

Any questions?
Please call us

 **1300 880 750**

Please read the Combined Product Disclosure Statement (PDS) and Financial Services Guide (FSG) before completing this form. It will help you understand the product. The Target Market Determination (TMD) for the product is available on our website.

Please ensure all fields are completed correctly, as a mistake or misstatement can affect your policy or claim. When your application is accepted, you will receive written confirmation from Insuranceline, and you will be able to check the information you have provided again to confirm that it is accurate.

Please note that each Life Insured must be aged between 40 and 80.

Part A - Your personal details (Policy Owner and primary Life Insured)

Name	<input type="text" value="First name"/>	<input type="text" value="Surname"/>
Postal Address	<input type="text"/>	
	<input type="text" value="Suburb"/>	<input type="text" value="State"/>
		<input type="text" value="Postcode"/>
Telephone	Day <input type="text"/>	Night <input type="text"/>
		Mobile <input type="text"/>
Email Address	<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. ☐

Are you a permanent resident of Australia? Yes ☐ No ☐

Name	Date of birth	Percentage % of claim payout	Phone Number
	dd / mm / yyyy		
	dd / mm / yyyy		

Part B - Your policy details

All details you choose in Part B will apply to everyone's cover. If you would like different cover amounts and optional extras for each Life Insured please call us on **1300 880 750**.

Cover Amount \$5,000 ☐ \$7,000 ☐ \$10,000 ☐ \$12,000 ☐ \$15,000 ☐ Other Amount
((\$3,000 up to \$15,000))

Optional Extras **Accidental Death Cover** Yes ☐ No ☐

If yes, how much cover?

\$10,000 ☐ \$20,000 ☐ \$30,000 ☐ \$40,000 ☐ \$50,000 ☐ Other Amount
((\$1,000 up to \$50,000))

Value Promise

With the Value Promise, your claim payout will always be the higher amount of your Funeral Insurance Cover Amount (including any Accidental Death Cover) or **100%** of total premiums paid for Funeral Insurance.

For a lower cost option, you can reduce the Value Promise to 70% of total premiums paid.

Tick this box to select the **70%** Value Promise option. ☐

The Value Promise option chosen at the time of application will remain for the life of the policy.

Part C - Details for others (please provide details if you would like to add others to your policy)

Name Date of Birth Male ☐ Female ☐

Are you a permanent resident of Australia? Yes ☐ No ☐

Nominated Beneficiaries

Name	Date of birth	Percentage % of claim payout	Phone Number
	<input type="text" value="dd / mm / yyyy"/>		
	<input type="text" value="dd / mm / yyyy"/>		

Name Date of Birth Male ☐ Female ☐

Are you a permanent resident of Australia? Yes ☐ No ☐

Nominated Beneficiaries

Name	Date of birth	Percentage % of claim payout	Phone Number
	<input type="text" value="dd / mm / yyyy"/>		
	<input type="text" value="dd / mm / yyyy"/>		

Name Date of Birth Male ☐ Female ☐

Are you a permanent resident of Australia? Yes ☐ No ☐

Nominated Beneficiaries

Name	Date of birth	Percentage % of claim payout	Phone Number
	<input type="text" value="dd / mm / yyyy"/>		
	<input type="text" value="dd / mm / yyyy"/>		

Part D – Your payment & banking details

Step 1: How often do you want to pay?

Fortnightly on Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐
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) **OR** Annually ☐

Step 2: Payment method

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

☐ Direct Debit

Direct Debit Request: I request and authorise National Australia Bank Limited (BSB: 082057) to directly debit my premiums from my account detailed below, in favour of TAL Life Limited (User Number: 245397) using the direct debit system.

Name of the Bank/Financial Institution

Account Name

Account Number

BSB Number (Branch Number) -

OR ☐ Credit Card **Credit Card Payment:** I authorise the debit of my premium from my Visa ☐ Mastercard ☐

Expiry Date

Account Name

Account Number

Part E – Declaration (please sign below)

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 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 life 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 service agreement (DDSA) and that I/we have read and agree to the terms of the DDSA. I/We acknowledge that these debits will appear as 'Insuranceline' on credit card or bank statements.

I/We understand that Insuranceline Funeral Insurance provides Accidental Death Cover only for the first 12 months and death by any cause thereafter.

Please ensure the Policy Owner signs here:

Sign here

Date

dd/mm/yyyy

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).

How to return your documents



Reply Paid 5380, Sydney NSW 2001



claims@insuranceline.com.au