


Superannuation Savings Account Life Insurance Application

Issued by Commonwealth Bank of Australia ABN 48 123 123 124 AFSL 234945 (Commonwealth Bank) the retirement savings account provider for the Commonwealth Bank Superannuation Savings Account (Superannuation Savings Account) which is administered by The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFSL 235035 (CMLA). Commonwealth Financial Services is a registered business name of CMLA.

 Before you sign this Application, you must read the Duty of disclosure notice below and also the current Superannuation Savings Account Tax and other information brochure. The brochure will help you to understand the cover and decide if it is appropriate to your needs. If you are applying for life insurance cover in person at a Commonwealth Bank branch, you still need to complete this application and drop it into any Commonwealth Bank branch or post to:

Commonwealth Bank Superannuation Savings Account

Reply Paid 3306

SYDNEY NSW 2001

Duty of disclosure

When you apply for insurance cover within your superannuation plan, you are the life insured and the superannuation plan is the owner of the life insurance contract.

Before a superannuation plan enters into, or increases cover under a life insurance contract in respect of the life of a person (you), it has a duty to tell the insurer anything that it knows, or could reasonably be expected to know, may affect the insurer's decision to provide the insurance and on what terms.

The superannuation plan entering into the contract has this duty of disclosure until the insurance is provided.

The superannuation plan has the same duty before it extends, varies or reinstates the contract.

The superannuation plan does not need to tell the insurer anything that:

- reduces the risk of the insurance; or
- is common knowledge; or
- the insurer knows or should know as an insurer; or
- the insurer waives the duty to tell the insurer about.

If you as the person whose life is to be insured under the superannuation plan do not tell the insurer something that you know, or could reasonably be expected to know, may affect the insurer's decision to provide the insurance and on what terms, this may be treated as a failure by the superannuation plan to comply with its duty of disclosure.

If you or the superannuation plan do not tell the insurer something

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If the insurer does, it may apply the following rights separately to each type of cover.

If you or the superannuation plan do not tell the insurer anything they are required to, and the insurer would not have provided the insurance if it had been told, the insurer may avoid the contract within 3 years of entering into it.

If the insurer chooses not to avoid the contract, it may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if the you and the superannuation plan had told the insurer everything they should have. However, if the contract has a surrender value or provides cover on death, the insurer may only exercise this right within 3 years of entering into the contract.

If the insurer chooses not to avoid the contract or reduce the amount of insurance provided, it may, at any time, vary the contract in a way that places the insurer in the same position it would have been in if you and the superannuation plan had told the insurer everything they should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If the failure to comply with the duty of disclosure is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

Section 1 – Personal details of Life to be Insured

Title Mr Mrs Miss Ms Other

Surname Full given name(s)

Australian residential address* (PO Box is not acceptable)

 State Postcode



***Please note:** it is mandatory that you provide your Australian residential address for your application to be accepted.

Postal address (if same as residential address, write 'as above')

 State Postcode

Gender Male Female Date of birth DD / MM / YYYY Email address

Home telephone () Business telephone () Mobile

Section 2 – Insurance details

- a. What type of cover do you require?
- Death
- Death and Total and Permanent Disablement (TPD)
- b. You have two premium options which will give you different cover. Refer to 'Table of Premiums' in the Tax and other information brochure to help you choose the appropriate cover.
- How much do you wish to pay?
- \$5 per month
- \$10 per month



Please note: your account must contain at least \$5 or \$10 before your application can be processed.

Section 3 – Personal statement

- a. Are you a permanent resident of Australia?
- Yes
- No
- b. What is your height and weight?
- Height cm Weight kg

Section 3 – Personal statement (continued)

c. Are you currently employed (includes self-employed)?

Yes ▶ if 'yes', answer the questions below?

What is your occupation?

What type of duties do you perform?

How many hours do you work per week?

 :

No

d. Have you smoked tobacco or any other substance in the last 12 months, or ever received medical advice to cease smoking?

Yes ▶ if 'yes', answer the questions below?

What type do you smoke (e.g. cigarettes, pipe, cigars) and daily quantity?

If advised by a medical practitioner to cease smoking, please provide details.

No

e. Do you drink alcohol?

Yes if 'yes', provide the average number of standard drinks* in only ONE of the boxes below:

<input type="text"/>	per day	<input type="text"/>	per week	<input type="text"/>	per month	<input type="text"/>	per year
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No ▶

* A standard drink is equivalent to: 1 nip of spirits, 1 glass of wine, 250ml of beer

f. Do you currently engage in, or intend to engage in any occupation, pursuit or pastime which may be considered hazardous, e.g. diving, motor racing, flying (other than as a fare paying passenger on recognised air services), hang-gliding, parachuting, skydiving, or climbing?

Yes ▶ if 'yes', provide details below

No

g. Has any application for Life, Disability, Trauma/Crisis Cover, Accident or Sickness Insurance been declined, deferred, modified, rated up, refused renewal or withdrawn?

Yes ▶ if 'yes', provide details below

No

h. Have you ever had, suspected or been diagnosed with any of the following: high blood pressure, chest pain, rheumatic fever, any heart or vascular disorder, stroke, anaemia, leukaemia, bleeding disorder, asthma, bronchitis, any lung complaint, gastric or duodenal ulcer, bowel disease, hepatitis, liver or gall bladder disease, epilepsy, paralysis, kidney or bladder disease (including renal colic or stone), diabetes, gout, arthritis, cancer, tumour or cyst, thyroid gland disorder, skin disorder or hernia, impairment of sight, hearing or congenital abnormality? Or tested positive for HIV, Hepatitis B, Hepatitis C or AIDS (Acquired Immune Deficiency Syndrome)?

Yes ▶ if 'yes', provide details in Section 4

No

i. Have you ever received medical advice, been treated with or diagnosed with depression or a mental disorder including but not limited to stress, anxiety, chronic tiredness or lethargy, panic attacks, post traumatic stress, behavioural or nervous disorder, myalgia or fibromyalgia or chronic fatigue syndrome?

Yes ▶ if 'yes', provide details in Section 4

No

j. Have you ever received medical advice, been treated for or diagnosed with back, neck, hip, shoulder, knee or elbow complaints, sciatica, disc or spine complaints, injury of any joint, bones or muscle, arthritis, or repetitive strain injury (RSI)?

Yes ▶ if 'yes', provide details in Section 4

No

k. Are you now receiving or considering treatment by any medical practitioner; or do you take or have you recently taken any drugs, pills, tablets or medications whether prescribed or not; or have you had any illness, injury, test, medical examination or advice not mentioned above?

Yes ▶ if 'yes', provide details in Section 4

No

Bank use only

Superannuation Savings Account number

Section 4 – Details on condition, illness or injury

If 'Yes' is answered in any of the questions 3g to 3k, please complete the following table:

Condition, Illness or Injury	Date		Degree of Recovery	Names and Addresses of Doctors and Hospitals
	From	To		
	DD/MM/YYYY	DD/MM/YYYY	%	
	DD/MM/YYYY	DD/MM/YYYY	%	
	DD/MM/YYYY	DD/MM/YYYY	%	
	DD/MM/YYYY	DD/MM/YYYY	%	
	DD/MM/YYYY	DD/MM/YYYY	%	
	DD/MM/YYYY	DD/MM/YYYY	%	
	DD/MM/YYYY	DD/MM/YYYY	%	

Section 5 – Advice declaration (Note: Must be completed by the Life to be Insured.)

Did you deal with a life insurance adviser?

Yes, I chose to deal with a life insurance adviser. ▶ Name of adviser

I gave the adviser all information the adviser requested to allow a complete 'fact find' and 'needs analysis'. I chose to apply for the cover recommended by the adviser.
or

I understand that I risk financially committing myself to cover that may not be appropriate to my needs and objectives because:

- I chose to accept advice on a limited range of products
- I chose not to participate in a 'fact find' or 'needs analysis'
- I chose to buy a different product to the one recommended
- I chose not to provide any or some of the information requested
- I chose not to receive any advice

or

No, I chose not to deal with a life insurance adviser. I understand that I risk financially committing myself to cover that may not be appropriate to my needs and objectives.

Section 6 – Declaration and Acknowledgement (Please read and complete)

I apply for Commonwealth Bank Superannuation Savings Account optional life insurance on the terms and conditions in the current Superannuation Savings Account Tax and other information brochure and declare that:

- all information given in this Application is complete and correct and I have not omitted or withheld any information which is or may be relevant to the insurance risk (any additional information is to be provided in a statement signed by the Life to be Insured);
- my decision to apply for this insurance cover is based on my understanding of the information contained in the Tax and other information brochure and the Duty of Disclosure notice contained in this form;
- the insurance cover will not become effective unless and until the application is accepted by The Colonial Mutual Life Assurance Society Limited (CMLA) and CMLA is under no liability until acceptance is effected;
- I acknowledge the Commonwealth Bank of Australia does not guarantee the obligations or performance of CMLA or the products it offers.

Signature of Life to be Insured

Date

Application must be signed and dated to be valid.

Office Use only

Processing branch

Referring branch

Date lodged