

Step 3: Income protection cover

Please note: Maximum benefit is 75% of salary or \$20,000 per month, whichever is the lesser.

No (go to Step 4)

Yes

If you are applying to join, or you are an existing member of IOOF Portfolio Service, please specify the cover you wish to apply for:

Specify cover required (mandatory information)

Income level (% of salary) 50% 66 $\frac{2}{3}$ % 75% Other (up to 75%)

Waiting period (days) 30 60 90

Benefit payment period 2 years 5 years to age 65

Superannuation contributions benefit (optional)

Do you want the Superannuation Contributions benefit? Yes No

Income level (% of salary) % (up to 10% of your Declared Earned Income, limited to the actual level of contribution made)

See IOOF Portfolio Service Fact Sheet 12: Insurance through personal super for more information.

Step 4: Health and medical history – Personal Health Statement

1. Name and address of your usual doctor

2. Details of last medical consultation with your usual doctor

Reason

Date / /

Outcome/Results

3. If you have attended that doctor for less than 12 months, name and address of previous doctor

4. (a) Within the LAST THREE YEARS have you consulted, been examined, treated by, or received advice from any doctor, psychologist, psychiatrist, counsellor, chiropractor, physiotherapist or any other health care professional (naturopath, etc.) or been in a hospital or been advised to have an operation or taken any medication, drugs, stimulants, sedatives or tranquilisers? No Yes

(b) Have you EVER had an ECG, X-ray, transfusion, mammogram, surgery or any other investigation? No Yes

(c) Have you EVER had any blood tests which revealed an abnormality e.g. raised blood sugar, liver function, renal function results, or anaemia, etc? No Yes

(d) Do you contemplate seeking any medical examination, advice, treatment or surgery, in the future? No Yes

Step 4: Health and medical history – Personal Health Statement (continued)

Please provide full details for all 'Yes' answers for Questions 4 (a), (b), (c) and (d)

Question	Dates (from/to)	Name and address of doctor, hospital or clinic	Condition, medications, treatment and time off work	Recovery %

Please attach a separate sheet if there is insufficient space.

5.1 Have you ever had, been advised that you had, or received advice or treatment for any of the following:

- | | | |
|---|-----------------------------|------------------------------|
| (a) High blood pressure, raised cholesterol, chest pain, heart attack, rheumatic fever, stroke or circulatory disorder? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (b) Bowel, stomach or intestinal problem, gallbladder or liver disease? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (c) Epilepsy, stroke, paralysis, multiple sclerosis, fainting attacks? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (d) Depression, anxiety, panic attacks, stress, chronic fatigue or any mental or nervous condition? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (e) Diabetes, sugar in urine, pancreatic or thyroid problem? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (f) Cancer, tumour, melanoma, sunspots, mole or growth of any kind? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (g) Disease, injury or disorder of joints, neck, back or bones, gout, arthritis or a repetitive strain injury or tendonitis? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (h) Impairment of sight, hearing or speech? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (i) Asthma, bronchitis, any lung complaint? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (j) Leukaemia, haemochromatosis, any blood problems? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (k) Kidney, bladder problems? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (l) Psoriasis, eczema, any skin problem? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (m) Any other disability, congenital abnormality, deformity or symptoms of ill health, illness or injury? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (n) To the best of your knowledge, do you, or any of your current or past sexual partners, have HIV/AIDS, or are you experiencing any unexplained night sweats or unintentional weight loss, or do you/have you engaged in any activity/ies reasonably accepted as having an increased risk of exposure to the virus? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

Females only

- | | | |
|---|-----------------------------|------------------------------|
| (o) Have you ever had gynaecological conditions (e.g. endometriosis, abnormal pap smear, etc.)? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (p) Have you ever had any complications of pregnancy or childbirth? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (q) Are you currently pregnant? If 'Yes' when is the expected delivery Date <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (r) Have you ever had a breast lump (even if you have not seen a doctor about it)? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

Please provide details for all 'Yes' answers in Step 5: Additional medical information

Step 4: Health and medical history – Personal Health Statement (continued)

5.2 Please give details of your family history

Relative	Living relatives		Deceased relatives	
	Current age	Specify current state of health	Age at death	Specify cause of death
Mother				
Father				
Sisters				
Brothers				

5.3 Have any of your immediate family (living or deceased) suffered from diabetes, heart disease, cancer, kidney disease, high blood pressure, mental problems or breakdown, haemophilia, Huntington's Chorea or any hereditary disease?

No Yes

If 'Yes', please provide full details

Step 5: Additional medical information

Please provide details for all 'Yes' answers in 5.1 (a) to (r). Please complete on a separate sheet if required.

Question

Specific condition

(a) Date symptoms first started and description of symptoms?		
(b) What was the condition and which part and side of the body was affected?		
(c) What was the medical diagnosis including results of x-rays and investigations?		
(d) What was the frequency (daily, weekly, etc.) of attacks or symptoms?		
(e) What was the severity (mild/moderate/severe) and duration of attacks or symptoms?		
(f) How long were you unable to work or perform your normal duties/activities?		
(g) If a hospital visit was required, please provide date and duration of your stay.		
(h) What advice/treatment did you receive?		
(i) Are you still receiving treatment? If so, please advise nature and frequency of treatment?		
(j) Date treatment/medication ceased.		
(k) When did you last suffer from any symptoms?		
(l) Degree of recovery (%)		
(m) Please supply the name and address of all doctors, hospitals or other practitioners consulted.		

Step 6: Additional details

- 6.1 Is this an increase? No Yes
- 6.2 Have you ever held or applied for any life, disability, accident and sickness or trauma insurance, that was declined, postponed, premium increased or modified, or had a current policy cancelled or renewal refused? No Yes
- 6.3 Have you claimed on any type of disability, trauma, accident and sickness or such benefits as Workers' Compensation or Motor Vehicle Third Party? No Yes
- 6.4 Do you have, or are you applying for, any other life or disability cover? No Yes

If 'Yes' to 6.2, 6.3 and/or 6.4, please provide full details below

Name of company	Cover type	Sum insured	Date of application	Accepted/loaded/ exclusion/declined	To be replaced?

- 6.5 Do you drink alcohol? No Yes

If 'Yes', state type and daily quantity

- 6.6 Have you smoked in the last past 12 months? No Yes

If 'Yes', state type and daily quantity

- 6.7 Have you ever used or injected yourself with any drug not prescribed by a doctor, or received counselling or treatment for the use of alcohol or drugs? No Yes

If 'Yes', please provide full details

- 6.8 Do you currently, or do you intend to engage in any hazardous pastime and/or sporting activity such as aviation (other than as a fare paying passenger travelling over recognised routes), motor racing, diving, football, parachuting, hang-gliding or any other extreme sport? No Yes

If 'Yes', please complete Step 7

- 6.9 Do you intend travelling outside Australia within the next 2 years? No Yes

If 'Yes', please provide details below (where, when, duration and reason)

- 6.10 Are you an Australian or New Zealand citizen? No Yes

- 6.11 Do you hold an Australian Permanent Resident's Visa? No Yes

If 'No' to either 6.10 or 6.11, please provide details

Step 8: 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 also have a duty, under the terms of the Fund's Trust Deed, to disclose to IOOF, as Trustee, 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 IOOF and TOWER before you extend, vary or reinstate a contract of life insurance. Your duty however, does not require disclosure of a matter:

- That diminishes the risk to be undertaken by the Insurer.
- That is of common knowledge.
- That the Insurer knows or, in the ordinary course of his business, ought to know.
- Disclosure of which is waived by the Insurer.

The duty of disclosure applies even after this Application is completed until the Insurer advises acceptance 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 life insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for 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.

All questions on this Application are relevant as to whether or not the Insurer accepts the risk and, if so, on what terms.

Step 9: Privacy statement

Privacy laws protect your privacy. The way in which IOOF and TOWER collect, use, disclose and handle your information is described in the IOOF Investment Management Limited ABN 53 006 695 021 (IOOF) and the TOWER Australia Limited (TOWER) ABN 70 050 109 450 Privacy Policies.

IOOF and TOWER may collect, use or disclose your personal information (including health and sensitive information) to assess, verify and process your application and any claim made. Any information, including health and sensitive information, collected by TOWER is collected on behalf of IOOF and is used by TOWER to assess applications for insurance and claims that may be made under the Trustee's Group Life Policies with TOWER. Such information is collected directly by TOWER to enable expeditious underwriting and claims assessment by TOWER and may be disclosed by TOWER to IOOF. IOOF and TOWER may collect or disclose information relating to you or your application or any claims you may make to or from each other and a range of services including: financial advisers, re-insurers, past or present medical practitioners, health professionals, hospitals, government department(s) which retain health records or as part of our regulatory requirements, personal accountants, current or former employers, lawyers, claim investigators and other third party service providers, and each other.

If this information is not provided, your application for insurance or an insurance claim may not be processed. You have a right to access any personal information held about you unless IOOF or TOWER is legally entitled to deny access.

If you want to know more about IOOF's or TOWER's approach to privacy, please contact IOOF on **1800 062 963** or TOWER on **1800 226 364**.

Step 10: Applicant declaration and signature

- I acknowledge that I have read the notice explaining my duty of disclosure to IOOF and TOWER in Step 8 and understand that this duty also applies until formal notification of acceptance by IOOF. I have read and checked any answers not completed in my handwriting and to the best of my knowledge and belief all the answers to the questions in this application which relate to me are true and correct and no information material to the assessment of this insurance has been withheld.
- I authorise and direct any medical or other practitioner to divulge at any time to IOOF and TOWER or to any lawfully constituted tribunal any and all information concerning my state of health and medical history, acquired in the course of professional attendance or consultation. A photocopy of this authority is as effective and valid as the original. To this extent, all professional confidence and privilege is waived.
- I consent to my personal information (including health and sensitive information) being collected, used and disclosed by IOOF and TOWER to each other and to their external service providers/contractors as contemplated in this form, including collecting it from, or disclosing it to, any medical practitioner or third party as required to assess, verify or process my application or any claim I may make. This consent applies to any health and sensitive information IOOF and TOWER collect on this form or future forms in relation to this insurance.
- If you have provided IOOF and TOWER with information about another person, you will advise that person that:
 - each of IOOF and TOWER collect, hold and use the personal information for the purpose set out in their respective privacy statement;
 - the person's personal information may be disclosed to a third party; and
 - the person may access or correct any personal information held about them.

Signature

Date / /

Please sign and return this form by post to:

IOOF Portfolio Service, Reply Paid 264, Melbourne, VIC 8060

Enquiries: 1800 062 963

Fax: 1800 558 539

Trustee: IOOF Investment Management Limited, ABN 53 006 695 021, AFS Licence No. 230524