

Application forms





SMSF Master Insurance Plan Short Personal Statement

Death and TPD cover up to \$1,250,000 and/or
Income Protection cover up to \$10,000 per month



Policy Ref No.
(Office use only)

If you:

- are aged 60 or older; or
- require more than \$1,250,000 Death and Total & Permanent Disablement (TPD) insurance cover; or
- are applying for TPD Own Occupation definition; or
- require more than \$10,000 per month of Income Protection cover;

please complete the Full Personal Statement form available in the SMSF Master Insurance Plan PDS or at www.agismsf.com.au

SMSF Provider Code:

Member No:
(Office use only)

Life Insured (please provide your current details)

Title Mr Mrs Ms Miss Other

Surname

Given name(s) Gender M F

Date of birth

Daytime contact No. Email address

Postal Address

State Postcode Country

Self Managed Superannuation Fund Details

Name of your Self Managed Superannuation Fund

ABN

Trustee Type Corporate Individual (Life Insured is Trustee)

Name of Corporate Trustee (if applicable)

Trustee's Postal Address

Suburb State Postcode

Type of Insurance

Is this a new application for insurance or an application to increase your existing insurance cover with the SMSF Master Insurance Plan? New Increase

Cover	Sum Insured	Policy to be held
Death	\$ <input type="text"/>	Within SMSF

Total & Permanent Disablement (TPD)	Sum Insured	Policy to be held
TPD cover	\$ <input type="text"/>	Within SMSF

Income Protection (IP) – as a non-superannuation policy

Income Protection cover (per month) (minimum \$1,000, maximum \$30,000) \$ (limited to 75% of your monthly Income)

Superannuation contribution benefit % What % of your cover represents the super contribution component?

IP Plus Options provides ancillary benefits, including Accommodation Benefit, Family Care Benefit, Home Care Benefit, Nursing Care Benefit, Overseas Assistance Benefit, Specific Injury Benefit and Trauma Benefit.

Benefit Period 2 years (to age 65 if earlier) 5 years (to age 65 if earlier) To Age 65

Waiting Period 30 days 60 days 90 days

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Send your completed form to AGI at smsf@agigroup.com.au

The SMSF Master Insurance Plan is distributed and administered by
Australian Group Insurances Pty Ltd (AGI) ABN 97 140 572 434 AFSL 379565
Product Issuer: AIA Australia Limited ABN 79 004 837 861 AFSL 230043

Personal Questionnaire

Please complete all parts of this Short Personal Statement. If required, please attach any appendices.

1. Are you a permanent resident of Australia? Yes No

2. Occupation Industry

Daily duties at work (including % time spent performing each duty i.e. manual duties)

Employment status Full time Part time Casual Contractor

How many hours per week do you work?

Gross Annual Income \$

3. (a) Height cm (b) Weight kg

4. At the date of this application, are you absent from work or unable to carry out all of the duties of your current or usual occupation on a full time basis, due to an injury or sickness (even if you are not currently working on a full time basis or are unemployed)?..... Yes No

5. Have you smoked tobacco or any other substance in the last 12 months?..... Yes No
If 'Yes', please state forms and daily quantities

6. Do you drink more than 20 standard drinks per week? Yes No

7. Do you participate or intend to participate in any of the following:
aviation (other than as a passenger on a recognised airline), football (all codes),
scuba diving (more than 40 metres), motor racing or any other hazardous activity?..... Yes No

8. Have you ever suffered symptoms of, or had, or been told you have or received any advice or treatment for:
• high blood pressure, chest pains, high cholesterol, heart complaint or stroke
• diabetes or abnormal blood sugar
• mental or nervous disorder including stress, anxiety, depression
• epilepsy, fits of any kind, multiple sclerosis, paralysis, other neurological condition
• back or neck disorder, joint disorder, arthritis or loss of limb
• loss of sight or blindness
• cancer, lump or tumour of any type
• liver disease (including hepatitis B or C), kidney or bladder disorder, bowel or stomach disorder?..... Yes No

9. Have you ever:
• suffered from AIDS or been infected with the HIV virus, or
• used intravenous drugs, or had sexual activity with someone you know or suspect to be HIV positive?
• worked as a sex worker or engaged in sexual intercourse with a paid sex worker or intravenous drug user, or
• engaged in unprotected male to male sexual activity? Yes No

If you answered 'Yes' to any of questions 4 to 9 above, please complete the Full Personal Statement available in the SMSF Master Insurance Plan PDS or at www.agismsf.com.au

Declaration and Agreement

Your Duty of Disclosure – Before you enter into a contract of life insurance with an insurer, you have a duty under the *Insurance Contracts Act 1984* to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you extend, vary or reinstate a contract of insurance.

Non-disclosure – If you fail to comply with your Duty of Disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time. An insurer who is entitled to avoid a contract of insurance may, within three years of entering into it, elect not to avoid it but to reduce the Sum Insured in accordance with a formula that takes into account the contribution that would have been payable if you had disclosed all relevant matters to the insurer.

Privacy – The Privacy Policies of AIA Australia and AGI can be obtained by visiting www.aia.com.au and www.agigroup.com.au respectively. By completing this form you consent to any personal information, including information that may be of a sensitive nature we may collect about you, being used as in the manner set out in these Privacy Policies as updated from time to time, including exchange with third parties located in Australia and overseas.

General Declarations

I, the trustee or corporate trustee of the above named superannuation fund, request AIA Australia to issue the insurance cover under the Policy described in this form.

I agree to be bound by the terms and conditions of the policy document and the trust deed governing the superannuation fund.

I confirm that I have the power under the trust deed and/or constitution of the company governing the superannuation fund to effect cover under the Policy described on this form.

I agree that no benefit will be paid under this Policy in any circumstances if I make the application on behalf of another person.

I am a Permanent Resident of Australia and want to be covered under this Policy of insurance.

I have read and understood the SMSF Master Insurance Plan Product Disclosure Statement (PDS) in conjunction with this application and agree to be bound by its terms.

I have read and understood my Duty of Disclosure and I declare that all the information provided is true and correct and complete and I have not withheld or omitted any information relevant to this application for insurance. I also understand that my duty to disclose continues after I have completed this application until AIA Australia has accepted the risk.

I have read and understood the Privacy Policies of AIA Australia and AGI and consent to the collection, use and disclosure of personal and sensitive information in accordance with the Privacy Policies as updated from time to time, including exchange with third parties located in Australia and overseas.

I understand that after I receive the first Policy Insurance Certificate from AGI, I have a 28-day cooling off period in which I may cancel the insurance by notifying AGI in writing and returning the Policy Insurance Certificate and I will receive a full premium refund (unless a claim has been or could be made under the Policy).

I have read and considered the PDS in making my decision to apply for this insurance. I have not received any personal advice from AGI in relation to my application for insurance or whether the insurance is right for my personal objectives, financial situation or needs.

I understand that cover will not commence until my application is accepted by AIA Australia.

I consent to AIA Australia and AGI communicating electronically with me about my cover under the Policy as described in the current PDS. In providing this consent, I nominate and authorise AIA Australia and AGI to act on instructions it has received electronically. This consent and authority will apply to all communications permitted to take place electronically by law (including any applicable industry Code or Code of Conduct) including but not limited to (a) statements of my cover under the Policy; (b) notices and other documents received by me about my cover under the Policy; (c) variations to the contract relating to my cover under the Policy; and (d) notices from me to AIA Australia or AGI. Any such communication is to be made to the nominated address in my personal capacity, and with respect to any communication to the Trustee of the superannuation fund that are permitted to be communicated electronically.

Signature of Life Insured as Individual Trustee or as Director for Corporate Trustee

Date

X

DD / MM / YY



SMSF Master Insurance Plan

Full Personal Statement



Policy Ref No.
(Office use only)

SMSF Provider Code:

Member No:
(Office use only)

Disclosure Notice

Your Duty of Disclosure – Before you enter into a contract of life insurance with an insurer, you have a duty under the *Insurance Contracts Act 1984* to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you extend, vary or reinstate a contract of insurance.

Non-disclosure – If you fail to comply with your Duty of Disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time. An insurer who is entitled to avoid a contract of insurance may, within three years of entering into it, elect not to avoid it but to reduce the Sum Insured in accordance with a formula that takes into account the contribution that would have been payable if you had disclosed all relevant matters to the insurer.

Life Insured *(please provide your current details)*

Title Mr Mrs Miss Ms Other

Surname Given Name(s)

Date of Birth Gender F M

Daytime contact no. Email address

Postal address

State Postcode Country

Occupation Industry

Daily Duties (Including % time spent performing each duty, i.e. manual duties)

Employment status Full time Part time Casual Contractor

How many hours per week do you work?

Gross Annual Income \$

Self Managed Superannuation Fund Details

Name of your Self Managed Superannuation Fund

ABN

Trustee Type Corporate Individual (Life Insured is Trustee)

Name of Corporate Trustee *(if applicable)*

Trustee's Postal Address

Suburb State Postcode

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Send your completed form to AGI at smsf@agigroup.com.au

Type of Insurance

Is this a new application for insurance or an application to increase your existing insurance cover with the SMSF Master Insurance Plan? New Increase

Cover	Sum Insured	Policy to be held
Death	\$ <input type="text"/>	Within SMSF

Total & Permanent Disablement (TPD)		
TPD cover	\$ <input type="text"/>	Within SMSF
TPD own occupation definition	\$ <input type="text"/>	As a non-superannuation policy

Income Protection (IP) – as a non-superannuation policy

Income Protection cover (per month) (minimum \$1,000, maximum \$30,000)	\$ <input type="text"/>	(limited to 75% of your monthly Income)
Superannuation contribution benefit	<input type="text"/> %	What % of your cover represents the super contribution component?

IP Plus Options provides ancillary benefits, including Accommodation Benefit, Family Care Benefit, Home Care Benefit, Nursing Care Benefit, Overseas Assistance Benefit, Specific Injury Benefit and Trauma Benefit.

Benefit Period 2 years (to age 65 if earlier) 5 years (to age 65 if earlier) To Age 65

Waiting Period 30 days 60 days 90 days

Personal History

- 1) Please state your: Height? cm and Weight? kg **Yes No**
- 2) Are you a permanent resident of Australia?
- 3) Have you smoked any tobacco or any other substance in the last 12 months?
If YES, please state forms and quantities
- 4) Do you drink alcohol?
If YES, what type of alcohol? How much (daily intake)?
- 5) Do you intend to work, live or travel overseas?
If YES, please state the destination, duration, frequency and purpose of travel
- 6) Have you ever engaged or are you ever likely to engage in aviation (other than as a fare paying passenger) or in any hazardous occupation, recreation, pastime, pursuit or sport (e.g. motor racing, football – all codes, martial arts, scuba diving)?
If YES, please provide details

At the date of this application:

- | | |
|---|---|
| | Yes No |
| 7) Are you absent from work or unable to carry out all of the duties of your current or usual occupation on a full time basis, due to an injury or sickness (even if you are not currently working on a full time basis or unemployed)? | <input type="checkbox"/> <input type="checkbox"/> |
| 8) Have you ever had back or neck pain for 7 or more consecutive days, or have you ever had mental/nervous/stress disorders, cancer, blindness or deafness? | <input type="checkbox"/> <input type="checkbox"/> |
| 9) In the last 3 years, have you had any medical advice or treatment, taken prescribed (excluding for colds or flu) or illicit drugs or been hospitalised for any injury or sickness? | <input type="checkbox"/> <input type="checkbox"/> |
| 10) Are you under any treatment by diet, medication, sedative, drugs? | <input type="checkbox"/> <input type="checkbox"/> |
| 11) Has any company ever declined, deferred, applied special or modified conditions or cancelled any proposal to insure you for life or disablement policy? | <input type="checkbox"/> <input type="checkbox"/> |

If you answered YES to any of the above questions (7–11), please give full details.

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Medical History

SECTION A – Medical Details

Yes No

- 1) Have you ever had or received treatment for or had symptoms of:
- High blood pressure or blood disorder e.g. leukaemia, anaemia or haemophilia?
 - Heart, vein or circulatory disorder, including chest pain, heart attack, stroke, heart murmur, raised cholesterol or rheumatic fever?
 - Mental or nervous disorder (e.g. stress, depression, insomnia), fainting, epilepsy, fits of any kind, paralysis, multiple sclerosis, migraines, brain disorder, psychiatric treatment/counselling or neurological disorder?
 - Gout, arthritis, rheumatism, skeletal injury, spine/neck disorder, cartilage or ligament injury, bone fracture or hernia?
 - Back or neck pain, whiplash, sciatica or any muscle or joint disorder?
 - Asthma, bronchitis, tuberculosis, pleurisy or other respiratory disorder?
 - Stomach, intestinal or rectal disorder, ulcer, bleeding from bowel, gall bladder?
 - Diabetes, thyroid or prostate disorder?
 - Cancer, tumour or any form of breast lump (even if you have not seen a doctor)?
 - Impairment/disorder of hearing or sight (other than short or long sightedness fully correctable by glasses) or loss of any limb?
 - Hepatitis B or C or have you ever been told you are a Hepatitis B or C carrier?
 - Dermatitis, psoriasis or any skin disorder?
 - Liver, kidney or bladder disease, including renal colic or stone, blood in urine or reproductive organ disorder?
 - Sexually transmitted diseases?
 - Drug or alcohol dependence?
 - Any other medical condition not mentioned above?
 - Females only**
 - Female organ disorder (including abnormal:- pap smear, breast ultrasound or mammogram)?
 - Are you currently pregnant?
- If YES, date of expected delivery

SECTION B – Further Medical Background

Yes No

- Are you considering consulting a doctor, seeking a medical examination, advice, treatment, tests or an operation?
- During the last five years have you:
 - Had any examination, advice or treatment by a medical practitioner, chiropractor or other health professional?
 - Been in hospital, clinic or nursing home?
 - Been advised to have an operation?
 - Had any tests, including blood tests, ECG, x-rays or genetic tests?
 - Occasionally or regularly taken any medication, drugs, stimulants, sedatives or tranquilisers?

**If you answered YES to ANY of the questions in Sections A or B, please complete all Sections below.
Otherwise, complete Section D onwards.**

SECTION C – Answers in Detail

- If you answered YES to ANY question in sections A or B, please provide details in the schedule below. If there is insufficient space, please provide a signed and dated supplementary statement.

Question Reference (Section A or B)	Tests, or nature of condition or complaint	Commencement Date	Duration	Time off work	Degree of Recovery (%)	Full details of treatment and results (include type of operations)	Full name and address of doctor or hospital (if any)

... continued

Medical History (continued)

SECTION D – Personal Doctor’s Details (please provide current details)

If no personal doctor, please state name/address of last clinic or medical centre attended.

Name Date of last consultation How long have you been a patient? yrs/mths

Address State Postcode

Telephone Facsimile

Email (if known) ABN (if known)

Please state the reasons and results of your last consultation.

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SECTION E – Other Details

Yes No

- 1) Do you have existing life, disability or trauma cover on your life (including any current applications held with any insurer)?

If YES, please provide the policy details in the schedule below.

Commencement Date	Insurer	Type of Cover	Amount of Cover	*To be Replaced 'Y' or 'N'
.....
.....

*For policies to be replaced, please attach a copy of the policy document or other proof of existing insurances and terms of acceptance.

SECTION F – Family History

Yes No

- 1) Have any of your parents, brothers or sisters (living or deceased) had Huntington’s disease, muscular dystrophy, cystic fibrosis, familial polyposis, polycystic disease or any other hereditary disorder?

If YES, please provide details in the schedule below.

Relation	Condition/Illness	Age at Onset (approximately)	Age at Death (if applicable)
.....
.....

Yes No

- 2) Have any of your parents, brothers or sisters (living or deceased) been diagnosed prior to age 65 with any of the following conditions: Diabetes, heart disease, mental illness, haemophilia, haemochromatosis, high blood pressure, high cholesterol, breast cancer, bowel cancer or any other cancer (please specify type), stroke or kidney disease?

If YES, please provide details in the schedule below.

Relation	Condition/Illness For Cancer – Specify Type	Age at Onset (approximately)	Age at Death (if applicable)
.....
.....

... continued

Further Income Details (Complete only if Income Protection is required)

- 1) a) Please state your monthly Income from your current occupation (net of business expenses but before tax)?
DO NOT INCLUDE INVESTMENTS AND MANDATORY SUPERANNUATION.
- **SELF EMPLOYED**
Means the Income generated from the business due to your personal exertion or activities for the last 12 months less your share of necessarily incurred business expenses for the last 12 months. Income does not include unearned income such as dividends, interest, rental income or proceeds from the sale of assets but does include ongoing regular bonuses, regular management fees and regular commissions. Bonuses and commissions will be calculated based on the average of the last three years bonuses and commissions.
 - **EMPLOYED**
Means your pre-tax Income paid to you by an employer including salary, fees, regular bonuses, regular commissions, regular overtime, fringe benefits and salary sacrificed superannuation contributions but excluding mandatory superannuation contributions and unearned income (e.g. investment or interest income). Bonuses, overtime earnings and commissions will be calculated based on the average of the last three years received by you from an employer.
- Principal Occupation: Current Year \$ per month Previous Year \$ per month
- b) How long have you been at your current occupation? years months
- c) How much of the above Income will continue if you are disabled? \$
- i) For how long? years/months
- ii) State source of Income (e.g. sick leave, director's fees, Income Protection insurance, profit share from the business)
- 2) If you become disabled, would you receive Income from **other** sources? Yes No
If YES:
a) How much? \$ per month
b) For how long? years/months
c) State source of Income
- 3) Do you also perform another occupation? Yes No If YES, describe the daily duties of this occupation (including manual work)
- 4) Do you receive any unearned Income? Yes No If YES, how much? \$ per month
(e.g. from investments such as rental property or dividends?)
- 5) What was your previous occupation?
- 6) Are you self-employed or employed by your own company? Yes No
If YES:
a) Date your business started DD / MM / YY
b) How long have you been self-employed? years/months
c) What percentage of your work is: i) Freelance? % ii) Contract? %
d) How many people do you employ?
- 7) Has your business or practice had a net operating loss in the last 2 years? Yes No
If YES, please provide copies of Profit & Loss Statements for the last 2 years.
- 8) Have you or any business with which you were associated ever been made bankrupt or placed in receivership, involuntary liquidation or under administration? Yes No
If YES, when DD / MM / YY Date of discharge DD / MM / YY
- 9) Do you work at home? Yes No If YES, state percentage of the time %
- 10) Do you earn commission or bonuses? Yes No If YES, state percentage of total Income %

AIDS Declaration

I hereby declare that:

- I am not suffering from Acquired Immune Deficiency Syndrome (AIDS) and I am not infected with the HIV virus and I am not carrying antibodies to the HIV virus;
- I have not used intravenous drugs, I have not engaged in male to male anal sexual activity and I have not worked as or had sexual intercourse with a paid sex worker; and
- I have not had sexual intercourse with someone I know or suspect to be HIV positive.

I am ABLE to declare that ALL the above statements are true.

I am UNABLE to declare that ALL the above statements are true.*

*If unable, a Confidential Supplementary Personal Statement is required.

Before signing, one of the above boxes must be ticked.

Signature of Life Insured

Date

DD / MM / YY

Privacy

The Privacy Policies of AIA Australia and AGI can be obtained by visiting www.aia.com.au and www.agigroup.com.au respectively. By completing this form you consent to any personal information, including information that may be of a sensitive nature we may collect about you, being used as in the manner set out in these Privacy Policies as updated from time to time, including exchange with third parties located in Australia and overseas.

Declaration and Agreement

I, the trustee or the corporate trustee of the above named superannuation fund, request AIA Australia to issue the insurance cover under the Policy described in this form.

I agree to be bound by the terms and conditions of the policy document and the trust deed governing the superannuation fund.

I confirm that I have the power under the trust deed and/or constitution of the company governing the superannuation fund to effect cover under the Policy described on this form.

I agree that no benefit will be paid under this Policy in any circumstances if I make the application on behalf of another person.

I am a Permanent Resident of Australia and want to be covered under this Policy of insurance.

I have read and understood the SMSF Master Insurance Plan Product Disclosure Statement (PDS) in conjunction with this application and agree to be bound by its terms.

I have read and understood my Duty of Disclosure and I declare that all the information provided is true and correct and complete and I have not withheld or omitted any information relevant to this application for insurance. I also understand that my duty to disclose continues after I have completed this application until AIA Australia has accepted the risk.

I have read and understood the Privacy Policies of AIA Australia and AGI and consent to the collection, use and disclosure of personal and sensitive information in accordance with the Privacy Policies as updated from time to time, including exchange with third parties located in Australia and overseas.

I understand that after I receive the first Policy Insurance Certificate from AGI, I have a 28-day cooling off period in which I may cancel the insurance by notifying AGI in writing and returning the Policy Insurance Certificate and I will receive a full premium refund (unless a claim has been or could be made under the Policy).

I have read and considered the PDS in making my decision to apply for this insurance. I have not received any personal advice from AGI in relation to my application for insurance or whether the insurance is right for my personal objectives, financial situation or needs.

I understand that cover will not commence until my application is accepted by AIA Australia.

I consent to AIA Australia and AGI communicating electronically with me about my cover under the Policy as described in the current PDS. In providing this consent, I nominate and authorise AIA Australia and AGI to act on instructions it has received electronically. This consent and authority will apply to all communications permitted to take place electronically by law (including any applicable industry Code or Code of Conduct) including but not limited to (a) statements of my cover under the Policy; (b) notices and other documents received by me about my cover under the Policy; (c) variations to the contract relating to my cover under the Policy; and (d) notices from me to AIA Australia or AGI. Any such communication is to be made to the nominated address in my personal capacity, and with respect to any communication to the Trustee of the superannuation fund that are permitted to be communicated electronically.

Signature of Life Insured as Individual Trustee or as Director for Corporate Trustee

Date

X

DD / MM / YY

Medical Authority

I,

authorise any medical practitioner, hospital, clinic or other person (including any life insurance company or underwriter), to disclose to AIA Australia Limited, full details of my health and medical history.

Signature of Life Insured

X

Date

DD / MM / YY



SMSF Master Insurance Plan Individual Insurance Transfer



Policy Ref No.
(Office use only)

Use this form if you wish to transfer your current insurance cover with another retail insurer or superannuation fund to the SMSF Master Insurance Plan. Refer to your Product Disclosure Statement (PDS) for information on premiums and conditions. If your application is accepted, you will be allocated the same level of cover provided to you by your existing fund subject to the underwriting terms provided by the previous insurer, including premium loadings, restrictions, exclusions or any other limitations imposed on the previous cover.

If you have any questions, please call AGI on (02) 9253 7909 or email smsf@agigroup.com.au.

SMSF Provider Code:

Member No:
(Office use only)

Important Information

AIA Australia agrees to provide individual transfer terms for Death/Total & Permanent Disablement (TPD) cover and Income Protection cover on the following basis:

- The maximum amount of cover that can be transferred per life insured is:
 - \$2 million for Death only or Death and TPD cover
 - \$20,000 per month for Income Protection cover.
- The Waiting Period (WP) and Benefit Period (BP) will be matched to the SMSF Master Insurance Plan offer. If the current WP is different, the life insured's WP will be rounded up to the next longest WP offered in the SMSF Master Insurance Plan offer, e.g. a 45 day WP will be rounded up to a 60 day WP. For BP, a life insured will receive the equivalent of their current BP, or if not available in the SMSF Master Insurance Plan, the lesser BP offered in the SMSF Master Insurance Plan.
- The level of cover provided to the life insured will be the level of cover currently held through their current fund/insurer and only where the current insurer's acceptance terms were less than or equal to +50% extra mortality and/or one exclusion for Death/TPD and Income Protection cover.
- For Death/TPD and Income Protection cover, if an exclusion is transferred from your current fund/insurer, the exclusion wording of AIA Australia will apply.
- The life insured has not been paid/lodged, nor is eligible to be paid/lodged, a Terminal Illness, TPD or Income Protection benefit from AIA Australia, another insurance arrangement or superannuation fund.
- The life insured is an Australian permanent resident and aged less than 60.
- The life insured is not terminally ill with a life expectancy of less than 12 months.
- The life insured is Gainfully Employed.
- The life insured must meet the eligibility criteria for insurance cover as set out in the PDS.
- The life insured does not continue the cover under another insurance arrangement.
- The life insured provides a copy of an annual statement from the superannuation fund (where relevant) which is less than 12 months old, or a Certificate of Currency from an insurance company which is less than 60 days old, as evidence of cover currently held with the current fund/insurer.
- The life insured's replacement cover will not commence in the SMSF Master Insurance Plan until the later of:
 - AIA Australia accepting the life insured's application, and
 - the existing insurance cover with the current fund/insurer being cancelled.
- The applicant/life insured completes this Individual Insurance Transfer form to AIA Australia's satisfaction.
- Occupational classifications will be based on the classifications used by the SMSF Master Insurance Plan.
- Ratings and premiums may change to adapt to AIA Australia's ratings and premiums.

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Send your completed form to AGI at smsf@agigroup.com.au

Life Insured *(please provide your current details)*

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	<input type="text"/>
Surname	<input type="text"/>		Given Name(s)	<input type="text"/>		
Date of Birth	<input type="text" value="DD / MM / YYYY"/>		Gender	<input type="checkbox"/> F	<input type="checkbox"/> M	
Daytime contact No.	<input type="text"/>		Email address	<input type="text"/>		
Postal address	<input type="text"/>					
	<input type="text" value="State"/>		<input type="text" value="Postcode"/>	Country	<input type="text"/>	
Occupation	<input type="text"/>		Industry	<input type="text"/>		
Daily Duties (Including % time spent performing each duty, i.e. manual duties)						
<input type="text"/>						
Do you work full or part time?	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	How many hours per week do you work?	<input type="text"/>		
Gross Annual Income	<input type="text" value="\$"/>					

Self Managed Superannuation Fund Details

Name of your Self Managed Superannuation Fund	<input type="text"/>		
ABN	<input type="text"/>		
Trustee Type	<input type="checkbox"/> Corporate	<input type="checkbox"/> Individual (Life Insured is Trustee)	
Name of Corporate Trustee (if applicable)	<input type="text"/>		
Trustee's Postal Address	<input type="text"/>		
	<input type="text" value="Suburb"/>	<input type="text" value="State"/>	<input type="text" value="Postcode"/>

Your Existing Fund or Insurance Company's Details

You should check with your existing fund or insurance company for information about your benefits in that fund or insurance policy including information on exit, transfer, withdrawal and other fees, any insurance cover you may have, and the availability of investment options. You should do this so that you fully understand the effects of transferring your benefits.

Please select the appropriate option below.

- I am transferring my insurance cover from a super fund
- I am transferring my insurance cover from an insurance company

Member account or policy number	<input type="text"/>		
Fund or insurance company's name	<input type="text"/>		
Fund or insurance company's postal address	<input type="text"/>		
	<input type="text" value="Suburb"/>	<input type="text" value="State"/>	<input type="text" value="Postcode"/>
Fund or insurance company's telephone no.	<input type="text"/>		
Name of employer (if applicable)	<input type="text"/>		
Industry (if applicable)	<input type="text"/>		

Your Personal Statement and Confirmation of Requirements

Confirmation

- Please confirm that all of the following statements are true and correct:
 - I will cancel my existing insurance cover under my existing fund/insurance policy.
 - I will not be transferring the cover under my existing fund/insurance policy to any other division or section of the existing fund or to any other fund, other than the SMSF Master Insurance Plan.
 - I will not effect a continuation option, or subsequently reinstate cover within the existing fund or with the existing insurer or any other divisions or associated fund of the existing fund or any other retail insurance arrangement.

I confirm that all three statements above are true and correct and agree to abide by these requirements..... Yes No

Your Personal Statement and Confirmation of Requirements (continued)

2. Are you currently working? Yes No
 If you answered 'Yes', please provide the following:
- Employer name and address
 - Employment status: Full time Part time Casual Contractor
 - Average hours worked per week

If you answered 'No' to questions 1 or 2 above, you will not be eligible to transfer your existing insurance cover from your existing fund/ insurance policy to the SMSF Master Insurance Plan. You are not required to complete the remainder of this section of the form.

3. Are you absent from work or restricted due to injury or illness from carrying out all of the usual duties of your current and normal occupation on a full time basis, for at least 30 hours per week (even if you are not currently working on a full time basis)? Yes No
4. Have you ever been paid/lodged, or are you eligible to be paid/lodged, a claim for a Terminal Illness, TPD or Income Protection benefit with AIA Australia, another superannuation fund or life insurance policy? Yes No
5. Have you been diagnosed with an illness that reduces your life expectancy to less than 12 months from today? Yes No

If you answered 'Yes' to questions 3, 4 or 5 above, you will not be eligible to transfer your existing insurance cover from your current fund/ insurance policy to the SMSF Master Insurance Plan. You are not required to complete the remainder of this form.

6. Have you, as at the date of this application been off work for more than 10 days in the last 12 months for the same medical condition? Yes No
7. Have you ever been declined insurance cover or had any special conditions or restrictions (pre-existing conditions, loadings or exclusions) placed on any Death, TPD or IP Insurance? Yes No

If you answered 'Yes' to questions 6 or 7 above, please provide details, including a copy of the advice you received from the existing insurer or fund advising you of the acceptance of your cover subject to these additional terms.

If any of your benefits from your existing fund or insurer, had more than one exclusion, and/or had a loading of more than +50% extra mortality, then cover for that benefit cannot be transferred to the SMSF Master Insurance Plan.

Death and Total & Permanent Disablement (TPD) cover

8. To be eligible for Death and Total & Permanent Disablement cover under the SMSF Master Insurance Plan you must be an Australia permanent resident, Gainfully Employed and working.

I confirm that my current level of cover under the existing fund/insurance policy is as follows:

Death cover \$ TPD cover \$

The maximum amount you can transfer in total is \$2 million for Death only or Death & TPD cover.

Do you currently have an Own Occupation* TPD definition in your existing fund/insurance policy?

No – your TPD cover in the SMSF Master Insurance Plan shall be held within your SMSF.

Yes – please select from the following options:

Retain the Own Occupation TPD definition. Your TPD cover will be held as a non-superannuation policy.

Change to a Standard Occupation TPD definition. Your TPD cover will be held within your SMSF.
 Note that the Own Occupation definition is not available for TPD cover held within your SMSF.

*Own Occupation TPD is only available to Professional and Senior Management occupations. See the SMSF Master Insurance Plan Product Disclosure Statement for the definition of occupations that fall under Professional and Senior Management categories. An additional premium will be applied to your TPD cover. Own Occupation will only be available to members if the TPD Own Occupation definition held with the existing fund/insurer meets the definition within the SMSF Master Insurance Plan.

You must obtain and attach an annual statement from the superannuation fund (where relevant) which is less than 12 months old, or a Certificate of Currency from an insurance company which is less than 60 days old.

I understand that the transfer of my current Death and TPD cover if accepted by AIA Australia, will be subject to the terms and conditions of the SMSF Master Insurance Plan.

Income Protection insurance cover

9. To be eligible for Income Protection cover under the SMSF Master Insurance Plan you must be an Australian permanent resident, Gainfully Employed and working at least 15 hours per week.

Income Protection cover per month \$ (maximum amount of cover you can transfer is \$20,000 per month)

Current Benefit Period (please complete)

Current Waiting Period (please complete)

I understand that the transfer of my current Income Protection cover once accepted by AIA Australia, will be subject to the terms and conditions of the SMSF Master Insurance Plan and that my Income Protection Benefit Period and Waiting Period (if applicable) will be matched to the SMSF Master Insurance Plan offer where possible.

You must obtain and attach an annual statement from the superannuation fund (where relevant) which is less than 12 months old, or a Certificate of Currency from an insurance company which is less than 60 days old.

Declaration and Agreement

Duty of Disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty under the Insurance Contracts Act 1984 to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of insurance, and if so, and on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, transfer, vary or reinstate a contract of insurance. Any disclosure that you have, may have made, or ought to have made at the inception of a contract of life insurance being extended, varied, reinstated or transferred must be made as part of your application for the insurer to accept your application for cover. A transfer of any existing insurance cover does not release an applicant from the Duty of Disclosure under the Insurance Contracts Act 1984.

Non-disclosure

If you fail to comply with your Duty of Disclosure and the insurer would not have entered into a contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time. An insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but to reduce the Sum Insured in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

Privacy

The Privacy Policies of AIA Australia and AGI can be obtained by visiting www.aia.com.au and www.agigroup.com.au respectively. By completing this form you consent to any personal information, including information that may be of a sensitive nature we may collect about you, being used as in the manner set out in these Privacy Policies as updated from time to time, including exchange with third parties located in Australia and overseas.

Declaration

I, the trustee or corporate trustee of the above named superannuation fund, request AIA Australia to issue the insurance cover under the Policy described in this form.

I agree to be bound by the terms and conditions of the policy document and the trust deed governing the superannuation fund.

I confirm that I have the power under the trust deed and/or constitution of the company governing the superannuation fund to effect cover under the Policy described on this form.

I agree that no benefit will be paid under this Policy in any circumstances if I make the application on behalf of another person.

I am a Permanent Resident of Australia and want to be covered under this Policy of insurance.

I have read and understood the SMSF Master Insurance Plan Product Disclosure Statement (PDS) in conjunction with this application and agree to be bound by its terms.

I have read and understood my Duty of Disclosure and I declare that all the information provided is true and correct and complete and I have not withheld or omitted any information relevant to this application for insurance. I also understand that my duty to disclose continues after I have completed this application until AIA Australia has accepted the risk.

I have read and understood the Privacy Policies of AIA Australia and AGI and consent to the collection, use and disclosure of personal and sensitive information in accordance with the Privacy Policies as updated from time to time, including exchange with third parties located in Australia and overseas.

I understand that after I receive the first Policy Insurance Certificate from AGI, I have a 28-day cooling off period in which I may cancel the insurance by notifying AGI in writing and returning the Policy Insurance Certificate and I will receive a full premium refund (unless a claim has been or could be made under the Policy).

I have read and considered the PDS in making my decision to apply for this insurance. I have not received any personal advice from AGI in relation to my application for insurance or whether the insurance is right for my personal objectives, financial situation or needs.

I understand that cover will not commence until my application is accepted by AIA Australia.

I consent to AIA Australia and AGI communicating electronically with me about my cover under the Policy as described in the current PDS. In providing this consent, I nominate and authorise AIA Australia and AGI to act on instructions it has received electronically. This consent and authority will apply to all communications permitted to take place electronically by law (including any applicable industry Code or Code of Conduct) including but not limited to (a) statements of my cover under the Policy; (b) notices and other documents received by me about my cover under the Policy; (c) variations to the contract relating to my cover under the Policy; and (d) notices from me to AIA Australia or AGI. Any such communication is to be made to the nominated address in my personal capacity, and with respect to any communication to the Trustee of the superannuation fund that are permitted to be communicated electronically.

- I understand that if I do not fully complete, sign and date this *Individual Insurance Transfer form*, I will not be eligible to transfer my current cover to the SMSF Master Insurance Plan.
- I understand that if AIA Australia accepts my application, my current amount of cover as at the transfer date under my existing fund/insurer will be replaced with an equal amount of cover under the SMSF Master Insurance Plan but subject to a total maximum of \$2 million for Death only or Death and TPD cover and \$20,000 per month for Income Protection cover.
- I understand that following the transfer, my total insurance cover (ie transferred amount plus my insurance currently held with the SMSF Master Insurance Plan) cannot exceed the maximum cover amounts provided by AIA Australia for each benefit, otherwise my transferred cover may be restricted to the maximum cover amount.
- I understand that my replacement cover will not commence in the SMSF Master Insurance Plan until the later of:
 - AIA Australia accepting my application, and
 - cancellation of my current insurance cover under my existing fund/insurance policy.
- I understand that AIA Australia and AGI may undertake appropriate enquiries and investigations to verify the answers I have provided.
- I understand that AIA Australia or AGI may investigate whether any premium loadings, restrictions and exclusions may have applied in the existing fund/insurance policy.
- I agree to provide AIA Australia and AGI with access to the health and/or financial evidence I provided to any existing fund and their insurer or retail insurer in an application for the cover. Any non-disclosure to an existing fund or insurer may be acted upon by AIA Australia.
- I understand, should it become apparent to AIA Australia or AGI that I have not responded truthfully or satisfied the requirements that I confirmed above, then any insured benefit that may be payable to me, my beneficiaries or my estate under the SMSF Master Insurance Plan may be reduced by the insured amount paid or payable by my existing fund; an associated section or division of the existing fund, or any other fund, or retail insurance arrangement, or any policy issued under any option that I exercised, as a consequence of my failure to abide by these conditions.
- The information contained in this Individual Insurance Transfer form (whether written in my hand or not) is true and correct and that no information material to this application for transfer has been withheld.
- I understand that if AIA Australia accepts my application, the terms existing conditions as outlined in the SMSF Master Insurance Plan master Policy held by AGI will apply, and the terms and conditions of my former fund and/or my existing insurer will cease to apply.
- I understand that AGI is the owner of the master Policy effected with AIA Australia and that I will become an Insured Member under that master Policy.
- I have read the Duty of Disclosure notice and understand its contents and what is meant by my duty to disclose. I also understand that my duty to disclose continues after I have completed this application for transfer until AIA Australia has accepted the risk.

Signature of Life Insured as Individual Trustee or as Director for Corporate Trustee

Date

X

DD / MM / YY



Superannuation Policy Payment

Policy Number: MP5010

Please provide your SMSF bank account details for payment of cover held within your SMSF.

Member No:

Direct Debit Request

Request and Authority to debit the account named below to pay AIA Australia Limited Monthly Yearly

Please refer to the Direct Debit Request Service Agreement in the Product Disclosure Statement.

I/We

	Title	Surname or Company Name	Given Name or ABN
Account holder 1			

	Title	Surname or Company Name	Given Name or ABN
Account holder 2			

request and authorise AIA Australia Limited (Direct Debit User ID 142) to debit my nominated account through the Bulk Electronic Clearing System and pay to AIA Australia Limited the amount due for my insurance cover under the Policy each month or yearly as applicable.

Insert details of account to be debited

Name account is held in

BSB number - Account number

Acknowledgment I/We have read and understood the terms and conditions governing the debit arrangements between myself and AIA Australia Limited as set out in this Request and in the Direct Debit Request Service Agreement.

Insert the name and address of financial institution at which account is held

Financial institution name

Address Postcode

Insert your signature

<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>
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Send your completed form to AGI at smsf@agigroup.com.au



SMSF Master Insurance Plan Non-Superannuation Policy Payment

Policy Number: MP5011



Please provide your bank account details for payment of cover held as a non-superannuation policy.

Member No:

Direct Debit Request

Request and Authority to debit the account named below to pay AIA Australia Limited Monthly Yearly

Please refer to the Direct Debit Request Service Agreement in the Product Disclosure Statement.

I/We

	Title	Surname or Company Name	Given Name or ABN
Account holder 1			

	Title	Surname or Company Name	Given Name or ABN
Account holder 2			

request and authorise AIA Australia Limited (Direct Debit User ID 142) to debit my nominated account through the Bulk Electronic Clearing System and pay to AIA Australia Limited the amount due for my insurance cover under the Policy each month or yearly as applicable.

Insert details of account to be debited

Name account is held in

BSB number - Account number

Acknowledgment I/We have read and understood the terms and conditions governing the debit arrangements between myself and AIA Australia Limited as set out in this Request and in the Direct Debit Request Service Agreement.

Insert the name and address of financial institution at which account is held

Financial institution name

Address Postcode

Insert your signature

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>
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Send your completed form to AGI at smsf@agigroup.com.au

AIA Australia

553 St Kilda Road
Melbourne VIC 3004
aia.com.au