

Insurance Transfers Underwriting Questionnaire

Information sheet

When to use this form

Use this questionnaire to transfer your existing insurance to an Elevate insurance plan. You can also use this questionnaire to transfer existing insurance to increase your existing Firstcare- Lifetime Protection policy.

You can only use this questionnaire for transfers of:

- Life, Total and Permanent Disability and Trauma policies that have been in force for between five to 10 years.
- Income insurance policies that have been in force for less than 10 years.

Note: Please use the relevant **insurance transfers underwriting questionnaire** available at amp.com.au/forms for insurance transfers to:

- SignatureSuper - Lifetime Protection
- SignatureSuper - Firstcare Protection
- Signature Super - Super Protection

Eligibility Criteria

If any of the following apply on the cover you are transferring then you are not eligible to use this form and a full personal statement will need to be completed:

- full underwriting not previously completed on the policy being transferred, or
- have previously claimed on any Resolution Life insurance product, or
- a loading exceeding 100% applies, or
- a loading exceeding \$2.50 per mille applies, or
- there are more than two exclusions, or
- where there is a combination of a;
 - loading of 50% and two or more exclusions, or
 - loading exceeding 50% and one or more exclusions, or
 - a per mille loading of \$2.50 or less and one or more exclusions, or
 - a per mille loading of \$2.50 or less and a percentage loading

! For more information refer to the **Transferring cover across Resolution insurance products** guide.

Important information for applicants

! Please read these instructions carefully before starting this application.

Before you start

Before you complete this questionnaire, you should be aware that your financial adviser is obliged to have provided you with the **product disclosure statement (PDS)** and other information relevant to special offers and/or member discounts for the product(s) you are applying for.

The PDS contain important information to help you understand the product and to decide whether it is appropriate to your needs.

We rely on what you tell us

Before we decide to issue a plan, we need to know exactly what the risk is that we are to insure and how likely you would be to make a claim.

What you need to tell us

When you apply for insurance

When you apply for insurance, the insurer conducts a process called underwriting. It's how we decide whether we can cover you, and if so on what terms and at what cost.

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 Not to Make a Misrepresentation

! Read this if you are applying for insurance as the policy owner, if you will be an insured person under a policy owned by someone else, or if you will be an insured person under a superannuation plan.

Your legal duty

When you apply for insurance and up until your application is accepted by the insurer, there is a legal Duty to Take Reasonable Care Not to Make a Misrepresentation to the insurer.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

You have the same duty if anything changes, or you remember more information, while we're processing your application.

If you want to change your insurance cover at any time, extend it or reinstate it, you'll also have the same Duty to Take Reasonable Care Not to Make a Misrepresentation to the insurer at that time.

You are responsible for all answers given, even if someone assists you with your application.

We may later investigate the answers given in your application, including at the time of a claim.

Where a **policy** owned by one person covers the life of another person, it's important that the other person does not make a misrepresentation when providing information to the insurer. If the other person does make a misrepresentation, then it may be treated as a failure by the owner of the **policy** in their Duty to Take Reasonable Care Not to Make a Misrepresentation. Therefore, you must take reasonable care not to make a misrepresentation when giving us information whether you're the owner of the **policy** or an **insured person** under it.

If you do not meet your legal duty

If you do not meet your Duty to Take Reasonable Care Not to Make a Misrepresentation, 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.

If there is a failure to comply with the Duty to Take Reasonable Care Not to Make a Misrepresentation, there are different remedies that may be available to the insurer. These are set out in the Insurance Contracts Act 1984 (Cth). These are intended to put the insurer in the position it would have been in if the duty had been met. Therefore, if the person who answers our questions does not take reasonable care not to make a misrepresentation, it can have serious consequences for your insurance, such as those explained below:

- we may **treat the contract (or your cover) as if it never existed**.
- we may **reduce the amount you've been insured for** – to reflect the premium you've been paying. There is a link between the premium you pay and your level of cover. If you fail to tell us something, your premiums may have been too low. The insurer may reduce the amount you've been insured for, taking into account the premium you would have had to pay if you'd told us everything you should have. For Death cover the insurer can only reduce the amount you've been insured for within three years of your cover starting.

- we may **vary your cover** – to take into account the information you didn't tell us and put the insurer in the same position as it would've been if you'd told us. Variations could mean, for example, that waiting periods, exclusions or premiums may be different. The insurer can't make variations to Death cover.

Your total insurance cover forms one insurance contract. If you don't meet your legal duty, the insurer may treat your different types of cover as separate contracts when it takes action to address this.

Whether the insurer can exercise one of these remedies depends on a number of factors, including:

- whether the person who answered our questions took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances. This includes how clear and specific our questions were and how clear the information we provided on the duty was;
- what the insurer would have done if the duty had been met – for example, whether the insurer would have offered cover, and if so, on what terms;
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before we exercise any of these remedies, we will let you know our reasons and the information we rely on and give you an opportunity to provide an explanation.

If we decide to exercise one of these remedies, we will advise you of our decision and the process to have this reviewed or make a complaint if you disagree with our decision.

Guidance for answering our questions

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 that we ask you.
- Do not assume that we will contact your doctor for any medical information.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it or check with us.
- Review your application carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and make corrections if needed) before the application is submitted.

Changes before your cover starts

Before your cover starts, we may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

After your cover starts

If, after the cover starts, you think you may not have met your duty, please contact us immediately.

Genetic test approach

You only need to tell us about any genetic testing you've had or have consented to have if the total combined sum insured with all life insurers for the insurance being applied for is over:

- \$500,000 life cover
- \$500,000 total and permanent disability cover (TPD)
- \$200,000 trauma / critical illness cover, or
- \$4,000 a month income protection cover, salary continuance cover or business expenses cover.

You can choose to tell us about a genetic test that you have had where the result was favourable. However, you must tell us if you're experiencing symptoms of, or are having treatment for, a medical condition including any genetically inherited condition. You must also tell us of any family history of a medical condition as asked for in the relevant question in this form.

Note: Resolution Life complies with the Moratorium on Genetic Tests. A copy of the moratorium is available in the Life Insurance Code of Practice cali.org.au/life-code.

Privacy – use and disclosure of personal information

The privacy of your personal information is important to you and also to us. We may collect personal information directly from you or your financial adviser. We may also collect personal information if it is required or authorised by law, including the *Superannuation Industry (Supervision) Act 1993*, the *Corporations Act 2001* and the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF).

Our main purpose in collecting personal information from you is so we can establish and manage your plan. If you choose not to provide the information necessary to process your application, then we may not be able to process it. We may also use this information for related purposes—for example, enhancing customer service and product options and providing you with ongoing information about opportunities that may be useful for your financial needs through direct marketing.

These may include investment, retirement, financial planning, banking, credit, life and general insurance products and enhanced customer services that may be made available by us, other members of the Resolution Life Group, or by your financial adviser.

If, at any time, you do not want to receive this information, you can opt out by telephoning our Customer Service Centre on 133 731 and quoting your plan number.

If you're applying for the Life Insurance Superannuation Plan or the Income Insurance Superannuation Plan, we will also use this information to assess your application for, and manage your membership of, the National Mutual Retirement Fund (NMRF) or the Wealth Personal Superannuation and Pension Fund. We will only use information about your dependants in the event of your death.

We usually disclose information of this kind to:

- other members of the Resolution Life Group
- your financial adviser or broker (if any)
- the owner of the plan
- your parent or guardian, if you are under age 18

- external service suppliers who may be located in Australia or overseas, who supply administrative, financial or other services to assist the Resolution Life Group in providing you with services. A list of countries where these providers are likely to be located can be accessed via our privacy policy.
- the Australian Transaction Reports and Analysis Centre (AUSTRAC) where required by our anti-money laundering compliance plan
- the Australian Taxation Office (ATO) to conduct searches on the ATO's Lost Member Register for lost super
- anyone you have authorised or if required by law.

If sensitive information, such as health information is collected in relation to this financial product, then additional restrictions apply. Resolution Life may collect health information using a third party provider. The primary purpose for obtaining this health information is for the insurer, Resolution Life, to assess your application for new or additional insurance. Resolution Life may also use this information for directly related purposes—for example, deciding whether more information is needed, arranging reinsurance, assessing further applications and processing claims. Resolution Life may disclose your health information to:

- the financial adviser or broker responsible for the plan
- your parent or guardian, if you are under age 18
- the trustee
- the owner of your personal insurance plan (if applicable)
- Resolution Life's reinsurers
- medical practitioners
- any person Resolution Life considers necessary to help either assess claims or resolve complaints
- anyone you have authorised or if required by law.

If you are an insured person, aspects of your health information may be provided to the owner of your plan in resolving terms of acceptance or if the standard plan rates are varied.

If you are an insured person, Resolution Life and/or its health screening provider may also speak to a third party for the sole purpose of arranging a health screening appointment. This third party may include a spouse, family member, personal assistant, financial adviser or other relevant party.

Under the current Resolution Life privacy policy you may access personal information about you held by the Resolution Life Group.

The Resolution Life privacy policy sets out the Resolution Life Group's policies on management of personal information, including information about how you can access your personal information, seek to have any corrections made on inaccurate, incomplete or out-of-date information, how you can make a complaint about privacy, and information about how we deal with such complaints. The Resolution Life privacy policy can be obtained online at resolutionlife.com.au or by calling our Customer Service Centre on 133 731.

Definitions in this application

'Person to be insured' is the person whose life, health or income is to be insured under this application.

'Adviser' refers to the financial adviser who is guiding you to complete this application.

'Plan owner' refers to the person who owns the plan. In many cases, the Plan owner is the same person as the Person to be insured. However, a Plan owner can apply to take out insurance on a different person. Where applying for the Life Insurance Superannuation Plan or the Income Insurance Superannuation Plan, the Plan owner is Equity Trustees Superannuation Limited as trustee of the NMRF and the Wealth Personal Superannuation and Pension Fund.

If the Plan owner is an SMSF the trustee of the SMSF will be responsible for providing information and meeting the requirements under the *Superannuation Industry (Supervision) Act 1993* (SIS).

'You' either refers to the Plan owner under the plan or the Person to be insured, where indicated.

'We/Us' refers to the underwriter, Resolution Life Australasia Limited. The only exception to this is where you sign declarations, in which case, 'I/We' refers to the proposed Plan owner or the Person to be insured, as indicated.

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Please keep this information sheet for your records
—don't return it with your completed form(s).

Insurance Transfers Underwriting Questionnaire

Use this questionnaire to transfer your existing insurance to an Elevate insurance plan. You can also use this questionnaire to transfer existing insurance to increase your existing Firstcare- Lifetime Protection policy.

Subject to meeting eligibility criteria, you can only use this questionnaire for transfers of:

- Life, Total and Permanent Disability and Trauma policies that have been in force for between five to 10 years.
- Income insurance policies that have been in force for less than 10 years.

! Once you complete this questionnaire you need to complete the relevant application form (minus the personal statement), and submit both forms together. Any existing loadings or exclusions will be applied to the new cover. You are requested to supply answers to the below questions truthfully, accurately and completely.

How to complete the questionnaire:

Life and/or Trauma > Complete sections **1, 2, 3, 4, 7 and 8**

Total and Permanent Disability > Complete sections **1, 2, 3, 4, 5, 7 and 8**

Income insurance > Complete sections **1, 2, 3, 4, 5, 6, 7 and 8**

Please print in CAPITAL LETTERS and place a cross in any applicable boxes.

1. Personal details

Insured person's details

Existing policy number(s)

Title Surname Given name(s)

Residential address Suburb State Postcode

Contact phone number Mobile number Hours you can be contacted

Date of Birth Email address

Insurance details

1. Have you ever lodged or are you planning to lodge a claim on your life for terminal illness, disability or trauma insurance under any life insurance policy, superannuation fund or workers' compensation? No Yes

If **yes**, please provide full details (eg type of claims and condition claimed for):

2. Has any insurer ever indicated that they would not offer you insurance, apply restrictions or exclusions or charge you extra for your insurance? No Yes

If **yes**, please provide full details:

1. Personal details (continued)

Insured details (continued)

3. Other than this application, are you covered by, or are you applying for income insurance **with any other company**? No Yes Not sure

Note: This includes benefits under superannuation, business or credit insurance or benefits provided by an employer.

If **yes**, please complete the table below:

Name of company	Type of cover	Monthly benefit (\$)	Waiting period	Benefit period	Date commenced	To be replaced?
						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes

2. Health details

4. What is your: Height Weight
5. In the last 12 months have you smoked or used any sort of tobacco products (including e-cigarettes or nicotine replacement products)? No Yes

- Cigarettes Quantity per: day week month
- Tobacco pipes Quantity per: day week month
- Cigars Quantity per: day week month
- Nicotine replacement products or e-cigarettes (if so please complete **5i** and **5ii**)
- E-cigarettes (if so please complete **5i** and **5ii**)

Other Please specify:

- i. How often are or were these nicotine patches, e-cigarettes or other nicotine products used, replaced or refilled?

- ii. What strength mgs

6. Have you ever had any medical advice, investigation or treatment for any of the following:

Important: Please refer to the **genetic test approach** in the **information sheet** when answering this question.

- No Yes
- a. Chest pain or disorder or disease of the heart? No Yes
- b. Stroke or disorder or disease of the brain? No Yes
- c. Multiple sclerosis, peripheral neuropathy or neurological or nervous system disease or disorder? No Yes
- d. Cancer, melanoma or malignant tumour? No Yes
- e. HIV or AIDs or hepatitis? No Yes
- f. Diabetes or disease or disorder of the kidney, bowel or liver? No Yes
- g. **Back or neck** disorder, injury or pain, arthritis, chronic fatigue syndrome or any other **disease or disorder of the muscles or joints**? No Yes
- h. Chronic pain or tiredness? No Yes
- i. **Panic attacks, anxiety, depression** or any other **mental health disorder**? No Yes
7. Do you have any other disease or disorder that has lasted more than four weeks or is of an ongoing nature? No Yes
8. Other than for the disorders mentioned above, have you been prescribed or advised to take medication on a regular or ongoing basis (excluding contraception) or been told to undergo regular screening? No Yes
9. Other than what you have already told us in this application: No Yes
- a. Have you ever been admitted to hospital for any reason? No Yes
- b. Are you experiencing any symptoms or complaints for which you have not consulted a doctor?
- c. Have you contemplated, been advised to seek or are you awaiting any medical advice, investigation or treatment including surgery either in Australia or overseas?

! If you answered 'yes' to questions 6–9, please provide details in the following table, **except** for any conditions in bold text for which you should complete the relevant health questionnaire(s) that your adviser can provide you with or contact Resolution Life on 133 731

2. Health details (continued)

Item no eg '6f'	Date	Details of condition, advice or symptom including nature of treatment	Time off work	Degree of recovery (%)
	to			
Name and address of doctor, hospital or health professional consulted				
	to			
Name and address of doctor, hospital or health professional consulted				
	to			
Name and address of doctor, hospital or health professional consulted				
	to			
Name and address of doctor, hospital or health professional consulted				
	to			
Name and address of doctor, hospital or health professional consulted				

3. Doctor's details

Please provide the details of the general practitioner/medical centre you would normally consult for medical conditions.

Name of general practitioner/medical centre

Address (a PO Box is not acceptable)

Suburb

State

Postcode

Contact phone number

Email address

How long have you been his/her patient?

 years

Specialist (if any)

Name

Address (a PO Box is not acceptable)

Suburb

State

Postcode

Contact phone number

Email address

4. Sports and pastimes details

10. Have you in the last 12 months, do you currently, or do you intend to take part in any of the following activities? Aviation (other than a fare paying passenger on a licensed public service), underwater diving, football, rock climbing, hang gliding, ocean racing, martial arts, horse riding, motor racing (including car, bike and boat), motor bike riding, including quad bike riding, trail bike riding and commuting, or any other motor sports No Yes

! If you answered 'yes' to question 10, please provide details of each activity in the table below.

Activity/sport and location	Other details (including remuneration received)	No. events/ hours per year	Amateur/ Professional?	Competitive/ Non-competitive
			<input type="checkbox"/> Amateur <input type="checkbox"/> Professional	<input type="checkbox"/> Competitive <input type="checkbox"/> Non-competitive
			<input type="checkbox"/> Amateur <input type="checkbox"/> Professional	<input type="checkbox"/> Competitive <input type="checkbox"/> Non-competitive
			<input type="checkbox"/> Amateur <input type="checkbox"/> Professional	<input type="checkbox"/> Competitive <input type="checkbox"/> Non-competitive
			<input type="checkbox"/> Amateur <input type="checkbox"/> Professional	<input type="checkbox"/> Competitive <input type="checkbox"/> Non-competitive

5. Occupation details

11. As a result of illness or injury (select **one** only):
- a. are you currently off work, or No Yes
- b. are your duties restricted or modified, or No Yes
- c. are your hours restricted or modified? No Yes

If **yes**, please provide details:

12. In the last two years have you had an illness or injury that prevented you from working for more than four consecutive weeks? No Yes

If **yes**, please provide details:

13. What is your current principal occupation?

From	To	Employer
<input type="text"/>	Present	<input type="text"/>

Occupation

14. Please indicate your current employment status:

Employed by own company Self-employed Partnership Employee Contractor

5. Occupation details (continued)

15. What percentage of time do you spend performing the following types of duties:

	Describe details of specific duties performed	(%)
Sedentary/Administrative		
Supervising manual work		
Light manual		
Heavy manual		
Home duties (include details of dependants including ages)		
Other (including hazardous duties eg handling dangerous substances, working at heights/ underground/offshore, refinery)		
Total duties		100%

16. Do you work in the mining, or oil and gas industry?

No Yes

17. Do you have any other occupations or jobs?

No Yes

If **yes**, please provide details:

Duties performed

Number of hours worked in the job per week Annual income \$

6. Income details

Insurable income

What is Insurable income? This is income earned by your personal exertion (less expenses incurred in earning that income) before tax, which will stop if you are unable to work. It does not include investment or interest income.

Please disclose all income figures that accurately reflect your financial position for the periods indicated below. In the event of a claim, we may call for evidence of your income and business expenses.

! If you are **self-employed, in a partnership or an employee of your own company (or contractor)**, please complete the 'For self-employed' section. **OR** If you are **an employee**, please complete the 'For employees' section.

For self-employed

18. Please provide your company's business income details in the table below for the last two financial years for which tax returns, assessment notices and accounts are available. **Do not include any amounts paid to you that are paid from past profits, capital or loans.**

Tax year ending	Gross income for entire business (\$)	Less all expenses incurred in earning that income (\$)	Equals net business income before tax (\$)	Wages/Salary (\$)	Drawings/ Director's fees paid to you (\$)	Your total income (\$)
30 / 06 /						
30 / 06 /						

19. Did your company contribute to a complying superannuation fund on your behalf?

No Yes

If **yes**, how much or what percentage?

6. Income details (continued)

For employees

20. Please give details of your total remuneration package from all sources currently and for the last two financial years.

	Current (\$)	Last financial year (\$)	Year immediately prior to last (\$)
Salary			
Bonuses			
Commissions			
Regular overtime			
Superannuation			
Total	\$	\$	\$

21. What rate of superannuation guarantee is your employer paying on your behalf? %

7. Declaration

! **Important:** This declaration must be signed after you have read and understood the section entitled "The Duty to Take Reasonable Care Not to Make a Misrepresentation" and Privacy Information and completed this form. Only sign this agreement and declaration if you agree to make the declaration.

I declare that the statements given in this form are true and I understand that Resolution Life will be relying on the complete accuracy of the statements in assessing my application for insurance.

Full name of person to be insured

Signature of person to be insured

Date

Where to send this form

Mail or email this **questionnaire** and relevant insurance transfer **application** to:

Resolution Life Customer Service
GPO Box 5441
Sydney NSW 2001
askus@resolutionlife.com.au

Any questions?
133 731