

# AAMI Life Insurance

## Policy Alteration Form



Please select your reason for this application:

- Apply for an increase
- Apply for a reinstatement (available for 12 months from date of cancellation)
- 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

## Your Duty of Disclosure

Before you enter into a contract of life insurance with us, you have a duty, under the Insurance Contracts Act 1984, to disclose to us every matter that you know, or could reasonably be expected to know, that is relevant to our 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 us;
- that is of common knowledge;
- that we know, or in the ordinary course of our business, ought to know; or
- as to which compliance with your duty is waived by us.

**Non-disclosure** – If you fail to comply with your duty of disclosure and we would not have entered into the contract if the failure had not occurred, we may avoid the contract within 3 years of entering into it.

If your non-disclosure is fraudulent, we may avoid the contract at any time.

We may elect not to avoid your contract but to vary it by:

- (i) reducing the sum insured in accordance with a formula that takes into account the premium that would have been payable if you had complied with your duty of disclosure; or
- (ii) placing us in the position in which we would have been in if you had complied with your duty of disclosure.

The options to vary the contract are available to us while the contract remains in force.

Where your contract provides death cover, we may only apply (i) above and must do so within 3 years of you entering into the contract with us.

**Your duty of disclosure continues to apply until the contract is entered into. It also applies when you extend, vary or reinstate a contract of life insurance.**

## Privacy statement

Asteron is subject to 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 Privacy Statement, please visit [www.aami.com.au/privacy](http://www.aami.com.au/privacy) or refer to your Policy Document which was provided to you. Alternatively you can contact us on 13 22 44.

# 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, reinstatement or for a review of a premium loading or policy exclusion, please answer the following questions and complete the declaration**

1. Since you first applied for your AAMI Life Insurance policy, have you:
- a) have you smoked tobacco and/or any other substance in the last 12 months? Yes  No
  - b) 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
  - 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 Asteron 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, Asteron 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.
- d) If this application is for a reinstatement, Asteron will not pay the sum insured 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 Asteron 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 Asteron and understand that this duty continues to apply until the insurance applied for has been accepted by Asteron. 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 Asteron Privacy Statement.

I consent to Asteron using my personal information for the purposes outlined in that Privacy Statement and to Asteron 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: [aamilife@aami.com.au](mailto:aamilife@aami.com.au)

Mail: GPO Box 3950, 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 Asteron 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 Asteron 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 Asteron 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 Asteron. You should direct all enquiries about your direct debit to Life Customer Service on 13 22 44.

## 1. Our commitment to you

- a) Asteron 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) Asteron 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, Asteron 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) Asteron 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) Asteron 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.