



# Application for a replacement policy

This form allows you to replace an existing Tailored Protection policy (Total Care Plan, Total Care Plan Super, SMSF Plan, Income Care, Income Care Plus or Income Care Platinum policy with another policy **with no underwriting**.

If full underwriting is required for the new policy, the Application and Personal Statement Form (BR144) must be completed. Please do not complete this form if this replacement policy is to be underwritten. If you're unsure, call us on **13 1056**.

The ticks in the table below guide you to the sections of this form you need to read and/or complete, depending on the replacement policy you are applying for.

	Income Care, Income Care Plus and Income Care Platinum	Super policies (Total Care Plan Super OR the SMSF Plan)	Total Care Plan
<b>Section 1 – Before you sign the application</b>			
1.1 Important information	✓	✓	✓
1.2 Duty to take Reasonable Care	✓	✓	✓
1.3 Sending your application to us	✓	✓	✓
<b>Section 2 – Reason for replacing and details of policy to be cancelled</b>			
2.1 Reason for replacing the policy	✓	✓	✓
2.2 Authorisation to cancel existing policy	✓	✓	✓
<b>Section 3 – New replacement policy details</b>			
3.1 Policy owner details: Total Care Plan, Income Care, Income Care Plus or Income Care Platinum	✓	–	✓
3.2 Policy owner details – SMSF Plan	–	✓ SMSF Plan only	–
3.3 Life/Lives to be insured	✓	✓	✓
3.4 Child life to be insured	–	–	✓
3.5 Eligibility requirements if replacing your policy only to access the Permanent Disablement Cover option	✓	–	–
<b>Section 4 – CFS FirstChoice Employer super account</b>			
CFS FirstChoice Employer super account confirmation	–	✓ Total Care Plan Super only	–
<b>Section 5 – Nomination of beneficiaries</b>			
Nomination of beneficiaries - Total Care Plan	–	–	✓
<b>Section 6 – Method of payment</b>			
Method of payment	✓	✓	✓
<b>Section 7 – Contribution details and Tax File Number</b>			
7.1 Contribution details	–	✓ Total Care Plan Super only	–
7.2 Tax File Number (TFN) notification	–	✓ Total Care Plan Super only	–
<b>Section 8 – General declaration</b>			
General declaration and application for policy/membership	✓	✓	✓
<b>Section 9 – Non-lapsing nomination of beneficiaries</b>			
Non-lapsing Death Benefit Nomination Form Total Care Plan Super	–	✓ Total Care Plan Super only	–
<b>Section 10 – Superannuation payment</b>			
Superannuation Payment Authority Form	–	✓ Total Care Plan Super only	–
<b>Section 11 – Employer Contributions via SuperStream</b>			
Employer Payment Instructions Form	–	✓ Total Care Plan Super only	–
<b>Section 12 – Premium payment details</b>			
Direct Debit Request	✓	✓	✓
Credit Card Authority	✓	✓	✓
<b>Section 13 – Adviser details</b>			
Adviser details	✓	✓	✓



# Application for a replacement policy

## Section 1 – Before you sign the application

### 1.1 – Important information

- Issued by AIA Australia Limited 79 004 837 861 AFSL 230043 (AIA Australia), the Insurer, Colonial First State Investments Limited ABN 98 002 348 352 AFSL 232468 (referred to as the 'Trustee'), the Trustee of Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557 (FirstChoice Trust).
- As a new policy is issued for you on acceptance of this application, the features and benefits which apply under the new policy may be different to those which apply under the replaced policy. As these differences may not be improvements on your cover, you should discuss these differences with your financial adviser so you understand how they affect your cover.
- The information provided in this application and in the application for the existing policy forms the basis of this application and will, together with any special conditions, form the basis of the replacement policy.
- Any special acceptance terms imposed on the existing policy to be replaced (including extra premium loadings, exclusions or restrictions), will be applied to the new replacement policy
- This application is to be made as if it included in full the information provided in the application for the existing policy. AIA Australia relies on the accuracy of the information provided in this application and the application for the existing policy in deciding whether to accept this application; this information must be true, complete and correct as at the date it was given.

**All pages of this form are to be returned to AIA Australia.**

### Before you sign this application:

- You should have been provided with:
  - the 14 September 2021 Tailored Protection PDS or
  - the SPDS and PDS bundle dated **1 November 2019** for a replacement TCPS or SMSF Plan policy.
- The PDS contains a summary of the important information for the product you are applying for. This information will help you understand the product and help you decide whether it is appropriate for your needs.
- There must be attached to this application a Quotation showing the benefits and options you are applying for.  
If you haven't received a PDS or a Quotation, please contact your financial adviser or an AIA Australia Customer Service representative on **13 1056**.
- Where you have selected the Permanent Disablement Cover option for your Income Care, Income Care Plus or Income Care Platinum policy, or selected Split TPD or Flex-linking the life to be insured must meet our eligibility requirements (refer Section 3.5) before we'll consider your application.

### 1.2 – 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.

## Section 1 – Before you sign the application (continued)

### Changes before your cover starts

After you have completed this application but 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.

### 1.3 – Sending your application to us

All pages of this application and the quotation need to be returned to us. You can send this application to us via email or mail.

#### Email

Attach the PDF of the scanned application and quotation and send to **Au.LNBApplications@aia.com**

#### Mail

Post the application to:  
AIA Australia Life Insurance  
PO Box 319  
Silverwater NSW 2128

## Section 2 – Reason for replacing and details of policy to be cancelled

### 2.1 – Reason for replacing the policy – please tick (✓)

This section is to be completed for all policy replacements

1. Replacing a current policy with a DIFFERENT POLICY type such as:

- Total Care Plan Super
- Total Care Plan
- Income Care Plus
- Income Care Platinum
- Income Care
- SMSF Plan

Please note, the availability of Income Care, Income Care Plus, Income Care Platinum, Income Care Super or Essential Cover (within Total Care Plan Super) and Income Protection or Essential Cover (within SMSF Plan) covers is solely limited to customers who already hold income protection under an existing Tailored Protection policy or a policy previously issued by The Colonial Mutual Life Association (CMLA) prior to 1 April 2021. In such cases, these existing customers may be issued a new replacement policy with income protection, where the requested change is not possible as a variation to the current policy.

In no circumstances is a change from a non-Agreed Value income protection policy to an Agreed Value policy permitted.

**Note:** If you are replacing Income Care Plus with Income Care Platinum, you must meet all eligibility requirements in Section 3.6.

2. Replacing a current policy with the same policy type (including change of ownership, splitting and consolidation).

3. Replacing a current policy with existing flexi-linking, Split TPD, Split IP or other structural change.

4. Changing premium rates from stepped to level OR from level to stepped premiums.

### 2.2 – Authorisation to cancel existing policy/cover

This section must be completed for **all policies** being replaced.

Policy number

Life Insured 1

Policy type

Life Insured 2

Type of cancellation

Partial  Full

Policy owner/trustee (if superannuation fund)

I request my existing policy or cover to be cancelled on acceptance of this replacement policy application.

Signature of existing policy owner 1 or

Life Insured (for Total Care Plan Super only)

Date

Signature of existing policy owner 2

Date

Where there is more than one policy owner all owners must sign.

**Section 3 – New replacement policy details**

**3.1 – Policy owner details: Total Care Plan, Income Care, Income Care Plus or Income Care Platinum**

Complete this section only if the replacement policy is to be a Total Care Plan, Income Care, Income Care Plus or Income Care Platinum.

For the SMSF Plan, please complete **Section 3.2 SMSF Plan** on page 4.

For Total Care Plan Super, please complete **Section 3.3 Life/Lives to be insured details** on page 5.

Policy owner details are not required for Total Care Plan Super.

**Policy owner 1**

Title	Surname		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
Given name(s)			Date of birth
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>
Residential address			
<input style="width: 100%;" type="text"/>			
Suburb	State	Postcode	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Mailing address (if different to residential address)			
<input style="width: 100%;" type="text"/>			
Suburb	State	Postcode	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Home phone number	Business phone number	Mobile phone number	Fax number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Email address			
<input style="width: 100%;" type="text"/>			

**Policy owner 2**

Title	Surname		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
Given name(s)			Date of birth
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>
Residential address			
<input style="width: 100%;" type="text"/>			
Suburb	State	Postcode	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Mailing address			
<input style="width: 100%;" type="text"/>			
Suburb	State	Postcode	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Home phone number	Business phone number	Mobile phone number	Fax number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Email address			
<input style="width: 100%;" type="text"/>			

**OR**

**A family trust/company.**

**Note:** for Income Protection applications, the Life Insured must have a controlling interest in the family trust/company, such that they can ensure that the proceeds of the policy will ultimately be paid to them.

	Total Care Plan	Income Protection
Family trust/Company	<input type="checkbox"/>	<input type="checkbox"/>
Trust/Company name(s)	<input style="width: 100%;" type="text"/>	
ABN	<input style="width: 100%;" type="text"/>	
Mailing address		
<input style="width: 100%;" type="text"/>		
Suburb	State	Postcode
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Phone number	Fax number	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Email address		
<input style="width: 100%;" type="text"/>		

**Section 3 – New replacement policy details (continued)**

**3.2 – Policy owner details – SMSF Plan**

Complete this section only if the replacement policy is to be the SMSF Plan (the SMSF Plan will only be issued to the trustee of a Self-Managed Super Fund).

For SMSF Plan applications, the Life Insured must be a member of the SMSF named in this application.

**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

Superannuation fund number

Trustee's address for communications

Suburb

State

Postcode

Phone number

Fax number



**Details of trustee**

Company/Trustee name

ABN

**3.3 – Life/Lives to be insured**

**Note:** Total Care Plan Super can only have a single Life Insured.

Tick if Life Insured details are to remain the same as the policy being cancelled. If you tick this box, you do not need to complete the below section.

**Life to be insured 1 – Personal Details**

Title Surname

Given name(s)

Date of birth



Residential address

Suburb

State

Postcode

Mailing address (if different to residential address)

Suburb

State

Postcode

Home phone number

Business phone number

Mobile phone number

Fax number





Email address

**3.4 – Child life to be insured (Total Care Plan only)**

Complete this section to provide details of the Child life/lives to be insured under a Total Care Plan policy only.

**Child Cover Option**

To be completed by the policy owner(s)

If you have selected the Child Cover Option under the Total Care Plan, please list below the details of the child/children you wish to insure.

Surname	Given name/s	Gender	Date of birth
			/ /
			/ /
			/ /
			/ /
			/ /

### Section 3 – New replacement policy details (continued)

#### 3.5 – Information required if you're replacing your policy to access the Permanent Disablement Cover option, Split TPD or Flex-linking

**Note:** this option is **not** available for Income protection inside super.

Since the risk commencement date of this policy have you:

1. Made a claim, or are you eligible to be paid a claim, or do you intend to make a claim for any injury or sickness?  
 Yes  No
2. Had an application for life, disability or trauma cover declined, deferred or offered with exclusion(s) and/or loading(s) and/or any other special terms?  
 Yes  No
3. Had any change to your health, occupation or pastimes?  
 Yes  No

If you have answered 'Yes' to any of these questions, please provide a detailed response below.

#### 3.6 – Eligibility requirements if replacing your existing Income Care Plus policy with Income Care Platinum or accessing Split TPD or Flexi-linking

1. Are you currently on claim or may be eligible to claim?  
 Yes  No
2. Are you currently working less than 20 hours per week in your main occupation?  
 Yes  No

**Important note:** If you have answered 'Yes' to any of the above questions, you do not meet our eligibility requirements. Your application to replace your Income Care Plus policy with an Income Care Platinum policy will not be accepted. You do not need to complete and return this form.

**Important: Please complete the below question if you are applying for a Total Care Plan Super policy.**

### Section 4 – CFS FirstChoice Employer super account

**Important: Please complete the below question if you are applying for a Total Care Plan Super policy.**

If you have a First Choice Employer account, do you consent to the Trustee confirming to AIA Australia that you have that account? AIA Australia will use this information for the purpose of compliance with Future of Financial Advice (FOFA) laws relating to the payment of adviser commission.

- Yes  
 No

**Note:** If consent is not provided, AIA Australia can't continue processing this application.

### Section 5 – Nomination of beneficiaries – Total Care Plan

Complete this section where you are providing beneficiary nominations for your Total Care Plan policy.

- Tick if the replacement Total Care Plan policy beneficiary details are to be the same as the Total Care Plan policy being cancelled. If you tick this box, you do not need to complete the below section. Only applicable where the policy owners of the replacement Total Care Plan policy are the same as the policy owners of the Total Care Plan policy which is being replaced.

Under section 48A of the *Insurance Contracts Act 1984*, you may nominate up to five beneficiaries to receive death claim proceeds from the Total Care Plan policy. Your valid nomination will ensure that any death claim proceeds payable under the policy will be paid in the designated portions directly to the nominated beneficiary/ies such that the proceeds will not be paid to you or your estate. Please refer to the PDS for further details.

Title	Full name of beneficiary	Address	Date of birth	Relationship to policy owner(s)	% split
			/ /		%
			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
			/ /		%
			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
			/ /		%
			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
			/ /		%
			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
			/ /		%
			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		

**Total = 100%**

### Section 6 – Method of payment

**Method of payment** – Complete this section for all replacement policies.

**Please note:** If direct debit or credit card is selected, the premium will not be debited until the application is accepted.

Is payment to be included in an existing AIA Australia direct debit or credit card authority? (not applicable for Employer paid contributions)

- Yes ▶ Please provide existing policy number   No please select one of the following options.
- Direct Debit ▶ Please read the 'Direct Debit Request Service Agreement' and complete the 'Direct Debit Request' on this application.  
We will treat payments made by direct debit/credit card to Total Care Plan Super policies (if applicable) as personal contributions.
- Credit Card ▶ Please complete the 'Credit Card Authority' in this application.  
We will treat payments made by direct debit/credit card to Total Care Plan Super policies (if applicable) as personal contributions.
- Rollover money from super (including rollovers from an account in the FirstChoice Trust). Transfers or rollovers can only be made from any complying super fund. ▶ Please complete Superannuation Payment Authority form. This form is located on page 15.
- Employer Contributions via SuperStream ▶ arrange with your employer to pay your TCPS premiums with Employer contributions. Please complete the Employer Payment Instructions form and give to your employer (see page 17)  
The contribution type(s) you and/or your employee wish to make is included in the Contribution Transaction Request (CTR). This must accompany your payment made via Direct Credit or BPAY®.
- Direct to AIA Australia (cheque must be attached) ▶ This payment method is only available for yearly and half-yearly premiums.

For further details contact our Customer Service Consultants on **13 1056** between 8 am and 6 pm (AEST/AEDT), Monday to Friday, excluding public holidays.

## Section 7 – Contribution details and Tax File Number

### 7.1 – Work Test Declaration (continued)

Under superannuation law, the trustee of the FirstChoice Trust may accept Total Care Plan Super contributions if you meet certain age and/or working requirements.

Are you aged 67 to 74?

- No - You do not need to complete this section. Please proceed to section 7.3  
 Yes - Please complete the declaration below

I declare that (cross only **one** of the boxes):

- I have met the work test prior to making the contribution because I have worked in paid employment for at least 40 hours over 30 consecutive days this financial year.

OR

- I have met the **work test exemption** because:

- I met the work test last financial year, and
- I had a total superannuation balance (across all my superannuation accounts) of less than \$300,000 at the end of last financial year, and
- I have not claimed the work test exemption in any previous financial year.

OR

- I have **not** met either the work test or the work test exemption.

### Type of contribution

The contribution type(s) you and/or your employee wish to make is included in the Contribution Transaction Request (CTR). This must accompany your payment made via Direct Credit or BPAY.

**Note:** If your premiums are to be paid by superannuation contributions from your employer, please select “Employer Contribution visa Super Stream” in Section 11 (page 17).

### 7.2 – Tax File Number (TFN) notification (Total Care Plan Super only)

**Only complete this section if the replacement policy is to be a Total Care Plan Super policy.**

Under the Superannuation Industry (Supervision) Act (SIS) the Fund is authorised to collect your TFN and to use it for lawful purposes. These purposes may change due to legislative change.

The lawful purposes for which your TFN can be used are as follows:

- the trustee of the FirstChoice Trust can validate your TFN by means of an electronic validation service provided by the ATO for the purpose of ensuring the information we have about you on our record is accurate and up to date
- the ATO can give your TFN to the trustee of the FirstChoice Trust if:
  - you haven’t quoted your TFN to the trustee of the FirstChoice Trust but you have provided your TFN to other providers previously or
  - the TFN you provide to the trustee of the FirstChoice Trust doesn’t match the records the ATO holds for you. Where this occurs, the trustee of the FirstChoice Trust is required to update the record it holds for you unless you have instructed it not to record your TFN
- your TFN can be communicated to the other fund when you request a rollover, unless you have provided your written instruction to the contrary.

While it’s not an offence to withhold your TFN, providing it to the trustee of the FirstChoice Trust has the following advantages:

- tax on contributions won’t increase
- other than the tax that ordinarily applies, no additional tax will be deducted when you draw down your super benefits
- it will be easier to trace all your different super accounts so you receive all your super benefits when you retire.

Another advantage is that the Fund can accept all types of contributions that can be made. This is important for Total Care Plan Super for the reasons explained below.

Under superannuation law the trustee of the FirstChoice Trust can’t accept member contributions unless it has your TFN. Member contributions include all personal contributions you make and contributions made by any person on your behalf other than your employer. As the Trustee can’t accept member contributions until it has your TFN, it won’t be able to arrange insurance cover for you because it won’t have any contributions to pay for the cover.

If employer contributions are to be made for you and the trustee of the FirstChoice Trust doesn’t have your TFN, the trustee of the FirstChoice Trust won’t be able to arrange insurance cover for you because, after deducting extra tax from the contribution, the contribution won’t be enough to pay the premium.

TFN

Applicant’s/Member’s signature

Date



▶ Continued next page



**Where you are applying for any replacement policy (including the SMSF Plan but not Total Care Plan Super):**

I apply to AIA Australia Limited ABN 79 004 837 861 AFSL 230043 (AIA Australia) for a replacement policy as set out in this form.

I have read and understood the appropriate Product Disclosure Statement (PDS) and Policy for the replacement policy I am applying for. My decision to apply for the replacement policy is based on the material received and my understanding of the information included in the PDS.

I understand that:

- the replacement policy does not commence until AIA Australia accepts this application in writing, or receives a signed acceptance of such alternative conditions as may be offered and the first premium is received;
- interim cover does not apply;
- the terms and conditions of the replacement policy I am applying for may not be identical in all respects to those of the existing policy; and
- benefits provided under the replacement policy I am applying for are liabilities of AIA Australia and its subsidiaries do not guarantee these benefits.

**Where you are applying for a replacement Total Care Plan Super policy:**

I apply to the trustee of the FirstChoice Trust for admission as a member of the FirstChoice Trust and agree to be bound by the provisions of the governing Trust Deed.

I also undertake to notify the trustee of the FirstChoice Trust in writing immediately if at any time:

- I cease to be eligible to contribute to the FirstChoice Trust; or
- my employer makes Award or Superannuation Guarantee contributions to the FirstChoice Trust on my behalf.

I have read and understood the appropriate Product Disclosure Statement (PDS) and Policy. My decision to apply for membership of the FirstChoice Trust is based on the material received and my/our understanding of the information included in the PDS.

I declare, acknowledge and agree that:

- the information provided in this application and the application for the existing policy is true, complete and correct as at the date it was given;
- the trustee of the FirstChoice Trust relies on the accuracy of that information in deciding whether to accept this application and AIA Australia relies on the accuracy of that information in deciding whether to issue the Total Care Plan Super policy;
- insurance cover under the replacement Total Care Plan Super policy does not commence until the trustee of the FirstChoice Trust accepts this application in writing, or receives a signed acceptance of such alternative conditions as may be offered, and the first premium is received;
- interim cover does not apply;
- the terms and conditions of the Total Care Plan Super cover I am applying for may not be identical in all respects to those of the existing policy; and
- Commonwealth Bank of Australia and its subsidiaries do not guarantee Total Care Plan Super or the performance of the FirstChoice Trust or the repayment of capital by the FirstChoice Trust. Contributions to the FirstChoice Trust are not deposits or other liabilities of Commonwealth Bank of Australia and its subsidiaries.

**Where you are applying for a replacement SMSF Plan:**

I, the trustee of the superannuation fund named in this application:

- confirm that the superannuation fund of which I am the 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);
- 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;
- confirm that I have the power under the trust deed governing the superannuation fund to apply for the policy(ies) the subject of this application; and
- confirm that the Life Insured named in this application is a member of the superannuation fund of which I am a trustee (that is named in this application as a policy owner).

**For a policy owner/life to be insured under any policy and a life to be insured under Total Care Plan Super:**

- I have read and understood the Duty to take Reasonable Care set out in this application and I am aware of the consequences of non-disclosure.
- I am aware that AIA Australia does not require me to disclose matters which have already been disclosed to it for the existing policy.
- I am aware AIA Australia has waived compliance with the Duty to take Reasonable Care to the extent it requires disclosure of matters which first arose after the existing policy was issued by AIA Australia and which do not require disclosure under section 3.5 of this application.

I declare, acknowledge and agree that:

- the answers to all questions and declarations in this application are true and correct including those not in my own handwriting;
- the information provided in this application and in the application for the existing policy forms the basis of this application and will, together with any special conditions, form the basis of the replacement policy;
- this application is made as if it included in full the information provided in the application for the existing policy;
- the information provided in this application and the application for the existing policy is true, complete and correct as at the date it was given;
- AIA Australia relies on the accuracy of that information in deciding whether to accept this application;
- any special terms and premium loadings applying under the policy being replaced continue to apply to the replacement policy unless AIA Australia advises otherwise in writing; and
- no information has been withheld which may affect AIA Australia's decision to provide the replacement policy; and
- any beneficiary/death benefit nomination I have made for the purposes of my existing policy will continue to apply to the replacement policy, until the beneficiary/death benefit nomination lapses, is revoked by me and/or replaced by me. The trustee of the FirstChoice Trust can rely on any beneficiary/death benefit nomination previously made by me as a continuing direction to it.

I authorise:

- AIA Australia (and for Total Care Plan Super, the trustee of the FirstChoice Trust) to refer to any statements that have been made in connection with this application and any medical reports, to other entities involved or administering the replacement policy (e.g. reinsurers, medical consultants, legal advisers); and
- AIA Australia (and for Total Care Plan Super, the trustee of the FirstChoice Trust) and any person appointed by AIA Australia (or the trustee of the FirstChoice Trust) to obtain information on my/our medical, claims and financial history from the Insurance Reference Association and any other body holding information on me/us.

I have read and understood the section 'Privacy of your personal information' in the PDS.

I acknowledge and consent to the use and disclosures of my personal information as detailed in that section.

**Section 8 – General declaration and application for policy/membership (continued)**

By ticking (✓) the box under my signature below, I indicate that I do not want to receive marketing information.

To be completed by all lives insured and policy owners (including individual and corporate trustees and company directors/secretaries).

Name of signatory 1

Signature of signatory 1

Date

I do not wish to receive marketing information.

Name of signatory 2

Signature of signatory 2

Date

I do not wish to receive marketing information.

Name of signatory 3

Signature of signatory 3

Date

I do not wish to receive marketing information.

Name of signatory 4

Signature of signatory 4

Date

I do not wish to receive marketing information.

To be completed if the policy owner is a company, including a corporate trustee.

Executed by (name of company)

in accordance with section 127 of the Corporations Act 2001 (Cth)

Relationship to policy (please tick)	Signatory 1	Signatory 2	Signatory 3	Signatory 4
Life Insured	<input type="checkbox"/>			
Policy owner(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If the owner is a company including a corporate trustee</b>				
Director (of company)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sole Director (of company)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secretary (of company)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

▶ Continued next page



# Non-lapsing death benefit nomination form

## TOTAL CARE PLAN SUPER

Issued by Colonial First State Investments Limited ABN 98 002 348 352 AFSL 232468 (CFSIL), the trustee of the Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557 (FirstChoice Trust). AIA Australia Limited ABN 79 004 837 861 AFSL 230043 (AIA Australia) is responsible for the administration of Total Care Plan Super and provides insurance benefits to FirstChoice Trust as insurer of Total Care Plan Super.

Please refer to page 13 and 14 for guidance on how to complete this form. Alterations to this form must be initialled by you and both witnesses or it will be invalid. Please complete this form using BLACK INK and print well within the boxes in CAPITAL LETTERS. Start at the left of each answer space and leave a gap between words. Please tick  appropriate answer boxes.

### Section 9 - Non-lapsing Death Benefit Nomination

#### 1 – Personal details

Policy number (if known)	Title	Date of birth
<input style="width: 90%;" type="text"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input style="width: 100px;" type="text"/>	<input style="width: 80%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>
Given name(s)	Surname	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Phone number	Mobile phone number	Email
<input style="width: 80%;" type="text"/> ( ) <input style="width: 20%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 90%;" type="text"/>

#### 2 – Nomination details

##### Dependant 1

Full name	Date of birth	Gender	% of death benefit
<input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input style="width: 80%;" type="text"/> %
Address	<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependant		
<input style="width: 95%;" type="text"/>			
State	Postcode		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		

##### Dependant 2

Full name	Date of birth	Gender	% of death benefit
<input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input style="width: 80%;" type="text"/> %
Address	<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependant		
<input style="width: 95%;" type="text"/>			
State	Postcode		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		

##### Dependant 3

Full name	Date of birth	Gender	% of death benefit
<input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input style="width: 80%;" type="text"/> %
Address	<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependant		
<input style="width: 95%;" type="text"/>			
State	Postcode		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		

##### Dependant 4

Full name	Date of birth	Gender	% of death benefit
<input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input style="width: 80%;" type="text"/> %
Address	<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependant		
<input style="width: 95%;" type="text"/>			
State	Postcode		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		

#### Legal Personal Representative (Your Estate)

% of death benefit
<input style="width: 80%;" type="text"/> %

Total must equal 100%. This includes any additional nominations you attach to this form.  
Please refer to page 13 and 14 – Nominating Beneficiaries.

<b>Total</b>
<input style="width: 80%;" type="text"/> <b>100%</b>

## Declaration

I understand/declare that:

- if this nomination is consented to by the trustee of the FirstChoice Trust, any existing death benefit nomination in respect of my Total Care Plan Super Policy to which this application relates will be revoked and replaced
- any beneficiary nominated by me, other than my legal personal representative, must be a dependant within the meaning of the Superannuation Industry (Supervision) Act 1993 (SIS Act). A dependant includes my spouse, child, a person who is financially dependent on me or with whom I have an interdependency relationship
- at the time of making this nomination, the beneficiary or beneficiaries nominated by me are dependants within the meaning of the SIS Act
- if my nomination is invalid in whole or in part, or cannot be followed for any reason or because a beneficiary/ beneficiaries is no longer a dependant at the date of my death, then that proportion of my benefit will be paid to my legal personal representative
- my beneficiary/beneficiaries and I will be bound by the provisions of the trust deed relating to non-lapsing death benefit nominations
- I may at any time revoke or replace a non-lapsing death benefit nomination in accordance with FirstChoice Trust's procedures and with the consent of the trustee
- this nomination applies to the application above or the policy number(s) identified on this form
- I have read the PDS and agree to be bound by the provisions of the trust deed governing the FirstChoice Trust (as amended).

I acknowledge that the FirstChoice Trust and/or its related entities will not be liable to me or other persons for any loss suffered (including consequential loss) where transactions are delayed, blocked, frozen or where the Group refuses to process a transaction or ceases to provide me with a product or service.

A nomination is not considered valid unless it has been completed correctly and the trustee receives it. Any alterations to your form must be initialled by yourself and both witnesses or it will be invalid. A nomination will not be effective until the trustee of the FirstChoice Trust has consented to it. You should regularly review your nomination to ensure that the nominated beneficiary/beneficiaries remain eligible to receive the portion of your death benefit specified in this nomination and that this nomination accurately reflects your wishes.

### Signing this form

This form must be signed and dated in the presence of two witnesses. Each witness must be over 18 years old and must not be a person nominated on this form.

Applicant's/Member's signature

Date

X

/ /

## Declaration by two witnesses required to validate a non-lapsing death benefit nomination

I hereby declare that this non-lapsing death benefit nomination was signed and dated by the applicant/member in my presence. I confirm that I am at least 18 years old and I am not a person who has been nominated on this form.

First witness name (please print)

First witness signature

Date

X

/ /

Second witness name (please print)

Second witness signature

Date

X

/ /

**Note:** Any alteration to the completed form must be initialled by you and both witnesses. Both witnesses must sign this form on the same date as the member.



# Nominating beneficiaries

## What is a non-lapsing death benefit nomination?

A non-lapsing death benefit nomination is a request by you to the trustee of the FirstChoice Trust to pay your death benefit to the person or persons nominated. The trustee may consent to your nomination if your nomination satisfies the requirements described in the following paragraphs.

The trustee is required to follow your nomination if, prior to your death, you complete and it receives your valid non-lapsing death benefit nomination, and the trustee consents to that nomination.

The nomination remains valid until you revoke or make a new nomination. This can provide you with greater certainty as to who will receive your death benefit when you die.

## Who can I nominate?

A valid non-lapsing death benefit nomination can only nominate your legal personal representative and/or your dependants.

Your legal personal representative is the person appointed on your death as the executor or administrator of your estate.

Your dependants are:

- your current spouse  
This includes the person at your death to whom you are married or with whom you are in a de facto relationship (whether of the same sex or a different sex) or in a relationship that is registered under a law of a State or Territory.
- your child  
This includes any person who at your death is your natural, step, adopted, ex-nuptial or current spouse's child, including a child who was born through artificial conception procedures or under surrogacy arrangements with your current or then spouse.
- any person financially dependent on you  
This includes any person who at your death is wholly or partially financially dependent on you. Generally, this is the case if the person receives financial assistance or maintenance from you on a regular basis that the person relies on or is dependent on you to maintain their standard of living at the time of your death.
- any person with whom you have an interdependency relationship

This includes any person where at your death:

- you have a close personal relationship with this person
- you live together with this person
- you or this person provides the other with financial support, and
- you or this person provides the other with domestic support and personal care.

An interdependency relationship is not required to meet the last three conditions, if the reason these requirements cannot be met is because you or the other person is suffering from a disability.

In establishing whether such an interdependency relationship exists, all of the circumstances of the relationship are taken in to account, including (where relevant):

- the duration of the relationship
- whether or not a sexual relationship exists
- the ownership, use and acquisition of property
- the degree of mutual commitment to a shared life
- the care and support of children
- the reputation and public aspects of the relationship (such as whether the relationship is publicly acknowledged)
- the degree of emotional support
- the extent to which the relationship is one of mere convenience, and
- any evidence suggesting that the parties intended the relationship to be permanent.

If you are considering relying on this category of dependency to nominate a person, you should consider talking to your legal adviser and completing a statutory declaration addressing these points as evidence of whether such a relationship exists.

## How do I nominate more beneficiaries?

If you wish to nominate more beneficiaries, you can attach their nomination details to this form. The attachment must be headed 'Attachment to Non-lapsing Death Benefit Nomination Form'.

The attachment must include your full name and account number, the full names of the beneficiaries, their date of birth, their relationship to you and the percentage of the benefit to be paid to each person. The attachment must also be signed and dated by you. The same two witnesses who sign section 5 of this form must also sign and date the attachment and include in the attachment the declaration "I declare that I am over the age of 18 and this non-lapsing nomination was signed and dated by the member in my presence".

## How do I make a valid non-lapsing death benefit nomination?

To make a valid non-lapsing death benefit nomination:

- you must be at least 18 years of age
- you must complete in writing this non-lapsing death benefit nomination form available in the most up-to-date PDS or on our website or by calling **13 1056**
- you must only nominate your legal personal representative and/or a person(s) who is your dependant
- you must provide the full name, date of birth and the relationship which exists between you and each of the nominated beneficiaries
- you must ensure that the proportion payable to each person nominated is stated and the total allocation adds up to 100%
- your nomination must not be ambiguous in any way
- you must sign the non-lapsing death benefit nomination form in the presence of two witnesses who are both at least age 18 and are not nominated by you as a beneficiary on the form.



# Nominating beneficiaries

For your validly completed non-lapsing death benefit nomination to be effective you must send your nomination and the trustee must receive and consent to your validly completed non-lapsing death benefit nomination prior to your death.

You may seek to revoke your nomination or make a new non-lapsing death benefit nomination at any time by completing a new non-lapsing death benefit nomination form in writing, available in the most up-to-date PDS or on our website or by calling **13 1056**.

## Is my nomination effective?

It is important to be aware before completing a non-lapsing death benefit nomination that if your non-lapsing death benefit nomination is valid and the trustee consents to that nomination, the trustee must follow the nomination and it cannot be overruled by the trustee.

However, if you nominate a person who is not your legal personal representative or a dependant when you die, then your nomination will not be valid to the extent that it relates to that person despite any consent granted by the trustee.

If you nominate your legal personal representative, your death benefit will be paid to your estate and distributed in accordance with your Will or the laws of intestacy. This means that the distribution may be challenged if someone disputes your Will or the distribution of your estate.

If you nominate one or more of your dependants, your death benefit will be paid directly to them.

If a person nominated on your non-lapsing death benefit nomination form is no longer a dependant at the date of your death, then the proportion of your death benefit which would have been payable to that person will be paid to your legal personal representative.

Please note this will **not** apply if you revoke a nomination made for your Total Care Plan Super policy which commenced before 1 April 2017.

Tax may be withheld from your death benefit when paid to your dependants or distributed from your estate. There are differing tax treatments of death benefits depending on how old you are, how old your nominated beneficiaries are and who you nominate.

## How is my death benefit paid?

At the time of your death, the trustee will contact the people you have nominated in your non-lapsing death benefit nomination to ensure that they are still a dependant or your legal personal representative.

The trustee is also generally required to establish the identity of this person before paying out your death benefit.

If you have nominated one or more of your dependants, they may be provided the choice of taking their proportion of the death benefit as a lump sum cash payment or a pension.

Please note, however, that from 1 July 2007 if you have nominated a child, the death benefit must be paid to them as a lump sum cash payment unless the child:

- is under age 18
- is under age 25 and is financially dependent on you, or
- has a certain type of disability.

If your child does receive your death benefit as a pension, they must commute it to a tax-free lump sum by age 25 unless they remain disabled.

Where a death benefit is paid to your legal personal representative, it must be paid as a lump sum.

## What if I don't have a valid non-lapsing death benefit nomination?

Your death benefit will be paid to your legal personal representative if:

- at the time of your death, you have not completed or the trustee has not received and consented to a valid non-lapsing death benefit nomination
- you have revoked your last non-lapsing death benefit nomination and you have not made a new non-lapsing death benefit nomination
- the person or persons you have nominated cannot be identified or are not your dependant or legal personal representative at the time of your death, or
- the trustee determines that the whole of your non-lapsing death benefit nomination is otherwise invalid.

This is general information only and does not take into account your personal circumstances. Please talk to your financial adviser for more information on non-lapsing death benefit nominations and your personal estate planning needs.

Please note the above will **not** apply if you revoked your nomination on a Total Care Plan Super policy which has a policy commencement date before 1 April 2017.

## Important information

It is important to review your nomination regularly to ensure it is still appropriate to your personal circumstances and reflects your wishes. If, after making a non-lapsing death benefit nomination, you marry, separate or divorce, enter a de facto relationship (including same-sex), have a child, or if someone you nominate has died, or someone becomes or is no longer financially dependent upon you or in an interdependency relationship with you, then you should review your non-lapsing death benefit nomination or consider making a new nomination.



# Superannuation payment AUTHORITY FORM

## Total Care Plan Super

Total Care Plan Super is a superannuation product within the Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557 (FirstChoice Trust). Colonial First State Investments Limited ABN 98 002 348 352 AFSL 232468 is the Trustee of the FirstChoice Trust. AIA Australia Limited 79 004 837 861 AFSL 230043 (AIA Australia) is responsible for the administration of the Total Care Plan Super and provides insurance benefits to the FirstChoice Trust.

### Authority for AIA Australia to request transfers or rollovers to Total Care Plan Super

Completing this form authorises AIA Australia to request a transfer or rollover on your behalf to Total Care Plan Super from your Nominated Super Fund Account stated at Section 2 or 3 for the amount of insurance premiums plus other taxes, fees and costs payable under Total Care Plan Super.

### Fees

Your superannuation provider may charge you withdrawal or other fees for making a rollover or transfer to Total Care Plan Super. If you are not already aware of the fees your superannuation provider may charge, you should contact them for further information before completing this form.

### Proof of identity

Please note your superannuation fund may require you to provide proof of identity, eg a certified copy of your Birth Certificate, Passport or Drivers Licence. Speak with your fund administrator to confirm what (if any) identification requirements they need before allowing the partial rollover and whether this is required once only or for each subsequent rollover.

All pages of this form are to be returned to AIA Australia.

## Section 10 – Superannuation payment

### A – Total Care Plan Super member details

My Total Care Plan Super policy number (if known)

Unique Superannuation Identifier (USI)

Title  Mr  Mrs  Miss  Ms  Other:

Surname

Full given name(s)

Date of birth

Occupation (if retired, state retired)

Main country of residence, if not Australia

Residential address (PO Box is not acceptable)

Suburb	State	Postcode
--------	-------	----------

Postal address (if different to above)

Suburb	State	Postcode
--------	-------	----------

Home phone number

Business phone number

Mobile phone number

Fax number

Email address

### B – Your nominated CFS FirstChoice super fund account (FirstChoice Super Payment Method only)

You should make sure that your account balance is sufficient to pay the premium plus the taxes, fees and costs payable under Total Care Plan Super, as well as continuing to meet the minimum balance requirements of the transferring fund.

CFS FirstChoice super fund name

Product and account details

**Notes:** To be used for FirstChoice Super Payment Method only. Don't use for any other CFS super fund account or a CFS fund that uses SuperStream.

Product name	Unique Superannuation identifier (USI)	Account Number
CFS FirstChoice Personal Super	FSF0217AU	001 010 / / / /
CFS FirstChoice Wholesale Personal Super	FSF0511AU	001 011 / / / /
CFS FirstChoice Employer Super	FSF0361AU	001 065 / / / /

Colonial First State, Reply Paid 27, Sydney, NSW, 2001.

Super Fund email address: [contactus@colonialfirststate.com.au](mailto:contactus@colonialfirststate.com.au) Super Fund Number 13 13 36

**C – Your nominated super fund account (Super Payment Method only using SuperStream)**

You should make sure that your account balance is sufficient to pay the premium plus the taxes, fees and costs payable under Total Care Plan Super, as well as continuing to meet the minimum balance requirements of the transferring fund.

Super Fund name	Product names	
<input type="text"/>	<input type="text"/>	
ABN		
<input type="text"/>		
Unique Superannuation Identifier (USI)	Account number	
<input type="text"/>	<input type="text"/>	
Postal address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Super Fund phone number	Super Fund email address	
<input type="text"/>	<input type="text"/>	

**All pages of this form are to be returned to AIA Australia.**

**D – Transfer or rollover authorisation**

**I authorise:**

- AIA Australia from time to time to request, on my behalf, that the trustee ('trustee') of the superannuation fund nominated in Section B or C of this form transfer or rollover from my account an amount nominated by AIA Australia to Total Care Plan Super for the payment of insurance premiums plus other taxes, fees and costs payable under Total Care Plan Super. I understand and agree that the amount transferred or rolled over may be net of any withdrawal or other fees charged under the transferring fund.
- AIA Australia to do all acts and execute such documents on my behalf as are necessary to complete the requested transfer or rollover.
- AIA Australia is authorised to transfer or rollover from my account in accordance with the default arrangements set by the trustee of the transferring fund for transfers or rollovers.

This authority continues until the earliest of the following:

- it is revoked in writing by me;
- AIA Australia receives a replacement authority signed by me;
- I cease to hold my Total Care Plan Super policy; or
- I die.

**E – Declaration**

**I declare that:**

- my account is my superannuation account and I have authority to transact on it;
- the details provided in this form are true and correct;
- the authority in Section D includes an authority for any other person authorised by AIA Australia to do the things authorised in this form and that the request for a transfer or rollover may be made in any form agreed between AIA Australia and the trustee.
- I am aware that my superannuation provider can provide me with information about the effect this transfer will have on my benefits, including information about any fees and charges that may apply. I have already obtained this information or decided not to obtain it.
- I acknowledge and agree that I'm responsible for ensuring there are sufficient funds in my superannuation account to pay the premium, fees and any other amounts payable under Total Care Plan Super as they fall due, as well as ensuring the minimum balance requirements of my superannuation account are met; and
- I am aware and agree that any refund of monies transferred or rolled over to Total Care Plan Super under this Authority will be repaid to the superannuation account I have nominated in this form.

Print name

  

Your signature	Date
<input type="text"/>	<input type="text"/>

Please send the Superannuation Payment Rollover Authority Form to:

**AIA Australia**  
**PO Box 320**  
**SILVERWATER NSW 2128**  
**OR Email [Au.LNBApplications@aia.com](mailto:Au.LNBApplications@aia.com)**

► Continued next page





# Employer payment INSTRUCTIONS FORM

**Important – Please complete this form and give to your employer.**

**If you are an employer please read ‘Making super contributions to your employee’s Total Care Plan Super (TCPS) Policy.’**

## Section 11 – Employer Contributions via SuperStream

Employer to read

### Making super contributions to your employee’s Total Care Plan Super (TCPS) Policy

As you’ll be aware, under SuperStream legislation, all employers are obliged to send a Contribution Transaction Request (CTR) and electronic payment to Superannuation providers. Your employee, named below, has recently indicated that you wish to contribute to their TCPS policy through this method.

Below are the details you’ll need to make payments to AIA Australia using SuperStream.

Employee to complete

Total Care Plan Super USI

**26 458 298 557 008**

Your Total Care Plan Super policy number

Initial premium amount

\$

### Type of contribution

The contribution type(s) you and/or your employee wish to make is included in the Contribution Transaction Request (CTR). This must accompany your payment made via Direct Credit or BPAY.

### Employee details

Employee ID (if applicable)

Surname

Full given name(s)

Date of birth

/ /

Residential address

Suburb

State

Postcode

### More information

Find out more about SuperStream at [www.ato.gov.au/SuperStream](http://www.ato.gov.au/SuperStream)

This product is issued by Colonial First State Investments Limited ABN 98 002 348 352 AFSL 232468 the Trustee of the Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557. AIA Australia Limited 79 004 837 861 AFSL 230043 (AIA Australia) is responsible for the administration of Total Care Plan Super and provides insurance benefits to the Fund as insurer. The Trustee are wholly owned but non-guaranteed subsidiaries of Commonwealth Bank of Australia ABN 48 123 123 124 AFSL 234945.



# Direct debit request

Note: We will treat payments made by direct debit/credit card to Total Care Plan Super policies (if applicable) as personal contributions.

All pages of this form are to be returned to AIA Australia.

## Section 12 – Premium payment details

AIA Australia Limited 79 004 837 861 AFSL 230043 (AIA Australia).

Policy number (if known) and/or Product type

Policy owner/Member name(s)

### Payer details

Surname

Given name(s)

or Company/Business name giving direct debit request

ABN

Payer – Postal address

Suburb

State

Postcode

### I/We, as payer authorise and request

AIA Australia (APCA User ID 000115) until further notice in writing to arrange for funds to be debited from my/our account, at the Financial Institution identified and as described in The Schedule below, any amounts which AIA Australia may debit or charge me/us through the Bulk Electronic Clearing System (BECS).

The Schedule

Name of account to be debited

### Details of financial institution at which your account is held

Account details

BSB

Account number

Name of financial institution

Address

Suburb

State

Postcode

### Direct debit request authorisation

I/We have read the Direct Debit Service Agreement on page 20 of this Application and acknowledge and agree with its terms and conditions. I/We request this arrangement to remain in force in accordance with details set out in The Schedule described above and in compliance with the Direct Debit Service Agreement.

Customer 1 name

Customer 1 signature

Date

Customer 2 name

Customer 2 signature

Date

▶ Continued next page



# Credit card authority

**Note: We will treat payments made by direct debit/credit card to Total Care Plan Super policies (if applicable) as personal contributions.**

**All pages of this form are to be returned to AIA Australia.**

Policy number (if known) and/or Product type

Policy owner/Member name(s)

Please tick (✓) the appropriate box and complete all details.

MasterCard     Visa

Please charge my credit card the amount of \_\_\_\_\_

\$

(or adjusted amount as advised to me from time to time) until this ongoing authority is cancelled.

Cardholder's name

Cardholder's number

Expiry date

Address

Suburb

State

Postcode

Cardholder's signature

Date



# Direct debit request SERVICE AGREEMENT

This is your Direct Debit Request Service Agreement with AIA Australia Limited (APCA ID 000115, ABN 79 004 837 861, AFSL 230043). It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider.

Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation.

## Definitions

**Account** means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

**Agreement** means this Direct Debit Request Service Agreement between you and us.

**Business day** means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

**Debit day** means the day that payment by you to us is due.

**Debit payment** means a particular transaction where a debit is made.

**Direct debit request or DDR** means the Direct Debit Request between us and you.

**Us** or **we** means AIA Australia – Direct Debit User ID 000115, the Debit User you have authorised by requesting a DDR.

**You** means the customer who has signed or authorised by other means the DDR.

**Your financial institution** means the financial institution nominated by you on the DDR at which the account is maintained.

## 1. Debiting your account

1.1 By signing a DDR or by providing us with a valid instruction, you have authorised us to arrange for funds to be debited from your account. You should refer to the DDR and this agreement for the terms of the arrangement between us and you.

1.2 We will only arrange for funds to be debited from your account as authorised in the DDR, or we will only arrange for funds to be debited from your account if we have sent to the address nominated by you in the DDR, a billing advice which specifies the amount payable by you to us and when it is due. We will do this except where we have agreed to a temporary variation in accordance with your instructions under Clause 3 of this agreement, or where a credit tribunal or other legal tribunal has instructed us to vary the arrangement.

1.3 If the debit day falls on a day that is not a business day, we may direct your financial institution to debit your account on the following business day. If you are unsure about which day your account has or will be debited you should ask your financial institution.

## 2. Amendments by us

2.1 We may vary any details of this agreement or a DDR at any time by giving you at least 14 days written notice.

2.2 We reserve the right to cancel this agreement if the first debit from your account is returned unpaid or two or more debit attempts are returned unpaid by your financial institution.

## 3. Amendments by you

You may change\*, stop or defer a debit payment, or terminate this agreement by providing us with at least 14 days notification by contacting us in writing at AIA Australia, PO Box 320, Silverwater NSW 2128, or by phone on 13 1056 between 8am and 6pm (AEST/AEDT), Monday to Friday excluding public holidays. You can also arrange any change through your financial institution, which is required to act promptly on your instructions.

\*In relation to the reference to 'change', your financial institution may change your debit payment only to the extent of advising us of your new account details.

## 4. Your obligations

4.1 It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the DDR and this agreement.

4.2 If there are insufficient clear funds in your account to meet a debit payment:

- a) you may be charged a fee and/or interest by your financial institution
- b) you may also incur fees or charges imposed or incurred by us, and
- c) you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.

4.3 You should check your account statement to verify that the amounts debited from your account are correct.

## 5. Dispute

5.1 If you believe that there has been an error in debiting your account, you should notify us directly on 13 3982 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively, you can take it up directly with your financial institution.

5.2 If as a result of our investigations, we conclude that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

5.3 If as a result of our investigations, we conclude that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding in writing.

5.4 Any queries you may have about an error made in debiting your account should be directed to us in the first instance and, if we are unable to resolve the matter, you can refer such queries to your financial institution which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

## **6. Accounts**

- 6.1 Before completing the DDR you should check with your financial institution whether direct debiting is available from your account, as direct debiting is not available through BECS on all accounts offered by financial institutions.
- 6.2 You should confirm that the account details you provide to us are correct by checking them against a recent account statement.
- 6.3 If you have any questions about how to complete the DDR, you should contact your financial institution.

## **7. Confidentiality**

- 7.1 Subject to Clause 7.2, we will keep any information (including your account details) collected as part of your DDR confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.
- 7.2 We will only disclose information about you that we have collected as part of your DDR:
  - a) to the extent specifically required or permitted by law or under our Privacy Policy or procedures, or
  - b) for the purposes of this agreement, including disclosing information in connection with any query or claim.

## **8. Notice**

- 8.1 If you wish to notify us about anything relating to this agreement, you can write to us at AIA Australia, PO Box 320, Silverwater NSW 2128.
- 8.2 We will notify you by sending a notice in the ordinary post or via email to the address you have given us in the DDR.
- 8.3 Any notice will be deemed to have been received on the third business day after posting.



# Adviser details

For adviser use only (must be submitted with the application form)

All pages of this form are to be returned to AIA Australia.

## Section 13 – Adviser details

### Replacement policy

1. Option to convert	<input type="checkbox"/>
2. Splitting or consolidating policies	<input type="checkbox"/>
3. Removing cover options	<input type="checkbox"/>
4. Premium structure change (stepped to level premiums OR level to stepped premiums)	<input type="checkbox"/>
5. Cover structure change	<input type="checkbox"/>
6. Continuation option	<input type="checkbox"/>
7. Child cover continuation option	<input type="checkbox"/>
▼	
Policy number	<input type="text"/>

### Staff policy

Staff employee ID

### Concurrent applications

Are you submitting any life or disability insurance applications for this customer through a group insurance arrangement with Colonial First State?

Product name: (e.g. FirstChoice) Proposal/Policy Number

### English literacy

Can the proposed policy owner(s) and/or Life/Lives Insured read and understand English?

Yes

No   Please complete below

What language was used to explain the policy?

Please indicate by ticking (✓) the applicable box, which state or territory you are from

NSW or ACT       QLD or SA  
 VIC or TAS       NT or WA

Adviser 1 name

Agency number

Phone number

( )

Fax number

( )

Adviser 1 remuneration split

Adviser 2 name

Agency number

Phone number

( )

Fax number

( )

Adviser 2 remuneration split

### Adviser declaration

I certify that I have provided the applicant with the appropriate Product Disclosure Statement (PDS) and Policy.

I confirm I have made the applicant and Life/Lives Insured aware of the Duty to take Reasonable Care as stated within this application and as set out in the PDS.

Signature of adviser 1

Date

/ /

Signature of adviser 2

Date

/ /