

# Declaration and consent

## Information sheet

### When to use this form

This form should be used to provide your consent and accompany an application for Elevate Insurance.

### 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 below. 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).

# Declaration and consent

Application reference number

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

**Declaration and consent**

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

- **Product Disclosure Statement (PDS):** I have been provided with a copy of the PDS for the product I am applying for (if applicable).
- **Duty to Take Reasonable Care Not to Make a Misrepresentation:** I have read and understood the Duty to Take Reasonable Care Not to Make a Misrepresentation section in the PDS. I understand that if questions are not answered truthfully, accurately and completely, the insurance I have applied for may be avoided (treated as if it never existed) or its terms altered. This may also result in a claim being declined or a benefit reduced. If my financial adviser has completed this application for insurance on my behalf, whether a paper application or online, I have checked the answers for truth, accuracy and completeness.
- **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 am converting or replacing existing insurance with Resolution Life, I understand that any loadings and/or exclusions that applied to the existing insurance 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, I understand that 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.

- **Medical and other information:** I authorise:
  - other insurers (including related companies of Resolution Life) or other professional, such as a financial adviser or accountant, to disclose any information they have about me, to Resolution Life, and
  - Resolution Life or its appointed representatives to collect any information they have on my health, medical history, pastimes, work history or anything else that they consider to be relevant in making a decision in relation to this application for insurance or in relation to a claim made under the policy of insurance.
  - Resolution Life to advise my usual doctor of the reason behind any adverse assessment of this application for insurance if it was based on health evidence obtained during the assessment of this application.

Where I hold other policies or plans within the Resolution Life Group, I authorise the use of any information obtained under this authority in connection with those policies or plans.

- **Your Privacy** – I authorise Resolution Life to disclose any personal and sensitive information related to this application for insurance to any person/authorised third parties, where it is for the purpose of assisting Resolution Life in making a decision in relation to this application for insurance or in relation to a claim made under the policy of insurance.

In addition, I give Resolution Life's health screening provider permission to speak to a third party for the purpose of arranging a health screening appointment. This third party may be a spouse, family member, personal assistant or financial adviser.

## For the Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan or Income Insurance Superannuation Plan

### Prospective members of the National Mutual Retirement Fund (NMRF)

- I apply to become a member of the NMRF and agree to be bound by the terms and conditions 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 elect for the Trustee to take out and maintain insurance under the policy even where I meet one of the legislation restrictions (outlined in the 'Holding your plan in super – plan membership') below:
  - I am under age 25
  - the amount the Trustee holds in respect of my policy/account is less than \$6,000, or
  - the Trustee receives no amount (i.e contribution or rollover) in respect of my policy/account for a period of 16 continuous months.

### 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

- ! To be completed for all insurance plans except Life Insurance Superannuation Plan, TPD Insurance Superannuation Plan and Income Insurance Superannuation Plan

### Signature of policy owner – only for individuals (including individual trustees of an SMSF)

Full name of policy owner 1

Signature

Date signed

D	D	M	M	Y	Y	Y	Y
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Full name of policy owner 2

Signature

Date signed

D	D	M	M	Y	Y	Y	Y
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**Note:** For SMSFs, if there are more than two trustees required as signatories, please provide their full name(s) and signature(s) at the end of this form

## Signature of policy owner (continued)

### Signature of policy owner – only for companies (including company trustees of an SMSF)

Full name of company

Company seal  
(if applicable)

Full name of person signing for and on behalf of the company

Signature

Date signed

Director/Sole director and secretary  
(delete one)

Full name of person signing for and on behalf of the company

Signature

Date signed

Director/Secretary  
(delete one)

#### Note:

- For any company, this declaration must be signed by two directors of the company or a director and company secretary.
- For a proprietary company, this declaration must be signed by one director as 'sole director and secretary' where the company has only one director who is also the sole company secretary.
- If the company constitution mandates the use of a company seal then it must be provided along with the relevant signatures outlined above.

### Financial adviser details

Financial adviser name

Adviser number

Contact phone

Email address

### Where to send this form

Mail or email your form to your financial adviser (if applicable) or to us directly.

Resolution Life

GPO Box 5441

Sydney NSW 2001

[insurance@resolutionlife.com.au](mailto:insurance@resolutionlife.com.au)

**Any questions?**

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