

Expert advice. Genuine care.

Financial Adviser:

Business name:

Phone number:

Client Surname:

First Initial:

Age next birthday:

Gender:

About this document

This Life Insurance Pre-assessment Request is designed for the purposes of obtaining indicative underwriting terms, such as indicative pricing and/or indicative special exclusions or other terms. This Pre-assessment request is not an insurance application. Completing this form does not guarantee that an insurer will agree to issue an insurance policy on any particular terms. An insurer is also not bound by any pre-assessment indicative pricing or terms it provides.

If you separately proceed to complete an application for insurance with a particular insurer, that insurer will conduct its own analysis of the information provided in the application/personal statement and you may be required to provide further information or complete particular tests/ forms before the insurer makes a decision about whether to issue a policy to you and on what terms.

Please note that you have a duty of disclosure in relation to the information you provide to an insurer which is described below.

Your duty of disclosure

If you are the proposed policy owner, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, which may affect the insurer's decision to insure you and any other life insured and on what terms. You have this duty until the insurer agrees to insure you, and also before you extend, vary or reinstate the insurance policy.

You do not need to tell the insurer anything that:

- reduces the insurer's risk; or
- is common knowledge; or
- the insurer knows or should know as an insurer; or
- the insurer waives your duty to tell it about.

For contracts of insurance entered into, renewed, extended, varied or reinstated from 28 December 2015, if you are a proposed life insured (other than the policy owner), any failure by you to tell the insurer this information may be treated as a failure by the policy owner to comply with this duty of disclosure.

If you are the proposed policy owner, and you do not tell the insurer anything you are required to, and the insurer would not have insured you if you had told them, the insurer may avoid the contract within 3 years of entering into it.

If the insurer chooses not to avoid the contract, it may reduce the amount you have been insured for, based on a statutory formula. (The insurer may only exercise this right within 3 years of entering into the policy if it provides death cover.) If the insurer chooses not to avoid the policy or reduce the amount you have been insured for, if your policy does not provide death cover, the insurer may vary the contract in a way that places the insurer in the same position as the insurer would have been in if you had told the insurer everything you should have. If your failure to tell the insurer is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

The insurer may apply these rights separately to each type of cover that the insurer considers could form a separate policy.

Privacy

Where applicable, the personal and sensitive information you provide to your adviser as part of the pre-assessment process may be disclosed to third parties, including the adviser's business, authorising Australian financial services licensee and insurers participating in this process. It will be handled in accordance with the privacy policy of the adviser and those other entities. Please ensure that the adviser gives copies of the relevant privacy policies to you before you disclose personal or sensitive information as part of this pre-assessment process.

Potential Benefits applied for (tick those that are applicable):

- Life cover Total and Permanent Disability Cover Trauma cover Income Protection Business Expenses

Occupation:

Time in current role:

What percentage of time is spent doing manual labour? %

Do you perform any hazardous activities? (eg, diving, explosive handling, working at heights etc):

No

Yes – details:

How many hours do you work per week?

Do you intend to change your occupation in the next 12 months?

No

Yes – details:

If you became disabled and unable to work, will any of your income (from any source) continue? (For example, sick leave, director's fees, salary, commission, existing Salary Continuance Insurance, ongoing profit share from a business etc.)

No

Yes – please provide details (including source and amount):

Do you participate in any pastimes, pursuits or sports?

Please tick all that apply

Underwater diving

Football

Water sports

Abseiling

Rock/Mountain climbing

Motor sports (car, bike, boat racing etc)

Aviation activities (parachuting, hang-gliding, flying planes etc)

Other

None

Details (incl how often, qualifications, where and what):

Are you a permanent resident of Australia?

Yes

No – please provide the following:

How long you have lived in Australia:

Last country of residence and how long you lived there:

What is your Visa type and Visa expiry date?

If you answered No to the above do you intend on applying for permanent residency?

Yes – please provide details

No – please provide reason for not applying

Have you booked an overseas trip within the next 12 months?

No

Yes – details incl where to and for how long:

What is your height?

cm

What is your weight?

kg

Have you smoked tobacco or used any nicotine-based substance in the last 12 months?

No

Yes – details incl type, frequency and last used:

Do you drink alcohol?

No

Yes – details of number of standard drinks per week: (Standard drink = 1 nip (30ml) spirits, 100ml wine, 10oz/295ml beer)

Have any of your immediate blood relatives (parents, brothers or sisters) suffered from any of the following conditions?

Please tick all that apply

- Heart disease, heart attack or stroke Breast or ovarian cancer Melanoma Diabetes Bowel cancer
 Familial Polyposis (FAP) Multiple Sclerosis Parkinson's disease Rheumatoid arthritis Haemochromatosis
 Muscular dystrophy Polycystic Kidney Disease (PCKD) Huntington's disease Motor neurone disease
 Any other cancer not listed above Any other hereditary disorder No

Details (incl family member, condition, (if cancer: type and site), age condition commenced/diagnosed):

Have you ever had, or been told that you had, or ever sought advice or treatment from a doctor, counsellor or other health professional for any of the following?

Please tick all that apply

- Stress, anxiety, depression, or other mental health disorder High blood pressure High cholesterol
 Asthma Skin cancer, tumour, skin lesion, mole or cyst
 Back or neck strain/sprain/pain, sciatica, whiplash, spondylitis, or any other back/neck/spinal problem
 Any bone/joint fractures, muscle, ligament or tendon injuries, gout, arthritis or osteoporosis No

Details of each condition including the type, date diagnosed, any time off work, treatment provided, whether still on treatment or date treatment ceased and date of last symptoms. If skin cancer, tumour, lesion, mole or cyst please outline whether it was benign or malignant.

Have you ever had, or been told that you had, or ever sought advice or treatment from a doctor, counsellor or other health professional for any of the following?

Please tick all that apply

- any skin condition any blood conditions any disease/disorder of the eyes any disease/disorder of the ears
 any heart conditions any respiratory conditions any gastrointestinal conditions diabetes
 thyroid conditions cancer or tumours HIV Hepatitis No

Details of each condition including the type, date diagnosed, date of last symptoms, type of treatment, degree of recovery, any time off work. If cancer or tumour please include whether it was benign or malignant and grade/level if known.

Have you ever, or do you now have, any other disability, illness, injury or symptom not already advised?

- No
 Yes – include full details:

Have you in last 5 years taken any drug/tablet, or medication (including illicit drugs) not already advised?

- No
 Yes – include full details:

Do you intend to seek any medical advice, test, investigation or treatment (including surgery)?

- No
 Yes – include full details:

Females only: Have you ever had or been advised to have treatment for:

- Any breast lump (even if you have not seen a doctor) or any abnormal mammogram or breast ultrasound
- An abnormal cervical smear (pap smear) test including the detection of Human Papilloma Virus (HPV) or any abnormality of the ovaries
- Abnormal vaginal bleeding within the last 12 months

- No
 Yes – include full details:

CLIENT AUTHORISATION

I acknowledge and agree to the following:

- I authorise the adviser named in this form (including all staff within the adviser's business named on the front of this form), to provide this Life Insurance Pre-assessment Request and the information contained within it, for the purpose of obtaining a pre-assessment of possible underwriting terms.
- The information contained in this Life Insurance Pre-assessment Request will contribute to the basis of any financial advice provided to me by my Financial Adviser.
- This document is used for pre-assessment purposes only and does not form part of the application process in respect of an insurance product.
- Neither the adviser nor the advice business named in this form nor their authorising Australian financial services licensee are not acting as the agent of any insurer in obtaining this information from me.
- No insurer is bound by any pre-assessment terms that it provides.
- The information provided in this document is true and correct, to the best of my knowledge and I have complied with my duty of disclosure in providing this information.
- I read, understand and agree to the matters discussed in the section "About this Document".

Client Signature

Date

FOR ADVISERS

I acknowledge and agree to the following:

- I accept the authority described in the Client Authorisation (including on behalf of the business named in this form).
- I have complied with my obligations under applicable law in connection with this pre-assessment request (including applicable privacy laws). I have provided information to the client about the manner in which their personal and sensitive information will be handled by my business and by me as required by law as well as relevant information about how insurers will handle the client's personal and sensitive information (including relevant insurers' privacy policies).

Adviser Signature

Date