


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 AIA Australia Limited ABN 79 004 837 861 AFSL 230043 (AIA Australia).

 Before you sign this Application, you must read the Duty to take reasonable care 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. You may lodge this application by posting to:

Superannuation Savings Account
Locked Bag 5429
Parramatta NSW 2124

Duty to take reasonable care

About this application

The life insurance policy being applied for with this application is a consumer insurance contract within the meaning of the Insurance Contracts Act 1984 (Cth). 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 at what cost.

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 applies to a new contract of insurance and also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. There are different remedies that may be available to us. These are set out in the Insurance Contracts Act 1984 (Cth). These are intended to put us in the position we would have been in if the duty had been met.

Your cover could be avoided (treated as if it never existed), or its terms may be varied. 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.

Before we exercise any of these remedies, we will explain our reasons and what you can do if you disagree.

Guidance for answering our questions

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

Changes before your cover starts

Before your cover starts, we may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

If you need help

It's important that you understand this information and the questions we ask. Ask us or a person you trust, such as your adviser for help if you have difficulty understanding the process of buying insurance or answering our questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help. If you want, you can have a support person you trust with you.

Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has any impact on the cover.

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
----------------------	---------	----------------------	----------	----------------------	-----------	----------------------	----------

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


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 to take reasonable care contained in this form;
- the insurance cover will not become effective unless and until the application is accepted by AIA Australia and AIA Australia is under no liability until acceptance is effected;
- I acknowledge the Commonwealth Bank of Australia does not guarantee the obligations or performance of AIA Australia or the products it offers.

Signature of life to be insured

Date

Application must be signed and dated to be valid.