

## Alteration to non-smoker

Where a health condition has occurred since the insurance cover commenced, for which smoking or nicotine product use is a risk factor, non-smoker rates may not be available.

Application or Policy number(s)



### Your duty of disclosure

When you apply for a life insurance policy, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

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

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an Insurer; or
- we waive your duty to tell us about.

If someone other than you will be the life insured under the policy, any failure by that person to comply with the above duty will be treated as failure by you.

If you request life insurance inside super, the Trustee obtains this insurance from us in relation to you. In this circumstance, we rely on the disclosures that you or the Trustee makes to us.

### If you do not tell us something

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

If you do not tell us anything you are required to, and we would not have insured you if you had told us, we may avoid the policy within 3 years of entering into it.

If we choose not to avoid the policy, we 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 us everything you should have. However, if the policy provides cover on death, we may only exercise this right within 3 years of entering into the policy.

If we choose not to avoid the policy or reduce the amount you have been insured for, we may, at any time vary the policy in a way that places us in the same position we would have been in if you had told us everything you should have. However, this right does not apply if the policy provides cover on death.

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

### 1. Life Insured's details

Title

Mr  Mrs  Miss  Ms  Other

First name

Middle name

Family name

Date of birth (DD/MM/YYYY)

Email address (Please provide your email so notices relating to your application can be sent to you)

Home telephone

Business telephone

Mobile phone number

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## 1. Life Insured's details (continued)

### Residential address (your residential address cannot be a PO Box)

Unit number	Street number	Street name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Postal address

Same as residential

PO Box number	Unit number	Street number	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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## 2. Policy Owner(s) details

### Policy Owner 1 (primary contact for correspondence)

Tick this box if Policy Owner 1 is the same as the Life Insured. If not, fill in the details below.

First name	Family name
<input type="text"/>	<input type="text"/>

Company name/Trustee/Self-managed super fund trustee

Email address (Please provide your email so notices relating to your application can be sent to you)

Home telephone	Business telephone	Mobile phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Postal address

PO Box number	Unit number	Street number	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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### Policy Owner 2

First name	Family name
<input type="text"/>	<input type="text"/>

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### 3. Personal statement

**1. Have you smoked tobacco, e-cigarettes or any other substance or used any nicotine-containing product in the last 12 months?**

- Yes  Non-smoker rates are not available  
No  Please go to question 2

**2. Did you cease smoking on medical advice or due to a medical condition?**

- Yes  Please provide full details in the box below  
No  Please go to question 3

**3. Since the date of the original application, have you had any heart complaint, high blood pressure, stroke, vascular disorder, cancer, lung or respiratory complaint?**

- Yes  Please provide full details in the box below  
No

	Medical condition	When did it start?	Treatment given	Name and address of attending person
1				
2				
3				

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### 4. Medical authority

I hereby authorise any medical practitioner, hospital, clinic or other person (including any life insurance company or underwriter to disclose to MLC Limited or any third party engaged by us full details of my health, medical history or any other information, for the primary purpose of assessing my application or managing my policy. A photocopy of this authority should be accepted as my personal authority.

Life Insured's full name

Maiden name (if applicable)

Date of birth (DD/MM/YYYY)

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**Signature of Life Insured**

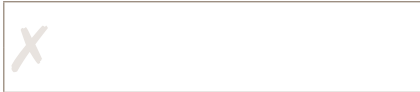
	Date (DD/MM/YY)									
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## 5. Declaration

I understand and agree that:

- until MLC Limited accepts this application and issues a revised schedule, I have a duty to disclose every matter which I know, or could reasonably be expected to know, is relevant to MLC Limited accepting this application and that if I fail to comply with my duty of disclosure MLC Limited may (as permitted by law) avoid the policy or reduce the benefits under it;
- the answers to the questions above are true and complete;
- if any answers to the questions are not in my own handwriting, I certify that I have checked them and they are correct; and
- I consent to notices relating to my application to be sent to the email address or the mobile number provided by me and I acknowledge that my personal and sensitive information may be sent to that email address.

### Signature of Life Insured

	Date (DD/MM/YY)							
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### Signature(s) of Policy Owner(s) (if different from the Life Insured)

- If the trustee(s) of a self managed super fund are individuals then all individuals are required to sign.
- Parent or Guardian if Life Insured is under 16 years of age.
- In the case where the Policy Owner or trustee is a Company:
  - (a) two directors or a director and company secretary are to sign; or
  - (b) in the case of a sole director proprietary company only, the sole director is to sign. The director must indicate that he/she is the sole director and sole secretary of the company by ticking the sole director and sole secretary box.

Name

Signature of Policy Owner

	Date (DD/MM/YYYY)									
	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									

Name

Signature of Policy Owner

	Date (DD/MM/YYYY)									
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Sole director and sole secretary (indicate by ticking box)

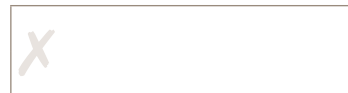
Name

Signature of Policy Owner

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Name

Signature of Policy Owner

	Date (DD/MM/YYYY)									
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Sole director and sole secretary (indicate by ticking box)

## 6. Send us your form

Please mail your completed, signed and dated form to us at:

**MLC Life Insurance**  
**PO Box 200**  
**North Sydney NSW 2059**

If you have any questions, please contact your financial adviser or call us on **132 652** any business day between 8.00 am and 6.00 pm (AEST/AEDT).