

# AAMI Life Insurance

## Application Form



If you need any help completing this form, call us on 1300 420 233. Please read the Product Disclosure Statement (PDS) before completing this form. It will help you understand the product including definitions, exclusions and conditions. The Target Market Determination (TMD) for the product is available on our website at [aami.com.au/policy-documents](http://aami.com.au/policy-documents).

If you need to provide information that does not fit on this form, please include a separate sheet of paper.

### Part A – 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.

#### 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 policy. Your policy could be avoided, which means it is 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.

### Part B – Policy Owner personal details

Title  Mr  Mrs  Miss  Ms  Other

First Name

Surname

Postal Address

Suburb

State

Postcode

Date of Birth

dd / mm / yy

Telephone

Email

We will use email for some of the information we need to send you about your policy, rather than sending paper copies.

If you'd prefer to receive information by post, please indicate by writing X in the box.

## Part C – Life to be Insured personal details

### Life to be Insured 1

Title  Mr  Mrs  Miss  Ms  Other

First Name

Surname

Postal Address

Suburb

State

Postcode

Date of Birth

dd / mm / yy

Daytime Phone

Mobile Phone

Are you a permanent Australian resident?

Yes  No

Do you have another Life and/or Trauma Insurance policy?

Yes  No

If Yes, do you intend to keep this policy/ies?  Yes  No

If yes, please provide details including name of insurer, type of cover and sum insured.

What is your current occupation?

What is your gross annual income (before tax)? If you're self-employed, this is your income less your business expenses.

Are you receiving any kind of government benefit?

Yes  No

If Yes, provide details

### Life to be Insured 2

Mr  Mrs  Miss  Ms  Other

First Name

Surname

Postal Address

Suburb

State Postcode

Date of Birth

Daytime Phone

Mobile Phone

Yes  No

Yes  No

If Yes, do you intend to keep this policy/ies?  Yes  No

If yes, please provide details including name of insurer, type of cover and sum insured.

What is your current occupation?

What is your gross annual income (before tax)? If you're self-employed, this is your income less your business expenses.

Yes  No

If Yes, provide details

## Part D – Life to be Insured cover details

We've designed Life Insurance to give you more cover options – offering you a choice to add Major Illness Cover and/or Cancer Cover.

### Cover option

Choose your Comprehensive Life Cover benefit amount

### Life to be Insured 1

Up to a maximum of \$1.5 million.

\$100,000  \$250,000  \$500,000  
 \$750,000  \$1 million  \$1.25 million  
 \$1.5 million  
 Other amount \$

### Life to be Insured 2

Up to a maximum of \$1.5 million.

\$100,000  \$250,000  \$500,000  
 \$750,000  \$1 million  \$1.25 million  
 \$1.5 million  
 Other amount \$

Optional Severity Based Illness Cover

Choose Major Illness Cover and/or Cancer Cover. Either way you can select up to a total value of \$250,000 for each life insured. Note that your optional cover cannot exceed your Comprehensive Life Cover benefit amount.

### Major Illness Cover

\$10,000  \$25,000  \$50,000  
 \$100,000  \$150,000  \$200,000  
 \$250,000  
 Other amount \$

### Major Illness Cover

\$10,000  \$25,000  \$50,000  
 \$100,000  \$150,000  \$200,000  
 \$250,000  
 Other amount \$

### Cancer Cover

\$10,000  \$25,000  \$50,000  
 \$100,000  \$150,000  \$200,000  
 \$250,000  
 Other amount \$

### Cancer Cover

\$10,000  \$25,000  \$50,000  
 \$100,000  \$150,000  \$200,000  
 \$250,000  
 Other amount \$

## Part E - Medical history and lifestyle

This section needs to be completed by each Life to be Insured.

	Life to be Insured 1	Life to be Insured 2
1. What is your height?	<input type="text" value="(cm)"/> OR <input type="text" value="ft"/> <input type="text" value="in"/>	<input type="text" value="(cm)"/> OR <input type="text" value="ft"/> <input type="text" value="in"/>
2. What is your weight?	<input type="text" value="(kg)"/> OR <input type="text" value="pounds"/>	<input type="text" value="(kg)"/> OR <input type="text" value="pounds"/>
3. Do you take part in, or have definite plans to take part in, any sports or hazardous activities such as football, aviation, diving or motor sports?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. In the next 12 months, do you intend to travel, work or reside overseas for more than 3 months anywhere other than New Zealand, the UK, Europe, the USA or Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever had or received medical advice or treatment for any of the following?		
a) Any heart condition, including high blood pressure, high cholesterol, a heart murmur, chest pain or palpitations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Any cancer, tumour, lump, skin cancer, cyst, polyp or growth?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Diabetes, raised blood sugar levels or hepatitis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Gall bladder, hernia, gastro-oesophageal reflux or any kidney, liver, bowel or stomach condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Asthma, sleep apnoea or any respiratory or lung condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) Epilepsy, multiple sclerosis, paralysis, embolism or stroke?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g) Any type of brain, nervous system or circulatory condition, tremor, double vision, or problems with balance and co-ordination?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h) An abnormal breast check or abnormal pap smear, anaemia or any condition of the bladder, cervix, ovary, uterus or endometrium? (Female only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you in the past 3 years had any mental health or nervous condition, depression, anxiety or attempted suicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Apart from the above, have you in the past 5 years been in hospital, or seen a Doctor or other health professional for any other condition which has lasted more than 14 days, or been prescribed medication for more than 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Other than what you've already disclosed, do you have any ongoing medical conditions, or do you intend seeking or have you been advised to seek, medical advice or treatment for any current medical concern, or are you awaiting the results of any medical tests / investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you smoked in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, how many per day?	<input type="text" value="per day"/>	<input type="text" value="per day"/>
10. Have you been advised by your doctor to stop drinking or to cut back on the amount of alcohol you drink other than while taking antibiotics, anti-inflammatory medication or (females only) during pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Have you:		
a) Ever used recreational or non-prescription drugs or taken any drug other than as medically directed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Ever tested positive for HIV/AIDS, or are you awaiting the results of an HIV test?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) In the last 2 years, have you engaged in any activity reasonably expected to increase the risk of exposure to the HIV/AIDS virus?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Has your biological mother, father, sister or brother been diagnosed prior to age 65 with any of the following:		
a) Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Heart disease or heart attack	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Polycystic kidney disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Huntington's disease, multiple sclerosis, motor neurone disease, Parkinson's disease or any other hereditary disorder.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Part F – Your payment & banking details

### Step 1: How often do you want to pay?

Fortnightly on

Monday  Tuesday  Wednesday  Thursday  Friday

**OR**

with first payment starting on  (enter a date within the next 14 days).

Monthly on

(enter a day of your choice between 1st and 28th)

**OR**

Annually

### Step 2: Payment method

Tick one method and provide relevant details

Direct Debit **OR**  Credit Card

**Direct Debit Request:** I request and authorise National Australia Bank Limited (BSB: 082-057) to directly debit my premiums from my account detailed below, in favour of the insurer, TAL Life Limited (user number: 245397), using the direct debit system. I acknowledge that this debit will appear as 'AAMI Life' on bank statements.

Name of Financial Institution

Account Name

BSB Number

Account Number

--- **OR** ---

**Credit Card Payment:** I authorise the debit of my premium from my

Visa  Mastercard Expiry

Account Name

Credit Card Number

## Part G – Your privacy

This Privacy Statement is given on behalf of TAL Life and AAMI. In this section "TAL Life" means TAL Life Limited ABN 70 050 109 450 and its related companies that assist it to provide its services, "AAMI" means a member of the Suncorp Group of companies (Suncorp), "we/us" means TAL Life and AAMI collectively (or singularly/separately where the context requires) and "you/your" means the life to be insured and/or the policy owner as the context requires.

The ways in which we collect, secure, hold, use and disclose personal and sensitive information (your information) is explained in the 'Your Privacy' section of the PDS and in our privacy policies. These policies can be obtained online at [tal.com.au/privacy](http://tal.com.au/privacy) and [aami.com.au/privacy](http://aami.com.au/privacy) or by contacting us, and are free of charge on request.

If you have any questions about the way in which your information is managed, or would like a paper copy of our privacy policies, please contact us by phone on 1300 420 233 or by email to [customerservice@aamilifeinsurance.com.au](mailto:customerservice@aamilifeinsurance.com.au).

## Part H – Declarations (please sign below)

I/We have received a copy of the Product Disclosure Statement (PDS) and Financial Services Guide (FSG).

If my/our application is accepted, I/we authorise the insurer, TAL Life Limited (TAL Life), to start this policy. I/We understand TAL Life is part of the TAL Dai-ichi Life Australia Pty Limited ABN 97 150 070 483 group of companies (TAL). TAL Life is not part of the Suncorp Group. TAL Life uses the AAMI brand under licence from the Suncorp Group.

I/We agree to the terms and conditions that apply to any exclusions and special conditions listed in the policy schedule.

I/We understand there is a 30-day cooling-off period, so if I'm/we're not happy with the policy I/we can, in the first 30 days, ask for a full refund of any premiums paid unless a benefit has already been paid out under the policy.

I/We voluntarily consent and agree to and request that AAMI and TAL group of companies contact me/us to offer, invite me/us to apply or promote and market (including via telephone where they have my/our valid consent) the products (including life and general insurance, banking and superannuation) and services they offer under the Suncorp brand. I/We am/are aware that my/our consent shall remain in effect in accordance with relevant law or until I/we tell AAMI or TAL otherwise. If I/we do not want to receive any further information on other products offered by AAMI or TAL groups under the AAMI brand, I/we need to call 1300 420 233 or write to AAMI Life Insurance, Reply Paid GPO Box 5380, Sydney NSW 2001 to opt out.

I/We request and authorise TAL Life (User Number: 245397) to arrange for the premiums for this policy to be debited from the credit card or account nominated in this application, through the Bulk Electronic Clearing System (BECS). I/We acknowledge that this direct debit request is governed by the TAL Life direct debit request service agreement (DDRSA) and that I/we have read and agree to the terms of the DDRSA. I/We acknowledge that this debit will appear as 'AAMI Life' on bank statements.

I/We understand that there is a duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into, varied, extended, or reinstated, and that if this duty is not met, this can have serious impacts on my/our insurance.

I/We understand that TAL Life will rely on the information provided in this application to decide whether to provide me/us with a policy.

I/We understand that there may be circumstances where TAL Life later investigates whether the information given in this application was true (for example when a claim is made).

I/We understand that my/our medical, financial, employment and other records may be obtained by TAL Life to assess a claim or verify whether the information given in this application was true.

I/We confirm that I/we have understood all the questions in this application, and that my/our answers are true and complete to the best of my/our knowledge and belief.

Policy Owner

Sign here: Date: DD / MM / YY

Life to be Insured 1

Sign here: Date: DD / MM / YY

Life to be Insured 2

Sign here: Date: DD / MM / YY

### How to return your documents:

**Mail:** Reply Paid GPO Box 5380, Sydney NSW 2001

**Phone:** 1300 420 233 to complete your policy over the phone