

ANZ SMART CHOICE SUPER

INSURANCE APPLICATION AND SHORT FORM PERSONAL HEALTH STATEMENT
DEATH ONLY OR DEATH AND TPD APPLICATIONS (UP TO \$1,000,000 COVER)



1 February 2020

Customer Services

Phone 13 12 87

Email anzsmartchoice@anz.com

Website anz.com/smartchoice

INSTRUCTIONS

Please complete sections 1–6 for all Death only and Death and TPD applications up to \$1,000,000 (including any existing cover).

- OnePath Life is the default insurer for the group life insurance provided under ANZ Smart Choice Super. ANZ Smart Choice Super is a suite of products consisting of ANZ Smart Choice Super and Pension, ANZ Smart Choice Super for employers and their employees and ANZ Smart Choice Super for QBE Management Services Pty Ltd and their employees (together "ANZ Smart Choice Super"). ANZ Smart Choice Super is part of the Retirement Portfolio Service ABN 61 808 189 263.
- If you are applying for cover with OnePath Life for over \$1,000,000 please complete a Full Personal Health Statement available to download from superinsights.anz.com/updates-and-forms/forms
- If you need any assistance, contact Customer Services on 13 12 87 weekdays between 8.30am and 6.30pm AEST.
- Complete* and sign the form and return to:

ANZ Smart Choice Super
GPO Box 5107
Sydney NSW 2001

or scan and email to anzsmartchoice@anz.com

* This form should not be completed if a different insurer applies for an employer plan through ANZ Smart Choice Super for employers and their employees. Contact Customer Services on 13 12 87 for the relevant application form.

When you complete and return this form, OnePath Custodians will submit an application to the Insurer, OnePath Life to enable it to assess your request for cover.

IMPORTANT NOTICE

If this application is declined:

- any existing insurance held by you on the date of this application will continue on the terms and conditions which applied as at the date of this application, including but not limited to any pre-existing condition exclusion(s) (where applicable);
- any information received by OnePath Life in relation to this application may be used by OnePath Life when assessing any existing or future insurance claim, and may operate as an exclusion of a claims or otherwise have an adverse impact on your claim.

If this application is accepted by OnePath Life insurance cover will be provided as Choose Your Own Cover or Voluntary Cover according to the Smart Choice Policies and all of the following apply:

- any existing cover is replaced with Choose Your Own Cover and Choose Your Own Cover Insurance fees (Premium rates) will apply to the amount of Choose Your Own Cover;
- if Voluntary Cover is provided, Voluntary Cover will be provided in addition to my existing cover and Voluntary Cover premium rates will apply to the amount of Voluntary Cover;
- any exclusion or loading imposed as part of the acceptance of this application will apply to the amount of cover stated in the Decision Note.

THE TRUSTEE'S DUTY OF DISCLOSURE

The Trustee who enters into a life insurance contract in respect of your life has a duty, before entering into the contract, 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 Trustee has this duty until the Insurer agrees to provide the insurance.

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

The Trustee does not need to tell the Insurer anything that:

- reduces the risk the Insurer insures you for; or
- is of common knowledge; or
- the Insurer knows or should know as an Insurer; or
- the Insurer waives your duty to tell the Insurer about.

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You must disclose relevant information

You must tell the Insurer anything you know, or could reasonably be expected to know, that may affect the Insurer's decision to provide the insurance and on what terms. If you do not do so, this may be treated as a failure by the Trustee to tell the Insurer something that the Trustee must tell the Insurer.

If you provide relevant information to the Trustee rather than the Insurer, The Trustee will provide the information you give the Trustee to the Insurer. The Trustee will do this so that you comply with your obligation to provide relevant information to the Insurer.

If the Trustee does 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 they do, the Insurer may apply the following rights separately to each type of cover.

If the Trustee does not tell the Insurer anything the Trustee is required to, and the Insurer would not have provided the insurance or entered into the same contract with the Trustee if the Trustee had told the Insurer, the Insurer may avoid the contract within three years of entering into it.

If the Insurer chooses not to avoid the contract, the Insurer 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 Trustee had told the Insurer everything it should have. However, if the contract provides cover on death, the Insurer may only exercise this right within three years of entering into the contract.

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

If the failure to tell the Insurer is fraudulent, the Insurer may refuse to pay a claim and treat the contract as if it never existed.

1. YOUR DETAILS

Member number

Employer plan name (if applicable)

Title Mr Mrs Ms Miss Dr Other

Surname

Date of birth

Given name(s)

Residential address (this cannot be a PO Box)

Suburb/Town

State

Postcode

Country

Postal address (if different from above)

Suburb/Town

State

Postcode

Country

Home phone

Business phone

Mobile phone

Fax

Email

I authorise one of OnePath Life's underwriting staff or an authorised service provider to contact me by phone if further information is required.

I can be contacted during the following times:

Monday Tuesday Wednesday Thursday Friday Any business day

Between am/pm and am/pm

Please tick your preferred contact method:

home phone business phone mobile phone

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2. AMOUNT OF COVER

I wish to apply for insurance cover.

Additional amount of insurance cover*

Death Only \$ Death and TPD \$ TPD[†] \$

[†] Total TPD Cover applied for cannot exceed total Death Cover held under ANZ Smart Choice Super. Please note, you cannot apply for TPD Cover only, Death Cover must already be held by the member within ANZ Smart Choice Super.

* If the total insurance amount including any additional cover applied for exceeds \$1,000,000 please complete a Full Personal Health Statement, available to download from superinsights.anz.com/updates-and-forms/forms

If your plan design allows you to apply for Death only or Death and TPD cover other than a fixed dollar amount, please specify the cover that you wish to apply for (i.e. Fixed or formula) below. In the event that no direction is provided below, your application will be assessed as a request for fixed cover.

3. OCCUPATION

- a. What is your usual occupation?
- b. What are your normal duties of this occupation?
- c. What percentage of your normal duties of this occupation are manual work?
- d. How many hours (on average) do you work per week?

4. GENERAL DETAILS

Height and weight

a. What is your current height? cm b. What is your current weight? kg

Smoking

c. Have you smoked tobacco, or any other substance or used any form of electronic cigarette within the past 12 months, or used a nicotine replacement treatment within the past three months? Yes No

If **yes**, please state the type and quantity consumed per day:

d. Have you ever been advised to stop smoking due to a medical condition? Yes No

If **yes**, please complete the Insurance Application and Full Personal Health Statement available from anz.com/smartchoice

Alcohol

e. Do you consume alcohol? Yes No

If **yes**, please state the type and quantity consumed per day:

f. Have you ever been advised to stop or reduce your alcohol intake due to a medical condition? Yes No

If **yes**, please complete the Insurance Application and Full Personal Health Statement available from anz.com/smartchoice

5. HEALTH DECLARATION FOR DEATH ONLY AND DEATH AND TPD COVER UP TO AND INCLUDING \$1,000,000

a. Are you, at the date of this application, off work due to injury or illness or restricted from performing any of the usual duties of your occupation due to injury or illness (other than for colds or flu)? Yes No

b. Are you currently receiving any form of medical treatment or taking any form of medication (other than for cold or flu)? Yes No

c. Have you taken more than a total of seven consecutive days off work in the past 12 months due to illness or injury (other than for cold or flu)? Yes No

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Have you ever received medical advice, consulted a doctor, undergone medical treatment, investigations or operations for, or suffered from any of the following:

- d. High blood pressure, high cholesterol, heart complaint, murmur, palpitations or chest pain, stroke, diabetes, thyroid or glandular disorder, cancer, tumour or growth including breast lumps or skin lesions/moles (even if you have not seen a doctor)? Yes No
- e. Back or neck pain/disorder, musculo-skeletal symptoms or any joint disorder, gout, arthritis, repetitive strain syndrome, paralysis of any kind or chronic fatigue syndrome, epilepsy or neurological disorder, mental/nervous disorder including stress, anxiety or depression? Yes No
- f. Kidney, bowel, bladder, gall bladder, liver disease or disorder, hepatitis, hernia, blood disorder, sleep apnoea, asthma, persistent cough or any lung complaint, any abnormality of hearing, speech or eyesight (excluding glasses or contact lenses)? Yes No
- g. Have you ever tested positive for HIV (Human Immunodeficiency Virus), which causes AIDS (Acquired Immune Deficiency Syndrome), or are you suffering from AIDS or any AIDS related conditions? Yes No

If you answered yes to any of the questions in Section 5, you will need to apply for cover by completing the Insurance Application and Full Personal Health Statement, available online from anz.com/smartchoice

6. DECLARATION BY THE INSURED MEMBER

I understand and agree that:

- I have read and understand the contents of the relevant Product Disclosure Statement (PDS) for my ANZ Smart Choice Super account regarding the insurance offered.
- I understand that the Trustee's Duty of Disclosure continues after I have completed this form until my application has been accepted by OnePath Life and confirmation is issued in writing.
- I have read the Trustee's Duty of Disclosure sections above, and understand my obligations under the *Insurance Contracts Act 1984*.
- I have read and carefully considered the questions in this application and all the answers and any other information provided are true and correct (including those not in my own handwriting) and form the basis of the insurance contract.
- I am not restricted by illness or injury from carrying out all my normal work duties and I am working my normal hours.
- If I do not complete this application correctly, or I do not sign and date this form, my application will be invalid and won't be considered by the Insurer.
- I acknowledge that if the insurer accepts an application for Choose Your Own or Voluntary Cover subject to special acceptance terms Cover will not commence until:
 - I accept the Special Acceptance terms within 21 days of the acceptance date; and
 - the premium received for the Choose Your Own Cover or Voluntary Cover is enough to cover the number of days from the acceptance date to the premium due date, by the third premium due date.
- I consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) in accordance with the Privacy Statement set out in this form, the PDS, ANZ's Privacy Policy which is available at anz.com/privacy and OnePath Custodians' Privacy Policy which is available at onepath.com.au/superandinvestments/privacy-policy. If I have provided information about another person in this application (for example a beneficiary or insured member), I declare that I have the consent of that person to do so. I understand that OnePath Custodians and ANZ require me to inform the person concerned that I have done so and direct them to the relevant Privacy Policies so they may understand the manner in which their personal information (including health and other sensitive information) may be used and disclosed by ANZ and OnePath Custodians.
- I acknowledge that if this application is accepted by OnePath Life insurance cover will be provided according to the ANZ Smart Choice Super Policies, and any exclusion or loading imposed as part of the acceptance of this application will apply to the amount of cover stated in the Decision Note.
- I acknowledge that if this application is declined, any of my existing cover on the date of this application will continue on same terms, including but not limited to any pre-existing condition exclusion(s).
- I acknowledge that any information received by OnePath Life in relation to this application may be used when assessing my existing or future claim, and may operate as an exclusion to my claim. This is irrespective of whether this application is accepted or declined.
- I understand that I may cancel my existing cover at any time.

Name of insured member/applicant

Signature of insured member/applicant

Date

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7. PRIVACY STATEMENT

Your personal information will be handled by OnePath Custodians, as issuer of this product and ANZ, as distributor of the ANZ Smart Choice Super and Pension product. Please read the information contained in this section carefully, as it describes how each of these parties will handle your personal information. In this section, any reference to your personal information includes any health or other sensitive information that OnePath Custodians and ANZ may hold about you. Either or both of these parties may send you information on their products and services from time to time. If you do not wish to receive this information from either or both of these parties, please ensure you follow the separate opt out processes for the relevant party specified below.

OnePath Custodians Privacy Statement

OnePath Custodians Pty Limited ABN 12 008 508 496, RSE L0000673 (**OnePath**), as issuer of this product, will collect your personal information when you deal with it, its agents, its related bodies corporate, including other members of the IOOF Group, distributors of this product (such as ANZ), or suppliers acting on OnePath's behalf.

OnePath uses your personal information to issue and administer our products and services. If you do not provide us with your personal information, we may not be able to issue this product to you and/or administer your account.

OnePath may disclose your personal information to related bodies corporate and organisations, including those in an alliance with us, to distribute, manage and administer our products and services, carry out business functions, undertake analytics activities and as set out in OnePath's privacy policy.

OnePath may also use and disclose your personal information to send you information on its products and services from time to time. OnePath may also disclose your personal information to its related companies and organisations, including those who are in an alliance with it, to enable those organisations to send you information about their products and services. You can opt out of OnePath using and disclosing your information for this purpose at any time by calling Customer Services on 133 665.

OnePath may also send your personal information overseas, as set out in OnePath's privacy policy.

OnePath's privacy policy, available at onpath.com.au/superandinvestments/privacy-policy, sets out how (i) you can access and/or correct your personal information; (ii) you can make a privacy complaint; and (iii) OnePath deals with any privacy complaints.

ANZ Privacy Statement

ANZ is committed to ensuring the confidentiality and security of your personal information. As the distributor of the ANZ Smart Choice Super and Pension product, ANZ collects your personal information in order to distribute, manage and administer this product. Without your personal information, ANZ may not be able to process your application or provide you with the product you require.

ANZ may disclose your personal information to certain third parties, including OnePath (as issuer of this product), ANZ's related companies, organisations, including those in an alliance with us, to distribute, manage and administer our products and services, carry out business functions, undertake analytics activities and as otherwise set out in the ANZ Privacy Policy.

ANZ may send you information about its products and services from time to time. ANZ may also disclose your personal information to its related companies or alliance partners to enable them or ANZ to tell you about a product or service. You can opt out of ANZ using and disclosing your information for this purpose at any time by contacting ANZ Customer Services on 13 13 14.

Sometimes ANZ discloses your personal information overseas. The location varies, but includes the Philippines, India, Ireland, the UK, the USA, China and countries within the European Union.

ANZ's Privacy Policy, available at anz.com/privacy, sets out how (i) you can access and/or correct your personal information; (ii) you can make a privacy complaint; and (iii) ANZ deals with any privacy complaints.