

# AAMI Life Insurance

## Policy Alteration Form



Please select your reason for this application:

- Apply for an increase
- Alter your status from smoker to non-smoker
- Review of premium loading or exclusion

Policy number

Current Sum Insured  New Sum Insured required (if applicable)

Title

Given name

Surname

Date of birth

Gender Male  Female

Address

State  Postcode

Contact details

Home  Mobile

Email

Preferred contact number Home  Mobile

Preferred contact time Morning (9am - 12 noon)  Afternoon (12 noon - 4.30pm)

**Please note:** completion of this form does not guarantee your application will be accepted.

## About this application

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 for what premium.

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.

If your application to vary your policy is accepted, the policy will be treated as a consumer insurance contract to the extent of the variation.

### 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 also applies when extending or making changes to existing insurance, and reinstating insurance.

### If the duty is not met

**If the duty is not met, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. 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.

### Guidance for answering our questions

You are responsible for the information provided to us when applying for insurance. 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, please check every answer (and if necessary, make any corrections) before the application is submitted.

### If you need help

It's important that you understand this information and the questions we ask. Ask us for help if you have difficulty understanding the process of applying for life insurance or answering our questions.

If you're having difficulty due to a disability, language, or for any other reason, please let us know - we're here to help and can provide additional support.

### Privacy statement

TAL Life Limited (TAL Life) is subject to the Privacy Act 1988 and has a Privacy Statement that explains how we handle the information we collect about you. A copy of the current TAL Life privacy policy is available at [www.tal.com.au/privacy-policy](http://www.tal.com.au/privacy-policy), and is free of charge on request.

# Brief personal statement and declaration of health

To be completed by the insured person listed on the policy schedule.

Any changes made to this questionnaire are to be initialled by the insured person listed on the policy schedule.

Please answer all questions to the best of your ability as omissions may delay issue of your cover. If there is insufficient space, please attach an extra sheet of paper.

## Your insurance and health history

**To apply for an alteration of your status from smoker to non-smoker please only answer questions 1 and 2 and complete the declaration**

1. Have you smoked tobacco and/or any other substance in the last 12 months? Yes  No
2. Have you given up smoking due to medical advice or a medical condition? (For example, but not limited to emphysema or other breathing problems, heart attack, heart disease, vascular disease, stroke or cancer.) Yes  No

**To apply for an increase or for a review of a premium loading or policy exclusion, please answer the following questions and complete the declaration**

3. Since you first applied for your AAMI Life Insurance policy, have you:
- a) smoked tobacco and/or any other substance in the last 12 months? Yes  No
  - b) given up smoking due to medical advice or a medical condition? (For example, but not limited to emphysema or other breathing problems, heart attack, heart disease, vascular disease, stroke or cancer.) Yes  No
  - c) had an increase or decrease in your weight of more than 5 kg? Yes  No
  - d) 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
  - e) 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) diabetes, blood disorders, auto immune or infectious diseases? Yes  No
    - iv) a mental health condition or symptoms? Yes  No
  - f) been diagnosed with, sought or intend to seek treatment or advice for any symptom, condition, injury or illness? Yes  No

If you are applying for a review of a premium loading or policy exclusion or if you have answered 'Yes' to (a), (b), (c), (d), (e), or (f) please provide detail below.

# Declaration

I agree that:

- a) 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 TAL Life for an alteration to this policy.
- b) If this application is accepted, acceptance will be based on the truth of the answers made in the Statement.
- c) If this application is for an increase, TAL Life will not pay the increased portion if the event giving rise to the claim is a result of an intentional self-inflicted act within 13 months from the date of increase.

I understand there is a duty to take reasonable care not to make a misrepresentation to the insurer before entering into a contract of insurance, extending or making changes to existing insurance. I also understand that if this duty is not met it can have serious impacts on my insurance.

I have understood all the questions in this form and 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 TAL Life 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 understood the current TAL Life privacy policy, which is available at [www.tal.com.au/privacy-policy](http://www.tal.com.au/privacy-policy), and is free of charge on request.

I consent to TAL Life using my personal information for the purposes outlined in that Privacy Statement and to TAL Life 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, 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

Date

Name

Please return this form to Life Customer Service:

Fax: 1300 850 394

Email: [customerservice@aamilifeinsurance.com.au](mailto:customerservice@aamilifeinsurance.com.au)

Mail: GPO Box 68, Sydney NSW 2001

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

# Direct Debit or Credit Card Request

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

## Direct Debit

This form is to authorise TAL Life to debit premiums from your account with your financial institution.

Name of account holder	<input type="text"/>		
Name of financial institution	<input type="text"/>		
Name of account to be debited	<input type="text"/>		
BSB number	<input type="text"/>	Account number	<input type="text"/>

I/We acknowledge that this direct debit arrangement is governed by the terms of the Direct Debit Request Service Agreement included in this form and the conditions of my AAMI Life Insurance policy.

Account holder's signature	<input type="text"/>	Date	<input type="text"/>
Account holder's signature	<input type="text"/>	Date	<input type="text"/>

## Credit Card

I authorise TAL Life to charge my: (Tick one)  Visa  Mastercard

Card holder's name	<input type="text"/>		
Card number	<input type="text"/>	Expiry date	<input type="text"/>
Card holder's signature	<input type="text"/>	Date	<input type="text"/>

# Direct Debit Service Agreement

This Direct Debit Request (DDR) Service Agreement is only applicable if you choose to authorise TAL Life 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 TAL Life. You should direct all enquiries about your direct debit to Life Customer Service on 13 22 44.

## 1. Our commitment to you

- a) TAL Life 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) TAL Life 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, TAL Life 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) TAL Life 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 30 days or more, or 14 days or more if you pay fortnightly.
- d) TAL Life 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.