worked per year

Last financial year 30/6/

Previous financial year 30/6/

Net income (before tax)

\$

Net income (before tax)

\$

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M. Business Expenses

(Life Insured to complete this section in full only if Business Expenses is being purchased.)

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.)

Alternatively, the supply of copies of taxation returns and profit and loss statements for all entities associated with your business will be accepted in place of completing the details below.

Eligible Expenses	Monthly Expenses
(a) Rent, property rates and taxes*	\$
(b) Insurance of premises (eg. fire etc)*	\$
(c) Security costs*	\$
(d) Electricity, gas, water, heating, telephone and cleaning*	\$
(e) Mobile phone	\$
(f) Bank fees/charges and interest repayments on business loans	\$
(g) Hire and lease of plant and equipment	\$
(h) Business insurance premiums (eg. liability, professional indemnity)	\$
(i) Membership fees, publications and subscriptions to professional bodies	\$
(j) Accountant's and auditor's fees	\$
(k) Regular advertising expenses, postage, printing and stationery	\$
(l) Salaries and costs of employees who do not generate revenue (eg.: superannuation contributions, payroll tax, workers' compensation for employees who do not generate revenue)	\$
(m) Net cost of locum, ie. cost to employ less revenue generated by locum	\$
(n) Other fixed business expenses – please specify	\$
.....	\$
.....	\$
.....	\$
(o) Total Monthly Business Expenses	\$

*Not insurable if working from home

2. What percentage of Monthly Business Expenses are you responsible for/liable to pay?	%
--	---

N. Family Protection (Policy Owner to complete if purchasing this benefit.)

Child 1 (Personal Details)

1. Surname

Given name

2. Sex

3. Country of birth

4. Date of birth

/

/

5. Age next birthday

6. Is the child a permanent resident of Australia?

☐ Yes ☐ No

7. State your relation to the child.

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

☐ Yes ☐ No

If 'Yes', please give details.

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

☐ Yes ☐ No

If 'Yes', please give details.

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

☐ Yes ☐ No

If 'No', please give full details.

11. Has the child ever experienced any illness or injury necessitating any hospitalisation, or is the child taking prescribed medication or has the child ever had more than 2 weeks off school as a result of illness or injury?

☐ Yes ☐ No

If 'Yes', please give details below.

Illness or injury:

Date started:

/

/

Details of treatment:

Length of treatment:

Time off school:

Date of last symptom:

/

/

Degree of recovery:

%

Name and address of doctor/hospital:

12. Name and address of the child's family doctor.

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

☐ Yes ☐ No

If 'Yes', please give details below.

Family Member (relationship to child)

Condition/Illness (for cancer/ heart disease – specify type)

Age at onset

Age at death

Child 2 (Personal Details)

1. Surname

Given name

2. Sex

3. Country of birth

4. Date of birth

/

/

5. Age next birthday

6. Is the child a permanent resident of Australia?

☐ Yes ☐ No

7. State your relation to the child.

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

☐ Yes ☐ No

If 'Yes', please give details.

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

☐ Yes ☐ No

If 'Yes', please give details.

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

☐ Yes ☐ No

If 'No', please give full details.

11. Has the child ever experienced any illness or injury necessitating any hospitalisation, or is the child taking prescribed medication or has the child ever had more than 2 weeks off school as a result of illness or injury?

☐ Yes ☐ No

If 'Yes', please give details below.

Illness or injury:

Date started:

/

/

Details of treatment:

Length of treatment:

Time off school:

Date of last symptom:

/

/

Degree of recovery:

%

Name and address of doctor/hospital:

12. Name and address of the child's family doctor.

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

☐ Yes ☐ No

If 'Yes', please give details below.

Family Member (relationship to child)

Condition/Illness (for cancer/ heart disease – specify type)

Age at onset

Age at death

N. Family Protection (Policy Owner to complete if purchasing this benefit.)

Child 3 (Personal Details)

1. Surname

Given name

2. Sex

3. Country of birth

4. Date of birth

/

/

5. Age next birthday

6. Is the child a permanent resident of Australia?

☐ Yes ☐ No

7. State your relation to the child.

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

☐ Yes ☐ No

If 'Yes', please give details.

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

☐ Yes ☐ No

If 'Yes', please give details.

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

☐ Yes ☐ No

If 'No', please give full details.

11. Has the child ever experienced any illness or injury necessitating any hospitalisation, or is the child taking prescribed medication or has the child ever had more than 2 weeks off school as a result of illness or injury?

☐ Yes ☐ No

If 'Yes', please give details below.

Illness or injury:	Date started:	/	/
Details of treatment:			
Length of treatment:	Time off school:		
Date of last symptom:	/	/	Degree of recovery: %
Name and address of doctor/hospital:			

12. Name and address of the child's family doctor.

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

☐ Yes ☐ No

If 'Yes', please give details below.

Family Member (relationship to child)	Condition/Illness (for cancer/ heart disease – specify type)	Age at onset	Age at death

Child 4 (Personal Details)

1. Surname

Given name

2. Sex

3. Country of birth

4. Date of birth

/

/

5. Age next birthday

6. Is the child a permanent resident of Australia?

☐ Yes ☐ No

7. State your relation to the child.

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

☐ Yes ☐ No

If 'Yes', please give details.

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

☐ Yes ☐ No

If 'Yes', please give details.

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

☐ Yes ☐ No

If 'No', please give full details.

11. Has the child ever experienced any illness or injury necessitating any hospitalisation, or is the child taking prescribed medication or has the child ever had more than 2 weeks off school as a result of illness or injury?

☐ Yes ☐ No

If 'Yes', please give details below.

Illness or injury:	Date started:	/	/
Details of treatment:			
Length of treatment:	Time off school:		
Date of last symptom:	/	/	Degree of recovery: %
Name and address of doctor/hospital:			

12. Name and address of the child's family doctor.

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

☐ Yes ☐ No

If 'Yes', please give details below.

Family Member (relationship to child)	Condition/Illness (for cancer/ heart disease – specify type)	Age at onset	Age at death

O. Aviation Questionnaire

1. Please state the number of hours flown where applicable:

(a) Private flying

Previous 12 months

Next 12 months

Type of Aircraft

Pilot

Passenger

Pilot

Passenger

Fixed Wing

Rotary

Other (eg. Ultralight, Microlight)

(b) Commercial flying

Previous 12 months

Next 12 months

(excluding large mainstream carriers, eg. Qantas)

Type of Aircraft

Pilot

Passenger

Pilot

Passenger

Fixed Wing

Rotary

Other (eg. Ultralight, Microlight)

(c) Agricultural flying

Previous 12 months

Next 12 months

Type of Aircraft

Pilot

Passenger

Pilot

Passenger

Fixed Wing

Rotary

Other (eg. Ultralight, Microlight)

2. Are your flying activities:

☐ Recreational, or ☐ Required for your occupation?

Please provide details.

3. (a) Name of aircrafts flown.

(b) Make and model of the aircrafts.

(c) If pilot only.

(i) Age of the aircrafts flown.

(ii) Is the aircraft serviced and maintained in Australia? If 'No', where is the aircraft serviced?

☐ Yes ☐ No

4. Do you fly or intend to fly outside Australia?

If 'Yes', please provide details.

☐ Yes ☐ No

5. Do you participate in or intend to participate in any flying activities such as aerobatics, stunt flying or exhibitions? If 'Yes', please provide details.

☐ Yes ☐ No

6. Have you ever been involved in any aviation accidents? If 'Yes', please provide details.

☐ Yes ☐ No

O. Activities/Pursuits Questionnaire

1. Please describe the activity or pursuit.

2. Please advise the number of times you engage in the activity per year.

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

4. (a) What qualifications, certificates, licences, associations and club memberships do you hold?

(b) For Off-Road Motorcycle sport:

(i) Is your motorcycle registered in accordance with your state or territory's vehicle registration guidelines?

☐ Yes ☐ No

(ii) Do you hold an appropriate licence for the class of motorcycle being used?

☐ Yes ☐ No

5. (a) Are all recognised/standard safety measures and precautions followed? Please provide any additional details.

(b) When participating in Off-Road Motorcycle sport do you wear appropriate clothing/safety equipment (including crash helmet, chest protector, knee pads and boots)?

☐ Yes ☐ No

6. How long have you been involved in this activity?

7. Where do you engage in this activity and in what locations?

8. Do you ever engage in this activity alone, or are you always with a group?

9. Do you compete in this activity?

☐ Yes ☐ No

If 'Yes', please advise the level of competition and names of events.

10. Do you receive any payments for your involvement in this activity?

☐ Yes ☐ No

If 'Yes', please advise details.

11. Please advise the maximum heights, speeds, depths the activity includes.

12. Are any of the above likely to change over the next 2 years?

☐ Yes ☐ No

If 'Yes', please provide full details.

13. Are you involved in any record attempts?

☐ Yes ☐ No

If 'Yes', please provide details.

14. Please provide details including engine size and model for any cars, boats, planes (state fixed wing or rotary) or other equipment used. For martial arts state whether contact or non-contact.

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

☐ Yes ☐ No

If 'Yes', please provide details.

P. Asthma Questionnaire

1. Date asthma first diagnosed.

/ /
2. How often do you experience symptoms?
eg. wheezing, breathlessness, chest tightness.

☐ Daily ☐ Weekly ☐ Monthly ☐ Other
3. When was your most recent episode of asthma?

/ /
4. Are you aware of any causes that trigger your symptoms?
eg. allergy, exercise.
5. Have you ever been off work due to asthma?

☐ Yes ☐ No

If 'Yes', please advise when, and for how long.
6. Name of medications.
(a) Dosage
(b) Frequency
(c) When was the last time you received medication?

(d) What additional treatment do you use to control an attack?
7. Have you ever required steroid therapy
(by tablet or syrup)?

☐ Yes ☐ No

If 'Yes', please provide details.
8. Have you ever been in hospital or received
emergency treatment for asthma?

☐ Yes ☐ No

If 'Yes', please state when, for how long and where?
9. Have you ever undergone a lung function test?

☐ Yes ☐ No

If 'Yes', please advise dates and highest and lowest readings, if known.
10. Have you ever consulted a specialist for this
condition?

☐ Yes ☐ No

If 'Yes', please advise name and address of doctor of last consultation.
11. Please provide details of your most recent visit to any other doctor for
this condition. Include date, name and address of doctor consulted.

Q. Spinal/Joints Disorder Questionnaire

1. Area of spine (eg. neck, upper or lower back) and/or joints affected
(eg. left knee, right hip, shoulders, elbows etc).
2. Please state the precise diagnosis.
3. When did symptoms first occur?
4. (a) What was the cause?

(b) Please describe your symptoms.

(c) Do you have or have you ever had pain, numbness
or 'pins and needles' in your arms, shoulders,

☐ Yes ☐ No

buttocks or legs?
(d) State frequency and severity of attacks/symptoms prior to treatment.
5. Are you still experiencing symptoms?

☐ Yes ☐ No

(a) If 'No', date of last experienced symptoms.

/ /

(b) If 'Yes', how frequently have symptoms occurred since
commencing treatment?

☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly
6. (a) What is the nature of the treatment (eg. medication,
physiotherapy, exercise, etc)?

(b) Are you still receiving treatment?

☐ Yes ☐ No

(i) If 'No', when did you cease treatment?

/ /

(ii) If 'Yes', how often do you
attend for follow-up and
date of last consultation?
(c) Name and address of doctor or therapist consulted.
7. Have you had any x-rays or other investigations or
have you ever consulted a specialist for this condition?

☐ Yes ☐ No

If 'Yes', please provide date(s) and full details including
type of investigations, results and name of doctor.
8. Have you had an operation for this condition or is
an operation being considered?

☐ Yes ☐ No

If 'Yes', please provide date(s) and full details
including names of hospital and consultant/surgeon.
9. (a) Have you ever been off work due to your
symptoms? If 'Yes', when and for how long?

☐ Yes ☐ No

(b) Are your occupation duties restricted in any way?

☐ Yes ☐ No

If 'Yes', please provide details.

(c) Is it necessary to avoid lifting or to restrict your
daily activities in any way?

☐ Yes ☐ No

If 'Yes', please provide details.

R. High Blood Pressure/High Cholesterol Questionnaire

1. When was high blood pressure/ high cholesterol first diagnosed?

2. What were the blood pressure/cholesterol readings (including total cholesterol, HDL, LDL and Triglyceride) at time of diagnosis?

Readings	Results	Date diagnosed
Blood Pressure		
Total Cholesterol		
HDL		
LDL		
Triglycerides		

3. Please provide details of your past and current treatment. Include names of medication and dosage.

Date	Medication	Dosage

4. Are you still on treatment?

☐ Yes ☐ No

If 'No', when was treatment discontinued and why?

5. Please give date(s) and result(s) of any electrocardiography (ECG), echocardiogram, x-ray, urine test or other investigations which may have been carried out.

Date	Procedure	Results

6. Regarding the monitoring of your condition:

(a) Name of medical attendant:

(b) How often do you attend for follow-up?

(c) When was your last consultation? Please provide details of your blood pressure reading and/or cholesterol (including total cholesterol, HDL, LDL and Triglyceride) reading at that time.

(d) Have you experienced any of the following conditions:

(i) Eye disorder (other than short/long sightedness)

☐ Yes ☐ No

(ii) Symptoms or disorder relating to heart or circulatory system

☐ Yes ☐ No

(iii) Kidney disorder or protein in urine

☐ Yes ☐ No

(iv) Dizziness, fainting episodes or stroke

☐ Yes ☐ No

If you answered 'Yes' to any of the above, please provide details:

Date	Symptoms	Investigations	Results

(e) How long has your blood pressure/cholesterol been well controlled?

☐ < 6 months ☐ 6 months to 12 months ☐ > 12 months

7. Please provide any additional information on your condition which you feel will be helpful in processing your application.

8. Please attach copies of any reports or results (eg. xray, pathology, ultrasound, etc) you may have.

S. Mental Health Questionnaire

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

☐ Anxiety including generalised anxiety, panic or phobic disorder

☐ Eating disorder including anorexia nervosa, bulimia

☐ Depression including major depression or mild depression

☐ Manic depressive illness, bi-polar disorder

☐ Alcohol or other substance abuse or addiction

☐ Post traumatic stress

☐ Schizophrenic or any other psychotic disorder

☐ Stress, sleeplessness, chronic fatigue

☐ Other (please specify)

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

Symptoms	Date from	Date to

3. Have you had any recurrences?

☐ Yes ☐ No

If 'Yes', please provide details.

Symptoms	Date from	Date to

4. (a) Has any reason for your condition been identified or are there any factors which trigger your condition?

(b) Have you ever had any suicidal thoughts, attempted suicide, threatened to self-harm or engaged in self-harm?

☐ Yes ☐ No

If 'Yes', please provide details.

5. (a) Please advise all treatments you have received and/or are receiving, including counselling, name(s) of medications, hospitalisation etc.

Type of treatment	Date commenced	Date ceased

(b) Are you currently receiving treatment?

☐ Yes ☐ No

(c) If 'Yes', please provide details.

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

Name and address	Date first consulted	Date last consulted

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

☐ Yes ☐ No

If 'Yes', when and how long?

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

☐ Yes ☐ No

If 'Yes', please provide details.

T. Check-up Questionnaire

1. Please state the reason/s for your regular check-up/blood test.

2. Please state the dates of your last two check-ups and results.

Date	Details	Results	Name of doctor

3. Were any test/s or further investigation/s performed? Yes No

If 'Yes', please provide details or attach copies of reports.

Date	Type of tests/investigations	Results

4. Was any treatment prescribed? Yes No

If 'Yes', please provide details.

Date	Type of treatment (eg. medications & dosage, physiotherapy, procedures, etc)

5. Are you required to return for a follow up? Yes No

If 'Yes', please state when and reason.

U. Multi-Purpose Questionnaire
(may be photocopied for additional conditions)

1. Name of condition (exact diagnosis).

2. (a) What part of the body was affected?

(b) Please state which side. Left Right Not applicable

3. The cause.

4. (a) Date symptoms commenced.

/ /

(b) How long have you been free of symptoms?

(c) How often do/did you have symptoms?

5. Have you ever been off work or your normal daily activities restricted in any way related to this condition? Yes No

If 'Yes', please state when, duration and reason/restriction.

6. Have you any residual, on-going effects or restriction in your daily activities? Yes No

If 'Yes', please give details.

7. Have you taken regular or occasional medication for this condition? Yes No

If 'Yes', advise names of medication(s), dosage(s) and frequency.

Are you still taking this medication? Yes No

8. Have you had any other treatment for this condition (eg. physiotherapy, operation, alternative remedies)? Yes No

9. Have you had any diagnostic investigations (eg. scope, scan, x-rays, EEG, ECG etc)? Yes No

10. Have you ever been in hospital or received emergency treatment for anything related to this condition? Yes No

11. Have you seen a doctor or other therapist for anything related to this condition. Yes No

If 'Yes' please provide details below. Include reason for consultation, investigation, findings and advice, and the name and specialty of the doctor/therapist.

If you answered 'Yes' to questions 8 –11 please advise details including date, type of treatment and tests.

12. Has further treatment been recommended for this condition? Yes No

If 'Yes', please provide details.

13. Does your usual doctor have details of this condition? Yes No

If 'No', provide name and address of doctor who has full details.

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"/>

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 (dd/mm/yyyy)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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 checked="" type="checkbox"/>
Date (dd/mm/yyyy)	<input type="text"/>

Third Individual Trustee

Title	<input type="text"/>
Surname	<input type="text"/>
Given Name/s	<input type="text"/>
Signature	<input checked="" type="checkbox"/>
Date (dd/mm/yyyy)	<input type="text"/>

Second Individual Trustee

Title	<input type="text"/>
Surname	<input type="text"/>
Given Name/s	<input type="text"/>
Signature	<input checked="" type="checkbox"/>
Date (dd/mm/yyyy)	<input type="text"/>

Fourth Individual Trustee

Title	<input type="text"/>
Surname	<input type="text"/>
Given Name/s	<input type="text"/>
Signature	<input checked="" type="checkbox"/>
Date (dd/mm/yyyy)	<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. [] [] [] [] [] [] [] []

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? Yes [] No []
If '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	State	Post Code	Date of Birth	Relationship to You	Percentage of Benefit
Surname	First name						
					/ /		%
					/ /		%
					/ /		%
					/ /		%
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	Name of Applicant	Date
[X]		

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	Name of Witness A	Date
[X]		
Signature of Witness B	Name of Witness B	Date
[X]		

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? ☐ Yes ☐ No

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

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 canceled. 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.

Continued overleaf 

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

- 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.

Continued overleaf 

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

Signature of Life Insured	Name of Life Insured	Date
<div>X</div>		

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

Signature of parent/guardian	Name of parent/guardian	Date
<div>X</div>		

POLICY OWNER/S (Please complete one section below)

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

1. Individual/s

Signature of Policy Owner 1	Date	Signature of Policy Owner 2	Date
<div>X</div>		<div>X</div>	
Name of Policy Owner 1		Name of Policy Owner 2	

2. Company/Corporate Trustee/Business Partnership

Executed by (Company/Business Partnership Name)	Company/Business Partnership ABN/ACN

Signature of Director/Business Partner	Date	Signature of Director/Secretary/Business Partner	Date
<div>X</div>		<div>X</div>	
Name of Director/Business Partner		Name of Director/Secretary/Business Partner	

☐ If you are a sole director please tick here.

When a company is to be the policyholder it is important that the application is signed either by: (1) Two directors; or (2) one director and company secretary; or (3) for a proprietary company that has a sole director who is also the sole company secretary, that director.

3. Non-corporate Trustee (including Self Managed Super funds)

Signature of Trustee 1	Date	Signature of Trustee 2	Date
<div>X</div>		<div>X</div>	
Name of Trustee 1		Name of Trustee 2	

Signature of Trustee 3	Date	Signature of Trustee 4	Date
<div>X</div>		<div>X</div>	
Name of Trustee 3		Name of Trustee 4	

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

Adviser Use Only

Adviser 1 details (Servicing Adviser)

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

Adviser 2 details

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

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

What is the Life Insured's contact number?

What is the best time to call?
☐ 9 am – 12 pm
☐ 12 pm – 5 pm

Which days are best to call them?
☐ Monday
☐ Tuesday
☐ Wednesday
☐ Thursday
☐ Friday

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

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

Special Instructions

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

English literacy

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

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

Quote No.

Adviser Declaration

- I confirm that I have given each Policy Owner and/or Life Insured a copy of the current:
 - Priority Protection Product Disclosure Statement (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

X

Date

Adviser 2 Signature

X

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 eg. Life Cover Plan):

Policy 1	Specify Plan type:		<input type="checkbox"/> Upfront	<input type="checkbox"/> Level (where applicable)
Policy 2	Specify Plan type:		<input type="checkbox"/> Upfront	<input type="checkbox"/> Level (where applicable)
Policy 3	Specify Plan type:		<input type="checkbox"/> Upfront	<input type="checkbox"/> Level (where applicable)
Policy 4	Specify Plan type:		<input type="checkbox"/> Upfront	<input type="checkbox"/> Level (where applicable)
Policy 5	Specify Plan type:		<input type="checkbox"/> Upfront	<input type="checkbox"/> Level (where applicable)
Policy 6	Specify Plan type:		<input type="checkbox"/> Upfront	<input type="checkbox"/> Level (where applicable)
Policy 7	Specify Plan type:		<input type="checkbox"/> Upfront	<input type="checkbox"/> Level (where applicable)
Policy 8	Specify Plan type:		<input type="checkbox"/> Upfront	<input type="checkbox"/> 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.

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	<div></div>	<div></div>	<div></div>

	Title	Surname or Company Name	Given Name or ABN
Account holder 2	<div></div>	<div></div>	<div></div>

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	<div></div>		
Address	<div></div>		Postcode
<div></div>			

Insert your signature

Account Holder 1 Signature

X

Account Holder 2 Signature

X

Date (dd/mm/yyyy)

Credit Card Authority

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

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

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

Please debit my ☐ Visa ☐ MasterCard ☐ Diners ☐ AMEX

No.

Expiry Date

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

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

\$

Name as shown on credit card

Cardholder's Signature

X

Date (dd/mm/yyyy)

IMPORTANT NOTICE:

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



Priority Protection
Direct Debit Request
(see over)



Priority Protection
Credit Card Authority
(see over)

Authority to Release Health Information

Notes on releasing information about your health

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

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

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

Please read each Authority carefully and the explanatory notes below.

Authority 1

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

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

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

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

I agree to all the following:

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

Name:

Signature:

Date:

☐ 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.

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:



Priority Protection
Authority to Release Health
Information
(see over)

AIA Insurance Super Scheme No2 – Ongoing Superannuation Rollover Authority

Important information:

Please return signed and completed form to AIA Australia Limited.

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

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

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

1. Personal Details

Title:	<input type="text"/>	Surname:	<input type="text"/>		
Given Names:	<input type="text"/>				
Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Gender:	<input type="checkbox"/> M	<input type="checkbox"/> F	AIA Australia Policy No. (if known): <input type="text"/>

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

Tax File No:

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

2. Residential Address/Contact Details

Number:	<input type="text"/>	Street Name:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>	Post Code:	<input type="text"/>
Country:	<input type="text"/>				
Work Phone:	<input type="text"/> (<input type="text"/>)	Home Phone:	<input type="text"/> (<input type="text"/>)		
Mobile:	<input type="text"/> (<input type="text"/>)	Email address:	<input type="text"/>		

3. Fund Transferring FROM:

Fund Name:	<input type="text"/>				
Australian Business Number (ABN):	<input type="text"/>				
Address:	<input type="text"/>				
Suburb:	<input type="text"/>	State:	<input type="text"/>	Post Code:	<input type="text"/>
Country:	<input type="text"/>				
Phone:	<input type="text"/> (<input type="text"/>)				

Complying Superannuation Fund

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

Product Name:	<input type="text"/>	Unique Superannuation Identifier (USI):	<input type="text"/>
Member Reference Number:	<input type="text"/>	Superannuation Product Identification Number (SPIN):	<input type="text"/>

Self Managed Super Fund (SMSF)

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

Electronic Service Address (ESA):	<input type="text"/>		
SMSF Account Name:	<input type="text"/>		
SMSF BSB Number:	<input type="text"/>	SMSF Account Number:	<input type="text"/>

4. Fund Transferring TO:

Fund Name:	Smart Future Trust	
Unique Superannuation Identifier (USI):	68 964 712 340 005	This is the USI for the AIA Insurance Super Scheme No2, a subdivision of Smart Future Trust.
Fund Australian Business Number (ABN):	68 964 712 340	
Fund Telephone Number:	1800 333 613	
Fund Address:	PO Box 6111, Melbourne VIC 3004	
Trustee Details:	Equity Trustees Superannuation Limited, ABN 50 055 641 757, AFSL 229757, RSE License L0001458	

5. Transfer Authority

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

6. Additional information may be required

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

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

7. Declaration and Transfer Authority

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

Signature:	<div>X</div>	Date:	
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AIA Vitality Payment Direct Debit Request

Policy No.

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

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

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

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

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

NB4002



AIA Vitality Payment Credit Card Authority

Policy No.

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

Request and Authority to debit

<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 (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.



Direct Debit Request
(see over)



Credit Card Authority
(see over)