

# Application Form

## Information sheet

### Important information for applicants

#### Before you start

Before you complete this application form, you should have been provided with the product disclosure statement (PDS) for the product(s) you are applying for.

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

### Risks associated with replacing existing insurance

**!** Submitting an insurance application doesn't guarantee your insurance with us will be accepted, so please don't cancel your existing insurance until you've received confirmation from us that your replacement cover has been issued.

There are risks associated with replacing your existing insurance which include those listed on this page. Before deciding to replace your existing cover, you should speak with your financial adviser (if applicable) and consider how these risks may impact your personal circumstances, financial situation, and needs.

### Replacement cover may not be available to you, or available on the same terms

When conducting the underwriting process, we will evaluate whether, and on what terms, we provide insurance to you. It's possible that, we decide not to provide you with replacement cover or the terms of cover we offer may not be the same, or more favourable than the terms of your existing insurance. For example, replacement cover may be more expensive, have more exclusions or define key terms or features differently to your existing insurance.

### You may not be able to regain your existing insurance once cancelled

Once you've cancelled your existing insurance you may not be able to regain that insurance again. This may be because that kind of cover is no longer available to new customers, or because the insurer decides not to offer it because of a change in the insured person's health or personal circumstances.

### You may not be able to claim under your existing insurance once you have replaced it

Once you've replaced your existing insurance, you may not be eligible to make a claim under that previously held cover. Therefore, you should consider whether you need to take any action in respect of any claim (expected, current, or otherwise) before replacing your existing insurance.

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Please retain this information sheet for your records.  
Do not return it with your completed form(s).

# Application Form – Elevate Insurance

## Application details

### Type of application

1. What is the type of application being submitted?

- New business
- Alteration to an existing policy      Existing policy number
- Continuation option
- Transfer/conversion option      Existing policy number

### Rewards and plan fee waivers

Only complete this section if you have Family rewards number, Workplace rewards number or applying for a Business rewards discount or waiver of plan fee because you have another plan with us.

#### Type of reward

- Workplace Rewards and/or Family Rewards

Rewards name       Rewards number

- Business rewards

Australian Business Number (ABN)  
 -  -  -

- Plan Fee waiver

Policy number       Full name of policy owner

## Insured person details

Title       Given name(s)       Surname

Previous name(s) (if applicable)       Gender  Male  Female      Date of birth

Residential address (PO Box is not acceptable)

Suburb       State       Postcode

Preferred contact number       Email address

What is your preferred method of contact?  Phone  Email

Occupation title and the industry that the insured person works in

Insurable income in last 12 months  
\$

**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.

**This application form is dated August 2023**

## Policy owner details



If you are applying for a FlexiLink or PremierLink Plan, one policy must be owned by a superannuation fund and the other owned outside superannuation.

- Please tick here if the insured person is also a policy owner. If the insured person is the sole policy owner, continue to 'Nomination of beneficiaries' details.

If the policy owner is different to the insured person, or there are additional policy owners, please complete their details underneath the relevant ownership type below.

### A. Individual ownership

#### Policy owner 1

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous name(s) (if applicable)	Gender	Date of birth
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>
Address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Preferred contact number	Email address	
<input type="text"/>	<input type="text"/>	

What is your preferred method of contact when the policy is in place e.g. annual renewal notice?  Email  Post

Would you like to be notified by SMS for service messages, such as if premiums are dishonoured or become overdue?  No  Yes

#### Policy owner 2

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous name(s) (if applicable)	Gender	Date of birth
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>
If the address is the same as policy owner 1, please tick this box <input type="checkbox"/>		
Address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Preferred contact number	Email address	
<input type="text"/>	<input type="text"/>	

## Policy owner details (continued)

### B. Company, trust or SMSF ownership

Name of company, trust or SMSF

Australian Business Number (ABN)

 -  -  - 

Address

Suburb

State

Postcode

Preferred contact number

Email address

What is your preferred method of contact when the policy is in place e.g. annual renewal notice?

Email  Post

Would you like to be notified by SMS for service messages, such as if premiums are dishonoured or become overdue?  No  Yes

Title

Full name of company director or trustee

Date of birth

Title	Full name of company director or trustee	Date of birth
		D D M M Y Y Y Y
		D D M M Y Y Y Y
		D D M M Y Y Y Y
		D D M M Y Y Y Y

\* All trustee names must be included and the details must be the same as the trust deed.

### C. Elevate insurance in superannuation (insurance – only superannuation plan)

This section should only be completed if you are applying for a Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan or Income Insurance Superannuation Plan, where the policy is to be owned by Equity Trustees Superannuation Limited (Trustee) as trustee of the National Mutual Retirement Fund (Fund) and you are the insured person, as named on page 2 of this application.

Please refer to 'Holding your plan in super – plan membership' and 'Holding your plan in super – taxation information' sections of the PDS for more information on eligibility to contribute to super, collection and use of your tax file number and allowable contributions.

#### Tax file number (TFN)

Declining to provide your TFN is not an offence. However, if you do not provide the TFN, we will not accept your application.

I agree to provide my TFN  -  -

#### Contributions to meet premiums

If you are paying your premiums with a contribution, rather than a partial rollover from another complying superannuation fund, please specify what type of contributions will be made. Please tick one box only.

Personal contribution  Spouse contribution  Employer contribution (including salary sacrifice)

Employer company name(s)



Please note, in order to claim a tax deduction for your personal contributions you will need to complete a valid deduction notice in an approved ATO format. We will provide you with this notice each year which must be completed and returned to us within the nominated period of time.

# Non-superannuation nomination of beneficiaries

To be completed if you are applying for a Life Insurance Plan and want to nominate who your death benefit is paid to.

Do not complete if you are applying for the Life Insurance SMSF Plan as any claim will be paid to the Trustee of the SMSF.

## Nomination of beneficiaries for the Life Insurance Plan

You may nominate up to five beneficiaries and the portion of the death benefit each is to receive. Please use whole numbers and ensure the total of the percentages is 100%.

1. Title	Given name(s)	Surname	Gender	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>
Residential address				
<input type="text"/>				
Phone number	Relationship to the policy owner		% of death benefit	
<input type="text"/>	<input type="text"/>		<input type="text"/> %	

2. Title	Given name(s)	Surname	Gender	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>
Residential address				
<input type="text"/>				
Phone number	Relationship to the policy owner		% of death benefit	
<input type="text"/>	<input type="text"/>		<input type="text"/> %	

3. Title	Given name(s)	Surname	Gender	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>
Residential address				
<input type="text"/>				
Phone number	Relationship to the policy owner		% of death benefit	
<input type="text"/>	<input type="text"/>		<input type="text"/> %	

4. Title	Given name(s)	Surname	Gender	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>
Residential address				
<input type="text"/>				
Phone number	Relationship to the policy owner		% of death benefit	
<input type="text"/>	<input type="text"/>		<input type="text"/> %	

5. Title	Given name(s)	Surname	Gender	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>
Residential address				
<input type="text"/>				
Phone number	Relationship to the policy owner		% of death benefit	
<input type="text"/>	<input type="text"/>		<input type="text"/> %	

### AND/OR

Estate	% of death benefit
<input type="text"/>	<input type="text"/> %

Total percentage  100%

# Superannuation nomination of beneficiaries

To be completed if you are applying for a Life Insurance Superannuation Plan and want to nominate who your death benefit is paid to.   
Do not complete if you are applying for the Life Insurance SMSF Plan as any claim will be paid to the Trustee of the SMSF.

## Nomination of dependants for the Life Insurance Superannuation Plan

You may nominate up to five beneficiaries and the portion of the death benefit each is to receive. Please use whole numbers and ensure the total of the percentages is 100%. Do not include yourself as the member/insured person as one of the nominated beneficiaries, as it will make the nomination invalid.

There are two types of nominations available: **non-binding** and **binding (lapsing)**. Regardless of which type of nomination you make, a nominated beneficiary must be your dependant or your legal personal representative (your estate). Please refer to the 'Nominating superannuation death benefit beneficiaries' section of the PDS for more information.

### Type of nomination

If you are nominating beneficiaries please specify the type of nomination you are making. Please tick one box only.

**Non-binding**

The nomination is not binding on the Trustee. The Trustee will pay your benefit to your dependant(s) or legal personal representative in the proportions they determine. Non-binding nominations don't need to be witnessed or confirmed or updated every three years.

**Binding (lapsing)**

A binding nomination means the Trustee is obliged to pay your benefit to the people you nominate in the proportions you specify, provided the nomination is valid and effective at the date of your death. Binding (lapsing) nominations must be witnessed by two people and confirmed or updated every three years.

1. Title	Given name(s)	Surname	Gender	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>
Residential address			Phone number	
<input type="text"/>			<input type="text"/>	
Relationship to the insured person			% of death benefit	
<input type="checkbox"/> Financial dependant <input type="checkbox"/> Spouse <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Child			<input type="text"/> %	

2. Title	Given name(s)	Surname	Gender	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>
Residential address			Phone number	
<input type="text"/>			<input type="text"/>	
Relationship to the insured person			% of death benefit	
<input type="checkbox"/> Financial dependant <input type="checkbox"/> Spouse <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Child			<input type="text"/> %	

3. Title	Given name(s)	Surname	Gender	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>
Residential address			Phone number	
<input type="text"/>			<input type="text"/>	
Relationship to the insured person			% of death benefit	
<input type="checkbox"/> Financial dependant <input type="checkbox"/> Spouse <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Child			<input type="text"/> %	

4. Title	Given name(s)	Surname	Gender	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>
Residential address			Phone number	
<input type="text"/>			<input type="text"/>	
Relationship to the insured person			% of death benefit	
<input type="checkbox"/> Financial dependant <input type="checkbox"/> Spouse <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Child			<input type="text"/> %	

### Nomination of dependants for the Life Insurance Superannuation Plan (continued)

5. Title	Given name(s)	Surname	Gender	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>
Residential address			Phone number	
<input type="text"/>			<input type="text"/>	
Relationship to the insured person			% of death benefit	
<input type="checkbox"/> Financial dependant <input type="checkbox"/> Spouse <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Child			<input type="text"/> %	

#### AND/OR

Estate/my legal personal representative  %

**Total percentage**  **100%**

### Member declaration for nominated beneficiaries for a Life Insurance Superannuation Plan

I acknowledge and agree with the following statements:

- I request that the Trustee accept my non-binding nomination or binding (lapsing) nomination as appropriate.
- I have read the information in the 'Nominating superannuation death benefit beneficiaries' section of the PDS.
- I understand that it is my responsibility to review and update my beneficiary nomination with the Trustee as my personal circumstances change.
- Unless I revoke or amend it before it expires, I understand that a binding (lapsing) nomination will cease to be valid in three years' time.
- I understand that if my binding (lapsing) nomination is not valid at the time of my death, that the Trustee will pay my death benefit as a lump sum to my legal personal representative or my dependant/s at the discretion of the Trustee, in accordance with superannuation law.

**For binding lapsing nominations, only sign in the presence of the two named witnesses below.**

Full name of member

Signature

Date signed

### Witness declaration (required for binding lapsing nominations)

I declare that:

- I am 18 years of age or over, am not a nominated beneficiary and that this nomination was signed and dated by the member in my presence and in the presence of the other witness.

Full name of witness 1

Signature

Date signed

Full name of witness 2

Signature

Date signed



## Declaration and consent of the insured person and policy owner(s)

By completing this application for insurance, I acknowledge and agree with the following statements:

- **Product Disclosure Statement (PDS):** I have received and read the PDS and plan document for the product I am applying for (if applicable) and agree to abide by the terms of the policy.
- **Duty to Take Reasonable Care Not To Make a Misrepresentation:** I have read and understood the 'My Duty to Take Reasonable Care Not To Make a Misrepresentation' section in the PDS and understand that this duty continues until the policy is issued.
- **Your Privacy:** I have read and consent to the collection, use and disclosure of my personal information as set out in the 'Your Privacy' section of the PDS.
- **Replacement of existing insurance:** Where I have indicated that the insurance I am applying for is to replace existing insurance, I will cancel the existing insurance only when my application is accepted by Resolution Life.  
If the existing insurance is held with Resolution Life, I authorise you to cancel that insurance effective the date that the new insurance commences.  
If I'm converting or replacing existing insurance with Resolution Life, I understand that any loadings and/or exclusions that applied to the existing insurance (outside the standard terms and conditions of the policy) will apply to the new insurance. If the exclusion wording for the new insurance has been updated and is different to the exclusion wording in my existing insurance, in the event of a claim, I will be assessed under the exclusion wording that benefits me most.  
I have read and understood the 'Risks associated with replacing existing insurance' section in the attached Information sheet.
- **Direct debit:** I have read the 'Direct Debit Request Service Agreement' in the PDS and authorise Resolution Life to debit my nominated account as set out in this application (if applicable).

**The below only applies if you are applying for a Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan or Income Insurance Superannuation Plan.**

- I apply to become a member of the NMRF and agree to be bound by the terms of the trust deed, (as amended from time to time) and superannuation law; and confirm that I am eligible to contribute to super or have contributions made on my behalf.
- I have read and understood the 'Holding your plan in super – plan membership', 'Holding your plan in super – taxation information', and 'Nominating superannuation death benefit beneficiaries' sections of the PDS.
- I have elected for the Trustee to take out and maintain my insurance cover. I understand that (as outlined in the 'Applying for cover' section of the PDS) under superannuation law, there are restrictions on the provision of insurance cover to a person:
  - who is under age 25
  - who has an account balance of less than \$6,000, or
  - whose account has been inactive for a continuous period of 16 months or more.

**Note:** If you apply for insurance inside super, and to ensure we can provide you with cover in accordance with the legislative restrictions referenced above, by signing this application you have elected for cover to be provided to you even if you meet one of the criteria set out above.

### Signature of insured person

Full name of insured person

Signature

Date signed

D	D	M	M	Y	Y	Y	Y
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### Signature of policy owner(s)

Full name of company, trust or SMSF (if applicable)

Full name of policy owner 1 and position with company (if applicable)

Signature of policy owner 1/trustee 1/director 1

Date signed

D	D	M	M	Y	Y	Y	Y
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## Declaration and consent (continued)

Full name of policy owner 2 and position with company (if applicable)

Signature of policy owner 2/trustee 2/director 2

Date signed

D	D	M	M	Y	Y	Y	Y
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Full name of trustee 3 (if applicable)

Signature of trustee 3

Date signed

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Full name of trustee 4 (if applicable)

Signature of trustee 4

Date signed

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---



If the policy owner(s):

- is/are the individual trustees of a SMSF: this declaration must be signed by all trustees or person(s) authorised to sign and enter into a contract of life insurance on behalf of all trustee(s) in accordance with the trust deed and rules
- is a company: this declaration must be signed by two directors, a director and company secretary, or the sole director/company secretary.

# Payment authority

To be completed for all applications and cover types except alterations to an existing policy where the payment details are not changing.

## Payment authorities

Please make a copy of this page if you are applying for a FlexiLink or PremierLink Plan and you require multiple accounts or credit cards to be debited.

### Option 1: Direct debit by credit card

**!** Direct debit by credit card is not available for plans owned by SMSFs.

Please confirm the plans/cover types to be paid by credit card:

Premium frequency:  Fortnightly  Monthly  Quarterly  Half-yearly  Yearly

Preferred billing date: (This is optional for monthly premium frequency and must be between 1st and 28th)

Credit card type:  Mastercard  Visa

Credit card number  -  -  -  Expiry date

Name on card

Cardholder's signature

Date signed

**If your credit card details change (e.g. card number or expiry date) we may be unable to process your payment. To update your credit card details, please call us on 133 731.**

### Option 2: Direct debit by bank account

Please confirm the plans/cover types to be paid by bank account:

Premium frequency:  Fortnightly  Monthly  Quarterly  Half-yearly  Yearly

Preferred billing date: (This is optional for monthly premium frequency and must be between 1st and 28th)

BSB number  -  Account number

Name of bank/financial institution

Account name

Signature account holder 1

Signature account holder 2 (if applicable)

Date signed

Date signed

## Payment authorities (continued)

### Option 3: Ongoing rollover request and authority

**!** Only complete this section if you want to pay the premium for your Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan and/or Income Insurance Superannuation Plan via an ongoing annual rollover from another super fund.

### Transferring super fund details

Member account number

Name of the super fund

Unique superannuation identifier (USI)

Australian business number (ABN)

 -  -  - 

### Member authorisation and declaration

- I request and consent to the trustee of the transferring fund (named in this form) to rollover to Equity Trustees Superannuation Limited (ETSL) as trustee of the National Mutual Retirement Fund (NMRF):
  - as requested by ETSL the amount required to meet premium payments for my Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan and/or Income Insurance Superannuation Plan. These amounts may include current and ongoing premium payments, and any adjustments which may occur from time to time.
  - I authorise ETSL or its delegate (Resolution Life) to act on my behalf (as required) to arrange for subsequent rollovers for the purposes of paying insurance premiums.
- I authorise the trustee of the transferring fund to complete each rollover and provide all relevant information to Resolution Life.
- I consent to my TFN being disclosed to the transferring fund for the purposes of completing rollovers
- I declare I have read this form and the information completed is true and correct
- I confirm that I am aware I may ask my super provider and have obtained or do not require information about any fees or charges that may apply, or any other information about the effect this rollover may have on my benefits
- I discharge the trustee of the transferring fund of all further liability in respect of any amount transferred.

I declare that the authority granted by this form continues until the earliest of the following:

- I request in writing for the authority to be revoked
- I subsequently provide ETSL with an authority to rollover amounts from a different transferring fund (whether or not the subsequent authority is stated to replace this authority), or
- the policy ends in accordance with the terms and conditions set out in the policy.

Signature of member

Date signed

## Financial adviser details

### Financial adviser details

#### Financial adviser 1 (principal servicing adviser)

Full name of financial adviser (or account name) Resolution Life adviser number

Business phone number Mobile phone number  
 ( )

Email address

Commission split  
 %

#### Financial adviser 2

Full name of financial adviser (or account name) Resolution Life adviser number

Business phone number Mobile phone number  
 ( )

Email address

Commission split  
 %

### Financial adviser declaration

How have the applicant's needs and objectives been considered? Please tick one box only.

- I have provided personal advice to the applicant(s) in relation to all covers that have been applied for.
- I have considered the Target Market Determination(s) relevant to the cover applied for and confirm that the applicant(s) is/are in the relevant target market.

Signature of financial adviser 1

Date signed

**Notes:**

**Where to send this application form**

Mail or email your completed form with a copy of the premium quotation to your financial adviser (if applicable) or to us directly.

Resolution Life GPO Box 5441 Sydney NSW 2001 insurance@resolutionlife.com.au	<b>Any questions?</b> 133 731
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Equity Trustees Superannuation Limited ABN 50 055 641 757, AFSL No. 229757, RSE Licence No. L0001458 (Trustee) as trustee of the National Mutual Retirement Fund ABN 76 746 741 299 (Fund) is the issuer of the Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan and Income Insurance Superannuation Plan products. Resolution Life Australasia Limited ABN 84 079 300 379, AFSL No. 233671 (Resolution Life) is the issuer of life insurance policies to the Trustee for these products. The Trustee, as owner of the life insurance policies, will receive the applicable benefit from Resolution Life, and in turn provides the benefit to eligible Fund members. All other insurance products under Elevate Insurance are issued by Resolution Life directly.

The information contained in this document is factual information only and it does not contain any financial product advice or make any recommendations about a financial product or service being right for you.

Resolution Life is part of the Resolution Life Group and can be contacted via [resolutionlife.com.au/contact-us](http://resolutionlife.com.au/contact-us) or by calling 133 731.