



SAVE

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This form is to be used if the applicant is applying for Death and Total and Permanent Disablement cover only up to and including \$1.5 million. TAL Life Limited ABN 70 050 109 450 AFSL 237848 (TAL) is the insurer of the Policy.

To be completed by the proposed Life Insured. Please avoid delays by checking that all questions have been answered fully and where appropriate use BLOCK LETTERS.

LIFE INSURED'S DUTY TO TAKE REASONABLE CARE

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. Under the *Insurance Contracts Act 1984* (Cth) there are a number of different remedies that may be available to the Insurer. They are intended to put the Insurer in the position it would have been in if the duty had been met. For example, the Insurer may:

- avoid the cover (treat it as if it never existed);
- vary the amount of the cover; or
- vary the terms of the cover.

Whether the Insurer can exercise one of these remedies depends on a number of factors, including:

- whether reasonable care was taken not to make a misrepresentation. This depends on all of the relevant circumstances.
- what the Insurer would have done if the duty had been met – for example, whether it would have offered cover, and if so, on what terms
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before any of these remedies are exercised, the Insurer will explain the reasons for its decision, how to respond and provide further information, and what you can do if you disagree.

Guidance for answering the questions in this form

You are responsible for the information provided to the Insurer. When answering 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.

Please note that there may be circumstances where the Insurer later investigates whether the information given to it was true. For example, it may do this when a claim is made.

Changes before your cover starts

Before your cover starts, the Insurer may ask you whether the information that has been given as part of your application for insurance remains accurate or whether there has been a change to any of your circumstances as any changes might require further assessment or investigation, it could save time if you let us or the Insurer know about any changes when they happen.

If you need help

It's important that you understand your obligations and the questions that are being asked. Please contact us for help if you have difficulty understanding the process of obtaining insurance or answering any questions.

Please also let us know if you're having difficulty due to a disability, understanding English or for any other reason – we're here to help and can provide additional support.

YOUR PRIVACY

The way in which we collect, use and disclose your personal and sensitive information is explained in our Privacy Policy. Our Privacy Policy is available at www.tal.com.au/privacy-policy or is free of charge on request.

Our Privacy Policy contains details about the following:

- the kinds of personal information that TAL collects and holds;
- how TAL collects and holds personal information (including sensitive information);
- the purposes for which TAL collects, holds, uses and discloses personal information (including sensitive information);
- how our customers may access personal information about them which is held by TAL and how they can correct that information; and
- how we deal with any complaints that our customers may have regarding privacy issues.

Personal and sensitive information may be collected from or in respect of you to enable us to provide or arrange for the provision of this product or service. We may request further personal information in the future, for example, if you want to make a claim and we need to collect health or financial information. If you do not supply the required information, we may not be able to provide the requested product or service or pay the claim.

In processing and administering your insurance (including at the time of claim) we may disclose your personal information to other parties such as organisations to whom we outsource our mailing and information technology, Government regulatory bodies and other companies within the TAL Group and accountants (if applicable). We may also disclose your personal information (including health information) to other bodies such as reinsurers, health professionals, investigators, lawyers and external complaints resolution bodies.

Generally we do not use or disclose any customer information for a purpose other than providing our products and services unless:

- you consent to the use or disclosure of the customer information; or
- the use or disclosure is required or authorised under an Australian law or a court/tribunal order; or
- the use or disclosure of the information is reasonably necessary for one or more enforcement related activities conducted by, or on behalf of, an enforcement body e.g. the police.

From time to time TAL or its related parties or business partners may wish to contact you to provide you with information about other products and services in which you may be interested. If you prefer not to receive direct marketing communications from our organisation or if you would prefer to receive telephone calls at certain times or days then please contact us.

We rely on the accuracy of the information you provide. If you think that we hold information about you that is incorrect, please let us know.

Additional information about privacy rights and law can be found at the website of the Privacy Commissioner at <http://www.oaic.gov.au/> including sensible steps that individuals can take to protect their information when dealing with organisations and when using modern technology.

May we contact you directly to clarify or gather further information in relation to this application?

No Yes → Provide daytime contact number

Phone number

Best time of day to call:

am

pm

1. LIFE INSURED'S DETAILS

Title

Mr

Mrs

Miss

Ms

Other

Given name(s)

Last name

Date of birth

Gender

Male

Female

2. OCCUPATION DETAILS

Occupation

Occupation

Industry

Employer

1. How long have you worked in your current role?

Years

Months

2. How many years' experience have you had in this occupation?

Years

Months

3. Do you intend to change your current occupation or take a leave of absence?

No

Yes → Please provide details.

4. Describe all present duties and the percentage of time in each, including the percentage of time spent in manual work/supervision of manual work.

Manual work

 %

Supervision of manual work

 %

Income

5. Employee only:

What is your current annual income (including packaged items but excluding bonuses/commissions)?

 \$

6. Self-employed only:

What income did you earn from your personal exertion in the last 12 months (after deduction of business expenses)?

 \$

3. GENERAL DETAILS

1. Are you a permanent resident of Australia?

Yes

No → Please provide details, including details of visa, length of time in Australia, intention to apply for permanent residency and where you are resident.

2. Have you any intention to travel or reside overseas in the next 12 months?

No

Yes → Please provide details, including when, where, reason for travel and duration of stay.

3. GENERAL DETAILS (continued)

3. Are you in receipt of or have you ever made a claim for injury or sickness benefits, disablement insurance or such benefits as Workers' Compensation, Veteran Affairs, Social Security or Motor Vehicle Third Party Scheme?

No Yes → Please provide details.

4. INSURANCE APPLICATION DETAILS

Amount of death cover you are applying:

Amount of Total and Permanent Disablement cover you are applying:

- 1. Is this an increase? No Yes

- 2. Have you ever held or applied for any life, disability, accident & sickness or trauma insurance, that was declined, postponed, had the premium increased or modified, or had a current policy cancelled or renewal refused? No Yes

- 3. Have you claimed on any type of disability, trauma, accident and sickness or such benefits as Workers' Compensation or Motor Vehicle Third Party? No Yes

- 4. Do you have or have you recently applied for any life, Total and Permanent Disablement disability and/or trauma insurance with any company, including TAL? (If additional space required please attach a separate page)

No Yes → Please provide details.

5. Policy 1

Company

Type of policy

Date commenced

Issued amount

To be replaced by this application?

No Yes → Please complete Individual Insurance Transfer Application form.

6. Policy 2 (if applicable)

Company

Type of policy

Date commenced

Issued amount

To be replaced by this application?

No Yes → Please complete Individual Insurance Transfer Application form.

5. PERSONAL HEALTH STATEMENT

Please ensure FULL completion of doctor details to prevent unnecessary delays

Name of usual doctor or the last doctor attended if no usual doctor

Address of doctor

Suburb

State

Postcode

How long have you known this doctor?

Years

Months

Date of last consultation

Reason for last consult

Results of last consult

Degree of recovery

1. What is your current height and weight

Height

or

Weight

or

2. In the last 12 months, have you used any tobacco, e-cigarettes, vapes or products containing nicotine, including patches?

No

Yes → please select which of the following nicotine products you use, and add quantity and frequency of use if smoking cigarettes.

Cigarettes

quantity per

day

or week

or month

Cigars/pipe tobacco

E-cigarettes or

vapes

Nicotine replacement e.g. patches or gum

Other – please provide details:

3. Do you consume alcohol?

No

Yes → How many standard drinks do you consume per day?

4. Have you EVER had, been advised that you had, or received advice or treatment for any of the following:

a) Chest pain, high blood pressure, raised cholesterol, stroke or circulatory disorder?

No

Yes

b) Diabetes, hepatitis or any other kidney, liver or gall bladder disease?

No

Yes

c) Asthma, bronchitis or other lung complaint?

No

Yes

d) Back, neck or knee complaint or any disorder of the joints, bones or muscles (e.g. gout, arthritis)?

No

Yes

e) Depression, anxiety, stress, mental or nervous condition or chronic fatigue?

No

Yes

f) Cancer, tumour, melanoma, sunspots, mole or growth of any kind?

No

Yes

g) The Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS)?

No

Yes

5. PERSONAL HEALTH STATEMENT (continued)

5. **Other than listed in question 4 above**, have you in the last three years had any examination, blood test, X-ray or ECG? No Yes
6. **Other than listed in question 4 above**, in the last three years have you sought medical advice or treatment from a doctor or other health professional, or taken any regular prescribed medication other than for colds or flu? No Yes

If you answered **Yes** to any of questions 4 to 6 please provide full details.
If additional space required please attach a separate page.

QUESTION NUMBER	ILLNESS, INJURY OR TESTS	DATE COMMENCED	TIME OFF WORK	DEGREE OF RECOVERY %	FULL DETAILS OF TREATMENT INCLUDING DATE OF LAST SYMPTOMS
<input type="text"/>	<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. FAMILY HISTORY

Have any parent, brother or sister, living or deceased, had Alzheimer's disease or dementia, cancer (type and site), diabetes, familial polyposis, heart disease, stroke, Huntington's chorea, mental disorder, multiple sclerosis, muscular dystrophy, polycystic kidney disease, or any other hereditary disorder before the age of 65?

No Yes → Please provide details.

Mother Father Sister Brother

Condition

Age Diagnosed Age at death (if applicable)

Mother Father Sister Brother

Condition

Age Diagnosed Age at death (if applicable)

Mother Father Sister Brother

Condition

Age Diagnosed Age at death (if applicable)

7. SPORTS AND PASTIMES

Do you currently, or do you intend to engage in any hazardous pastime and/or sporting activity such as aviation (other than as a fare paying passenger on a commercial airline), football, scuba diving, motor sports, trail bike riding or rock climbing?

No

Yes → Please provide full details. If additional space required please attach a separate page.

8. DECLARATION

By signing this form:

- I acknowledge that I have read the notice explaining the duty to take reasonable care. I confirm I have read and checked any answers, including those not completed in my handwriting, and to the best of my knowledge and belief all the answers to the questions in this application which relate to me are true and correct and complete.
- I acknowledge that the increase in cover will not commence until this application has been accepted by TAL.
- I have read the privacy information in the PDS and this application and I consent to my personal information (including health and sensitive information) being collected, used and disclosed by the Trustee and TAL or their external service providers/contractors as detailed in the Trustee's and TAL's privacy policies and as summarised in the PDS and this application.
- I have read and understood the PDS and understand that if this application is accepted, my new or updated cover will be subject to the terms and conditions of the relevant insurance policy.
- I acknowledge I'm electing to apply for insurance even if I'm under age 25 and/or my balance is less than \$6,000.
- If I have provided information about another person, it is my responsibility to inform them that I have done so and to refer them to the Trustee's and TAL's privacy policies.
- I understand that if this application is accepted, my cover will be subject to the terms and conditions of The Fund's insurance policy with TAL

Name of
applying life insured

Signature of
applying life insured

X

Date




DD / MM / YYYY

SUBMITTING THIS FORM

Please return your completed form and any supporting documentation to:

TAL Life Limited
Group Life Insurance
GPO Box 5380
Sydney NSW 2001

CONTACTING TAL

-  corporateadmin@tal.com.au
-  1800 130 869
-  tal.com.au

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