

Need any help completing this form? Call us on 1300 880 750 8am-6pm AEST

Please read the Product Disclosure Statement (PDS) before completing this form. It will help you understand the product including definitions, exclusions and conditions. The Target Market Determination (TMD) for the product is available on our website.

Part A – About this application

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 for what premium. 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 also applies when extending or making changes to existing insurance, and reinstating insurance.

If the duty is not met

If the duty is not met, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. 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.

Guidance for answering our questions

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

If you need help

It's important that you understand this information and the questions we ask. Ask us for help if you have difficulty understanding the process of applying for life insurance or answering our questions.

If you're having difficulty due to a disability, language, or for any other reason, please let us know - we're here to help and can provide additional support.

Part B – Your personal details

Policy Owner/Life Insured 1

Policy Owner/Life Insured 2

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
First Name	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Postal Address	<input type="text"/>	<input type="text"/>
	Suburb <input type="text"/>	Suburb <input type="text"/>
	State <input type="text"/> Postcode <input type="text"/>	State <input type="text"/> Postcode <input type="text"/>
Date of Birth	<input type="text" value="dd / mm / yy"/>	<input type="text" value="dd / mm / yy"/>
Telephone	(home) <input type="text"/> (mobile) <input type="text"/>	(home) <input type="text"/> (mobile) <input type="text"/>
Email	<input type="text"/>	<input type="text"/>
	We will use email for some of the information we need to send you about your policy, rather than sending paper copies. However, if you'd prefer to receive information by post, please indicate by writing X in the box. <input type="checkbox"/>	
Have you smoked in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many per day? <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many per day? <input type="text"/>
Are you a Permanent Resident of Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, have you applied for permanent residency? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, have you applied for permanent residency? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you already have this kind of insurance, will you be keeping it as well as this?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, is it with TAL? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, is it with TAL? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your current occupation?	<input type="text"/>	<input type="text"/>
What is your gross annual income?	<input type="text"/>	<input type="text"/>

Part C – Your cover details

Policy Owner/Life Insured 1

Policy Owner/Life Insured 2

Are you receiving any kind of government benefit?

Yes No If Yes, provide details

Yes No If Yes, provide details

Life Insurance Benefit Amount

\$100,000 (min) \$250,000 \$500,000 \$750,000
 \$1 million \$1.25 million \$1.5 million (max)

\$100,000 (min) \$250,000 \$500,000 \$750,000
 \$1 million \$1.25 million \$1.5 million (max)

Other Amount \$

Other Amount \$

Optional Severity Based Illness Cover

You can choose Major Illness Cover and/or Cancer Cover, up to a **combined maximum of \$250,000**. This total cannot exceed 95% of your total Life Insurance Benefit Amount.

Major Illness Cover

\$50,000 \$100,000 \$150,000
 \$200,000 \$250,000

Major Illness Cover

\$50,000 \$100,000 \$150,000
 \$200,000 \$250,000

Other Amount \$

Other Amount \$

Cancer Cover

\$50,000 \$100,000 \$150,000
 \$200,000 \$250,000

Cancer Cover

\$50,000 \$100,000 \$150,000
 \$200,000 \$250,000

Other Amount \$

Other Amount \$

Total Optional Severity Based Illness Cover \$

Total Optional Severity Based Illness Cover \$

Part D – Medical history & lifestyle

Policy Owner/Life Insured 1

Policy Owner/Life Insured 2

1. What is your height?

(cm) OR ft in (cm) OR ft in

2. What is your weight?

(kg) OR pounds (kg) OR pounds

3. In the next 12 months, do you intend to travel, work or reside overseas for more than 3 months anywhere other than New Zealand, the UK, Europe, the USA or Canada?

Yes No

Yes No

4. Do you take part in, or have definite plans to take part in, any sports or hazardous activities such as aviation or sky diving, motor sports, diving, climbing or caving, or football?

Yes No

Yes No

5. Have you ever had or received medical advice or treatment for any of the following?

a) An abnormal breast check or pap smear or any condition of the bladder, cervix, ovary, uterus or endometrium? (Female only)

Yes No

Yes No

b) Any heart condition, including high blood pressure, high cholesterol, a heart murmur, chest pain or palpitations?

Yes No

Yes No

c) Any cancer, tumour, lump, skin cancer, cyst, polyp or growth?

Yes No

Yes No

d) Diabetes or raised blood sugar levels or hepatitis?

Yes No

Yes No

e) Gall bladder, hernia, gastro-oesophageal reflux or kidney, liver, bowel or stomach condition?

Yes No

Yes No

f) Asthma, sleep apnoea or any respiratory or lung condition?

Yes No

Yes No

g) Epilepsy, multiple sclerosis, paralysis, embolism, stroke, or any type of brain, nervous system or circulatory condition, tremor, double vision, or problems with balance and co-ordination?

Yes No

Yes No

6. Have you in the past 3 years had any mental health or nervous condition, depression, anxiety or attempted suicide?

Yes No

Yes No

7. Apart from the above, have you in the past 5 years been in hospital, or seen a doctor or other health professional for any other condition which has lasted more than 14 days, or been prescribed medication for more than 14 days?

Yes No

Yes No

8. Other than what you've already disclosed, do you have any ongoing medical conditions, or do you intend seeking or have you been advised to seek, medical advice or treatment for any current medical concern, or are you awaiting the results of any medical tests / investigations?

Yes No

Yes No

9. Have you been advised by your doctor to stop drinking or to cut back on the amount of alcohol you drink other than during pregnancy or while taking antibiotics or anti-inflammatory medication?

Yes No

Yes No

10. Have you:

a) Ever used recreational or non-prescription drugs or taken any drug other than as medically directed?

Yes No

Yes No

b) Ever tested positive for HIV/AIDS, or are you awaiting the results of an HIV test?

Yes No

Yes No

c) In the last 2 years, have you engaged in any activity reasonably expected to increase the risk of exposure to the HIV/AIDS virus?

Yes No

Yes No

11. Has your biological mother, father, or any sister or brother been diagnosed prior to age 65 with any of the following:

- | | | |
|---|--|--|
| a) Cancer? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Heart disease or heart attack? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Polycystic kidney disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) Diabetes? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e) Huntington's disease, multiple sclerosis, motor neurone disease, Parkinson's disease or any other hereditary disorder? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part E – Your payment & banking details

Step 1: How often do you want to pay?

Fortnightly on Monday Tuesday Wednesday Thursday Friday
 with 1st payment starting on (enter a date within the next 14 days)

OR Monthly on (Enter a day of your choice between 1st to 28th of each) **OR** Annually

Step 2: Payment Method

Tick one method and provide relevant details Direct Debit **OR** Credit Card **OR** Cheque

Direct Debit

Direct Debit Request: I request and authorise TAL Life Limited (User Number: 245397) to arrange, through its own financial institution, a debit to the account nominated below of any amount TAL Life Limited has deemed payable by me. I acknowledge and accept that this debit or credit will be made through the Bulk Electronic Clearing System (BECS) from my account held at the financial institution I have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Name of the financial institution

Account Name

BSB Number

Account Number

OR

Credit Card

Credit Card Payment: I authorise the debit of my premium from my Visa MasterCard

Account Name

Credit Card Number Expiry

OR

Cheque

Only available for annual payments. All cheques made payable to: TAL Life Limited

Part F – Your privacy

The privacy of Insuranceline customers is important and Insuranceline is bound by obligations imposed by current privacy laws including the Australian Privacy Principles. The ways in which Insuranceline collects, uses, secures and discloses your personal information, as well as details about how to access or correct your personal information held by us, or make a complaint in relation to privacy are set out in the Insuranceline Privacy Policy which is available at www.insuranceline.com.au/Privacy-Policy or free of charge on request to Insuranceline by contacting **1300 880 750** or customerservice@insuranceline.com.au

Collection and use of personal information

We collect personal information, including your name, age, gender, contact details, health information, salary, and employment information so that we may assess and administer our products and services to you. In certain circumstances, such as applications for life insurance products and claims, we may be required to collect personal information of a sensitive nature such as lifestyle and medical history information. If you do not supply the information that is required, we may not be able to provide our products and services to you or pay the claim.

We may take steps to verify the information we collect. For example, a birth certificate provided as identification may be verified with records held by Births, Deaths and Marriages to protect against impersonation, or we may verify with an employer regarding remuneration information provided in a claim for income protection to ensure that it is accurate.

Disclosure of personal information

We disclose relevant personal information to external organisations that help us provide our services and may also disclose some of your personal information to other parties, when required to do so to provide our products and services to you, such as the following:

- Claims assessors and investigators, claims managers and reinsurers;
- Medical practitioners (to verify or clarify, if necessary, any health information you may provide);
- Any person acting on your behalf, including your financial advisor, solicitor, accountant, executor, administrator, trustee, guardian or attorney;
- Other insurers;
- For members of superannuation funds where Insuranceline is the insurer, to the trustee, or administrator of the superannuation fund; and
- Other organisations to whom we outsource certain functions during the underwriting and claims processes, such as obtaining blood tests for underwriting purposes, rehabilitation providers, surveillance providers and forensic accountants.

There are situations where we may also disclose your personal information in circumstances where it is:

- required by law (such as to the police or Australian Tax Office), and
- authorised by law (e.g. under Court Orders or Statutory Notices).

Part G – Declaration

I/We have received a copy of the Product Disclosure Statement (PDS) and Financial Services Guide (FSG).

If my/our application is accepted, I/we authorise TAL Life Limited (TAL) to start this Policy.

I/We agree to the Terms and Conditions that apply to any Exclusions and Special Conditions listed in the Policy Schedule.

I/We understand there is a 30-day cooling-off period, so if I'm/we're not happy with the Policy I/we can, in the first 30 days, ask for a full refund of any premiums paid unless a Benefit has already been paid out under the Policy.

I/We voluntarily consent and agree for Insuranceline and TAL to offer, invite me/us to apply, or contact me/us (including via telephone where they have my/our valid consent) in relation to the products they offer (including funeral, income and funeral insurance). My/Our consent shall remain in effect in accordance with relevant law or until I/we tell Insuranceline or TAL otherwise. If I/we do not want to receive any further information on other products offered by Insuranceline or TAL, I/we need to call **1300 880 750** or write to Insuranceline, Reply Paid GPO Box 5380, Sydney NSW 2001 (no postage required) to opt out.

I/We request and authorise TAL (User Number: 245397) to arrange for the premiums for this Policy to be debited from the credit card or account nominated in this application, through the Bulk Electronic Clearing System (BECS). I/We acknowledge that this direct debit request is governed by the Insuranceline direct debit request service agreement (DDRSA) and that I/we have read and agree to the terms of the DDRSA. I/We acknowledge that these debits will appear as 'Insuranceline' on credit card or bank statements.

I/We understand that there is a duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into, varied, extended, or reinstated, and that if this duty is not met, this can have serious impacts on my/our insurance.

I/We understand that TAL will rely on the information provided in this application to decide whether to provide me/us with a Policy.

I/We understand that there may be circumstances where TAL later investigates whether the information given in this application was true (for example when a claim is made).

I/We understand that my/our medical, financial, employment and other records may be obtained by TAL to assess a claim or verify whether the information given in this application was true.

I/We confirm that I/we have understood all the questions in this application, and that my/our answers are true and complete to the best of my/our knowledge and belief.

Policy Owner 1/Life Insured 1

Sign here:	Date: dd / mm / yyyy
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Policy Owner 2/Life Insured 2

Sign here:	Date: dd / mm / yyyy
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HOW TO RETURN YOUR DOCUMENTS

 FREE Post Reply Paid GPO Box 5380, Sydney NSW 2001  FREE Fax 1800 730 099  1300 880 750 complete your policy over the phone