



This form is to be used if the applicant is applying for Death and Total and Permanent Disablement cover only up to and including \$1.5 million. TAL Life Limited ABN 70 050 109 450 AFSL 237848 (TAL) is the insurer of the Policy.

To be completed by the proposed Life Insured. Please avoid delays by checking that all questions have been answered fully and where appropriate use BLOCK LETTERS.

LIFE INSURED'S DUTY OF DISCLOSURE

Before you enter into a life insurance contract, you have a duty to tell TAL anything that you know, or could reasonably be expected to know, may affect its decision to insure you and on what terms.

You have this duty until TAL agrees to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell TAL anything that:

- reduces the risk TAL insures you for; or
- is common knowledge; or
- TAL knows or should know as an insurer; or
- TAL's waive your duty to tell it about.

If you do not tell TAL everything you should have, this may be treated as a failure by the Participating Trustee to tell TAL something that they must tell TAL.

In exercising the following rights, TAL may consider whether different types of cover can constitute separate contracts of life insurance. If they do, TAL may apply the following rights separately to each type of cover.

If you do not tell TAL anything you are required to, and TAL would not have insured you if you had told us, TAL may avoid the contract within three years of entering into it.

If TAL chooses not to avoid the contract, it may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told TAL everything you should have. However, if the contract has a surrender value, or provides cover on death, TAL may only exercise this right within three years of entering into the contract.

If TAL chooses not to avoid the contract or reduce the amount you have been insured for, TAL may, at any time vary the contract in a way that places it in the same position it would have been in if you had told TAL everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

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

YOUR PRIVACY

The way in which we collect, use and disclose your personal and sensitive information is explained in our Privacy Policy. Our Privacy Policy is available at www.tal.com.au/privacy-policy or is free of charge on request.

Our Privacy Policy contains details about the following:

- the kinds of personal information that TAL collects and holds;
- how TAL collects and holds personal information (including sensitive information);
- the purposes for which TAL collects, holds, uses and discloses personal information (including sensitive information);
- how our customers may access personal information about them which is held by TAL and how they can correct that information; and
- how we deal with any complaints that our customers may have regarding privacy issues.

Personal and sensitive information may be collected from or in respect of you to enable us to provide or arrange for the provision of this product or service. We may request further personal information in the future, for example, if you want to make a claim and we need to collect health or financial information. If you do not supply the required information, we may not be able to provide the requested product or service or pay the claim.

In processing and administering your insurance (including at the time of claim) we may disclose your personal information to other parties such as organisations to whom we outsource our mailing and information technology, Government regulatory bodies and other companies within the TAL Group and accountants (if applicable). We may also disclose your personal information (including health information) to other bodies such as reinsurers, health professionals, investigators, lawyers and external complaints resolution bodies.

Generally we do not use or disclose any customer information for a purpose other than providing our products and services unless:

- you consent to the use or disclosure of the customer information; or
- the use or disclosure is required or authorised under an Australian law or a court/tribunal order; or
- the use or disclosure of the information is reasonably necessary for one or more enforcement related activities conducted by, or on behalf of, an enforcement body e.g. the police.

From time to time TAL or its related parties or business partners may wish to contact you to provide you with information about other products and services in which you may be interested. If you prefer not to receive direct marketing communications from our organisation or if you would prefer to receive telephone calls at certain times or days then please contact us.

We rely on the accuracy of the information you provide. If you think that we hold information about you that is incorrect, please let us know.

Additional information about privacy rights and law can be found at the website of the Privacy Commissioner at <http://www.oaic.gov.au/> including sensible steps that individuals can take to protect their information when dealing with organisations and when using modern technology.

May we contact you directly to clarify or gather further information in relation to this application?	
No <input type="checkbox"/>	Yes <input type="checkbox"/> → provide daytime contact number
Phone number <input type="text"/>	Best time of day to call: am/pm <input type="text"/>

1. LIFE INSURED'S DETAILS

Title Mr Mrs Miss Ms Other

Last Name Given Names

Date of birth Gender Female Male

2. OCCUPATION DETAILS

2.1 Occupation

Occupation

Industry

Employer

2.2 How long have you worked in your current role?

Years Months

2.3 How many years' experience have you had in this occupation?

Years Months

2.4 Do you intend to change your current occupation or take a leave of absence?

No Yes → provide details

2.5 Describe all present duties and the percentage of time in each, including the percentage of time spent in manual work/supervision of manual work

Duties

% Manual work % Supervision of manual work

2.6 Income

Employee only:

What is your current annual income (including packaged items but excluding bonuses/commissions)?

\$

Self-employed only:

What income did you earn from your personal exertion in the last 12 months (after deduction of business expenses)?

\$

3. GENERAL DETAILS

3.1 Are you a permanent resident of Australia?

Yes No → provide details, including details of visa, length of time in Australia, intention to apply for permanent residency and where you are resident.

3.2 Have you any intention to travel or reside overseas in the next 12 months?

No Yes → provide details including when, where, reason for travel and duration of stay

Empty text box for providing details regarding travel or residence overseas.

3.3 Are you in receipt of or have you ever made a claim for injury or sickness benefits, disablement insurance or such benefits as Workers' Compensation, Veteran Affairs, Social Security or Motor Vehicle Third Party Scheme?

No Yes → provide details

4. INSURANCE APPLICATION DETAILS

Amount of death cover you are applying:

\$

Amount of Total and Permanent Disablement cover you are applying:

\$

4.1 Is this an increase?

Yes No

4.2 Have you ever held or applied for any life, disability, accident & sickness or trauma insurance, that was declined, postponed, had the premium increased or modified, or had a current policy cancelled or renewal refused?

Yes No

4.3 Have you claimed on any type of disability, trauma, accident and sickness or such benefits as Workers' Compensation or Motor Vehicle Third Party?

Yes No

4.4 Do you have or have you recently applied for any life, Total and Permanent Disablement disability and/or trauma insurance with any company, including TAL? (If additional space required please attach a separate page).

No Yes → Provide details

Empty text box for providing details regarding insurance applications.

4.5 Policy 1

Company

Type of policy

Date commenced Issued amount \$

To be replaced by this application No Yes → If Yes, please complete Individual Insurance Transfer Application form.

4.6 Policy 2 (if applicable)

Company

Type of policy

Date commenced Issued amount \$

To be replaced by this application No Yes → If Yes, please complete Individual Insurance Transfer Application form.

5. PERSONAL HEALTH STATEMENT

Please ensure FULL completion of doctor details to prevent unnecessary delays

Name of usual doctor or the last doctor attended if no usual doctor

Address of doctor

Suburb State Postcode

How long have you known this doctor? Years Months

Date of last consultation

Reason for last consult

Results of last consult

Degree of recovery %

5.1 What is your current height and weight

Height or

Weight or

5.2 Have you smoked tobacco or any other substance within the last 12 months?

No Yes → provide type and quantity per day

5.3 Do you consume alcohol?

No Yes → how many standard drinks do you consume per day?

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

- A. Chest pain, high blood pressure, raised cholesterol, stroke or circulatory disorder? Yes No
- B. Diabetes, hepatitis or any other kidney, liver or gall bladder disease? Yes No
- C. Asthma, bronchitis or other lung complaint? Yes No
- D. Back, neck or knee complaint or any disorder of the joints, bones or muscles (e.g. gout, arthritis)? Yes No
- E. Depression, anxiety, stress, mental or nervous condition or chronic fatigue? Yes No
- F. Cancer, tumour, melanoma, sunspots, mole or growth of any kind? Yes No

5.5 Other than listed in question 5.4 above, have you in the last three years had any examination, blood test, X-ray or ECG?

Yes No

5.6 Other than listed in question 5.4 above, in the last three years have you sought medical advice or treatment from a doctor or other health professional, or taken any regular prescribed medication other than for colds or flu?

Yes No

If you answered yes to any of questions 5.4 to 5.6 please provide full details, if additional space required please attach a separate page.

Question no.	Illness, injury or tests	Date commenced	Time off work	Degree of recovery %	Full details of treatment including date of last symptoms
		DD / MM / YYYY			
Full name and address of doctor or hospitals consulted					
Question no.	Illness, injury or tests	Date commenced	Time off work	Degree of recovery %	Full details of treatment including date of last symptoms
		DD / MM / YYYY			
Full name and address of doctor or hospitals consulted					

6. FAMILY HISTORY

Have any parent, brother or sister, living or deceased, had Alzheimer's disease or dementia, cancer (type and site), diabetes, familial polyposis, heart disease, stroke, Huntington's chorea, mental disorder, multiple sclerosis, muscular dystrophy, polycystic kidney disease, or any other hereditary disorder before the age of 65 ?

No Yes → Provide details

Mother Father Sister Brother

Condition Age Diagnosed Age at death (if applicable)

Mother Father Sister Brother

Condition Age Diagnosed Age at death (if applicable)

Mother Father Sister Brother

Condition Age Diagnosed Age at death (if applicable)

Mother Father Sister Brother

Condition Age Diagnosed Age at death (if applicable)

7. AIDS DECLARATION

Have you been infected with HIV (Human Immunodeficiency Virus) or are you carrying the antibodies to this virus, or

Are you suffering from AIDS (Acquired Immune Deficiency Syndrome) or any AIDS related conditions, or

Have you in the past five years participated in, or do you, or do you intend to participate in, any activity that increases your chance of contracting HIV?

Examples include but are not limited to sex with an intravenous drug user, sex without a condom with a sex worker, unprotected anal intercourse (except in a monogamous relationship where both persons in the relationship have not had sex with anyone else for at least three years)?

No Yes

8. SPORTS AND PASTIMES

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 on a commercial airline), football, scuba diving, motor sports, trail bike riding or rock climbing?

No Yes → provide full details (if additional space required please attach a separate page)

DECLARATIONS

By signing this form:

- I have read and understood the Duty of Disclosure as detailed on page one of this form and understand that this duty also applies until formal notification of acceptance. I understand that TAL will rely on my answers in this statement in deciding whether to accept my application and that the insurance applied for shall not become effective until TAL accepts my application.
- I have read and checked all answers in this statement, including those not completed in my handwriting, and to the best of my knowledge and belief all answers in this statement are true and correct.
- I authorise and direct any medical practitioner or other professional to disclose at any time information they possess in relation to my insurance, including my state of health and medical history, to TAL or any organisation duly appointed by TAL or to any lawfully constituted tribunal. To this extent, all professional confidence and privilege is waived. A photocopy of this authority is valid and may be treated as if it was the original.
- I authorise TAL or any organisation duly appointed by TAL to disclose my personal information (including health and sensitive information) in relation to my application for insurance to any person for the purpose of assisting TAL to assess and verify the information provided and make a decision in relation to my application for insurance.
- I have read and understood the Privacy Statement and I agree to the collection and use of personal information about me in accordance with the way that TAL handles personal information which is set out in the Privacy section of this form.
- I have received and read the Product Disclosure Statement in making my decision to apply for this insurance cover.

Name of
applying life insured

Signature of
applying life insured

Date

DD / MM / YYYY

Enquiry:

Phone: 1800 130 869

Email: corporateadmin@tal.com.au

Please send the completed form to:

TAL Life Limited

Group Life Insurance

GPO Box 5380 Sydney, NSW 2001