

### Policy owner details

Policy number

Sum insured

Full name

Postal address

Suburb  State  Postcode

Date of birth  /  /

Gender: Male  Female

### Contact details

Home phone  Work phone

Mobile phone

Preferred Contact Number: Home  Mobile  Work

Preferred Contact Time: Morning (9am - 12 noon)  Afternoon (12 noon - 6pm)

If you do not want to receive further marketing material from AAMI, please tick here

**Please note:** Completion of this form does not mean that the policy will be automatically reinstated.

### Duty of disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, that is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows, or in the ordinary course of their business, ought to know;
- as to which compliance with your duty is waived by the insurer.

Non-disclosure - If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within 3 years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within 3 years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

**This duty continues to apply until the insurer notifies you that the risk has been accepted. It also applies when you extend, vary or reinstate a contract of life insurance.**

**Privacy statement**

Suncorp is subject to the National Privacy Principles under the Privacy Act 1988 and has a Privacy Statement that explains how we handle the information we collect about you. For a copy of the Suncorp Privacy Statement, please refer to your policy Document which was provided to you or contact us on 13 22 44 and ask to speak to Life Customer Service.

**Brief personal statement and declaration of health**

To be completed by the person whose life is to be insured.  
 If there is insufficient space, please attach an extra sheet of paper.  
 Any changes made to this questionnaire are to be initialled by the person whose life is to be insured.  
 Please answer all questions to the best of your ability as omissions may delay issue of your cover.

**Your insurance and health history**

What is your height:  cms or  ft/ins

What is your weight:  kgs or  stone/lbs

Since you first applied for AAMI Life Insurance have you:

- a) had an application for Life or Trauma Insurance on your life declined, deferred or accepted with higher than standard premiums or an exclusion applied on health grounds? Yes  No
- b) experienced symptoms of or been diagnosed with:
  - i) brain, nerve, heart, lung, digestive, kidney, liver, thyroid, joint, limb, bone, skin, genital or urinary conditions? Yes  No
  - ii) cancer, cysts, growths, polyps, tumours? Yes  No
  - iii) blood disorders, auto immune or infectious diseases? Yes  No
  - iv) psychological or emotional conditions? Yes  No
- c) been diagnosed with or sought treatment for any condition, injury or illness which you suspect may require medical advice or treatment in the future (other than already disclosed in this application)? Yes  No

If you answered 'Yes' to (a), (b) or (c) please provide details below

## Declaration

I agree that:

- The original application form for this policy, as varied by this application and the Brief Personal Statement and Declaration of Health (Statement), shall form the basis of the contract with Suncorp for reinstatement of this policy.
- If this policy is reinstated, reinstatement will be based on the truth of the answers made in the Statement.
- Suncorp will not pay if the event giving rise to the claim is a result of an intentional self-inflicted act within 13 months from the date of reinstatement.

I declare that the statements made in this statement are true and complete and agree that they shall form part of the application for insurance and shall be relied upon by Suncorp in deciding whether to issue a policy including the premiums and terms to offer.

To the extent that if the answers are not in my own handwriting they have been checked by me and I certify that they are correct to the best of my knowledge.

I have read and acknowledge the Duty of Disclosure to Suncorp and understand that this duty continues to apply until the insurance applied for has been accepted by Suncorp. I also acknowledge that the Duty of Disclosure will also apply if I extend, vary or reinstate a contract of insurance.

I have read and understood the Suncorp privacy statement.

I consent to Suncorp using my personal information for the purposes outlined in that privacy statement and to Suncorp disclosing my personal information to (and obtaining information from) other parties including the parties mentioned in that statement, for the disclosed purposes.

I understand that the insurance application for reinstatement where applied for will not become effective until my application is accepted by the insurer in writing.

Signature of the person  
whose life is to be insured:

Name

Date

## Direct Debit or Credit Card Request

Please complete either the Direct Debit or Credit Card section below.

### Part A – direct debit (bank, building society, credit union)

#### Details of the account to be debited:

This form is to authorise Suncorp Life & Superannuation Limited (user ID 391901) to debit premiums from your account with your financial institution.

Name of account holder

Name of financial institution

BSB number

Account number

Account holder's signature

Date

Account holder's signature

Date

(If a joint account the second account holder's signature is required).

### Part B – credit card (only Mastercard and VISA available)

I authorise Suncorp Life & Superannuation Limited to charge my: (tick one)  Visa  Mastercard

Card holder's name

Card number

Expiry date

Card holder's signature

Date

## Direct Debit Service Agreement

This Direct Debit Request (DDR) Service Agreement is only applicable if you choose to authorise Suncorp to debit premiums in relation to your policy from your nominated financial institution account. This agreement must be read when completing the DDR in your application.

This DDR Service Agreement is issued by Suncorp. You should direct all enquiries about your direct debit to Life Customer Service by calling 13 22 44.

### 1. Our commitment to you

- a) Suncorp will give you at least 14 days notice in writing before changing the terms of the debiting arrangements, unless you agree to an earlier change.
- b) Suncorp will keep information relating to your nominated financial institution account confidential, except where required for the purposes of conducting direct debits with your financial institution.
- c) Where the debiting date is not a business day, Suncorp will draw from your nominated financial institution account on the next business day.

### 2. Your commitment to us

It is your responsibility to:

- ensure your nominated financial institution account can accept direct debits.
- ensure there are sufficient funds available in the nominated financial institution account to meet each instalment.
- advise us if the nominated account is transferred or closed, or the account details change.
- ensure that all account holders on the nominated financial institution account agree to the debiting arrangement.

### 3. Your rights

- a) Subject to the terms and conditions of your policy, you may alter the debiting arrangements. Such advice should be received by us at least 7 business days before the debiting date for any of the following:
  - altering the DDR.
  - deferring a drawing.
  - suspending the DDR.
  - cancelling the debiting arrangement completely.

If you do any of these things, you must make alternative arrangements to pay outstanding amounts and, if applicable, future amounts. Alternatively you may request a stop or cancellation by contacting your financial institution. If you take this course of action you may incur a fee from your financial institution.

- b) Where you consider that a debit has been initiated incorrectly, you should contact us. In the unlikely event of a complaint not being resolved satisfactorily, you can address a formal complaint in writing to us.

### 4. Other information

- a) The details of your debiting arrangements are contained in the DDR.
- b) Suncorp reserves the right to ask that instructions from a customer, to stop or in any way alter the debiting arrangement are in a written, verbal or electronic form.
- c) The terms and conditions of your policy govern your instalments. The policy allows us to cancel it after writing to you if debits are dishonoured by your financial institution and your premium is overdue by 14 days or more, or 30 days or more if you pay monthly.
- d) Suncorp may vary the amount subject to the terms and conditions of your policy to be deducted from the account or the frequency of future debits by giving at least 14 days' notice to you, in writing. All future amounts payable by you under the policy will be debited to the bank account shown in the DDR unless you tell us you wish to cancel the arrangement.
- e) Financial institution fees (including dishonour charges) may also apply to this debiting arrangement.

Please return this form to Life Customer Service:

- Fax to: 1300 850 394
- Email to: [aamilife@aami.com.au](mailto:aamilife@aami.com.au)
- Mail to: GPO Box 3950, Sydney NSW 2001

If you have any queries please call us on 13 22 44.