

Confidential non-smoker's declaration

Your duty to take reasonable care

About this application

The life insurance policy being applied for with this application is a consumer insurance contract within the meaning of the Insurance Contracts Act 1984 (Cth). When you apply for life insurance, we conduct 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

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

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

This duty applies to a new contract of insurance and also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. There are different remedies that may be available to us. These are set out in the Insurance Contracts Act 1984 (Cth). These are intended to put us in the position we would have been in if the duty had been met.

Your cover could be voided (treated as if it never existed), or its terms may be varied. 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.

Before we exercise any of these remedies, we will explain our reasons and what you can do if you disagree.

Guidance for answering our questions

You are responsible for the information provided to us. 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.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) 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.

If you need help

It's important that you understand this information and the questions we ask. Ask us or a person you trust, such as your adviser for help if you have difficulty understanding the process of buying insurance or answering our questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help. If you want, you can have a support person you trust with you.

Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has any impact on the cover.

1. Details of Life Insured

Given name(s)

Surname

Date of birth

Account or client numbers¹

Please complete the following:

1. What is your age?

 years

2. Have you ever smoked? ☐ No ☐ Yes — Please answer i, ii, iii, iv and v below.

i. Age you began smoking?

 years

ii. What was your daily consumption?

<input type="text"/> cigarettes	<input type="text"/> cigars	<input type="text"/> pipe
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iii. When did you stop smoking?

 years

iv. What motivated you to give up smoking?

v. Have you been advised by a doctor to give up smoking, specifically due to your health/medical history?

☐ No ☐ Yes — Please provide details below:

¹ Depending on the type of product the member has this may be referred to as a policy, member, account, contract or client number.

! Please note: If you have ceased smoking due to medical reasons associated with events such as heart attack, emphysema, lung cancer, or stroke a change to non-smoker rates will not be available and smoker rates will be maintained for the duration of the policy.

2. Declaration and acknowledgement

By signing this form I declare as follows:

- That I have not smoked during the last 12 months and I apply for a non-smoker's discount.
- That the answers to all the questions on this form are true and correct.

Signature of life insured

Date

Where to send this form

This form must be mailed to:

Resolution Life
Locked Bag 5075
Parramatta NSW 2124

You can also email a scanned copy to
au.service@resolutionlife.com.au.

What you need to know

Equity Trustees Superannuation Limited ABN 50 055 641 757, AFSL No. 229757, RSE Licence No. L00001458 (Trustee) as trustee of the Super Retirement Fund ABN 40 328 908 469 (Fund) is the issuer of this product.

Resolution Life Australasia Limited ABN 84 079 300 379, AFSL No. 233671 (Resolution Life) and AIA Australia Limited ABN 79 004 837 861, AFSL No. 230043 (AIAA) are the issuers of life insurance policies to the Trustee for this product.

The Trustee, as owner of the life insurance policies, will receive the applicable benefit from Resolution Life and AIAA, and in turn provides the benefit to eligible Fund members. 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 can be contacted via resolutionlife.com.au/contact-us or by calling 133 731.