

# Guaranteed Future Insurability Benefit

## Application for Increase of Sum Insured

Trustee: BT Funds Management Ltd (BTFM) ABN 63 002 916 458 AFSL 233724

**ADVANCE**  
ASSET MANAGEMENT

### GUIDE TO COMPLETING THIS FORM

- > Please refer to your copy of the Advance Personal Protection Package Product Disclosure Statement to confirm your eligibility to increase the sum insured via the Guaranteed Future Insurability Benefit, and for details of the maximum increase available.
- > Complete this form using **black pen** – print in clear **CAPITAL LETTERS**.
- > Once completed, follow the instructions on the back page to return your form to Advance.
- > Questions? Call our Customer Relations team on **1800 819 935** or email **investorservices@advance.com.au**.

### YOUR DUTY OF DISCLOSURE

Before AIA Australia Limited (ABN 79 004 837 861 AFSL 230043) 'the Insurer/we/us/our' advises acceptance of the increase in cover on your life, you have a duty under the *Insurance Contracts Act 1984* to inform us of any matter that you or any life to be insured know, or could be reasonably expected to know, may affect our decision to grant insurance or the terms of that insurance. The same duty applies before the benefits are varied, extended or reinstated. This duty does not apply to a matter that reduces our risk, is common knowledge, that we know or ought to know in the ordinary course of our business, or of which we do not require disclosure.

The duty of disclosure applies even after this application is completed until we advise acceptance of the increase. If you or any life to be insured do not disclose relevant matters and, if we had known about them, would not have granted the increase, we can cancel or reduce the increased amount within three years from when it was issued or at any time if that non-disclosure is fraudulent.

### 1. LIFE INSURED – PERSONAL DETAILS

Title

Mr  Mrs  Miss  Ms  Other

Given name(s)

Surname

Date of birth (dd/mm/yyyy)

Residential address

<input type="text"/>		
<input type="text"/>		
State		Postcode
Country, if not Australia	<input type="text"/>	

### 2. BENEFIT DETAILS

Cover to be increased under the Guaranteed Future Insurability Benefit on the following insurance cover:

Account number

Life Protection

Requested Amount

Total Sum Insured

Total & Permanent Disablement (TPD) Protection\*

Requested Amount

Total Sum Insured

\* If the TPD Cover is attached to Life Protection, the TPD cover cannot exceed the Life Protection cover.

### 3. DETAILS OF ALLOWABLE EVENT

Please cross [X] if appropriate

- Birth of a child where the life insured is a parent  
➤ See Requirement A.
- Adoption of a child by the life insured ➤ See Requirement B.
- A dependant child of the life insured starts secondary school  
➤ See Requirement C.
- A dependant child of the life insured starts university  
➤ See Requirement D.
- Marriage of the life insured ➤ See Requirement E.
- Change in employment status of the life insured (Salary increase of at least \$10,000 p.a.) ➤ See Requirement F.
- Taking up or increase of a mortgage by the life insured on the purchase of the primary residence of the life insured  
➤ See Requirement G.
- An increase in the life insured's value in the business where the life insured's is a key person in that business ➤ See Requirement H.



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#### 4. REQUIREMENTS TO EXERCISE BENEFIT

We require a copy of one of the following documents (as applicable):

- A. The relevant Birth Certificate, naming the life insured as a parent.
- B. The relevant Adoption Order and Birth Certificate, naming the life insured as an adoptive parent.
- C. Written confirmation of enrolment from the school, and a copy of either the Birth Certificate or Adoption Order naming the life insured as the parent.
- D. Written confirmation of enrolment from the university, and a copy of either the Birth Certificate or Adoption Order naming the life insured as the parent.
- E. The relevant Marriage Certificate, naming the life insured as the bride/bridegroom.
- F. Letter from an authorised representative of your employer, confirming salary details.
- G. The relevant Title Deed and Mortgage Summary, naming the life insured as a Title Holder/Mortgagee.
- H. Copies of any financial evidence available to support the increase in cover.

#### Certification of personal documents

All copied pages of **ORIGINAL** documents (including any linking documents) need to be certified as true copies by any individual approved to do so (see below).

The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (eg Justice of the Peace, Australia Post employee, etc) and date. The following can certify copies of the originals as true and correct copies:

- > a permanent employee of Australia Post with five or more years of continuous service
- > a finance company officer with five or more years of continuous service (with one or more finance companies)
- > an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having five or more years continuous service with one or more licensees
- > a notary public officer
- > a police officer
- > a registrar or deputy registrar of a court
- > a Justice of the Peace
- > a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia, as a legal practitioner
- > an Australian consular officer or an Australian diplomatic officer
- > a judge of a court
- > a magistrate, or
- > a Chief Executive Officer of a Commonwealth court.

#### 5. APPLICATION DECLARATION

I have received a copy of the current Advance Personal Protection Plan Product Disclosure Statement ('PDS') (as confirmed by my financial adviser) and my decision to apply for an increase in sum insured is based on the material in the PDS.

I have read all questions contained in this Application Form and all other forms submitted to the Insurer in relation to this Application, including but not limited to any quotation form submitted with or attached to this application form and to the best of my knowledge the answers and other information provided to the Insurer are true, correct and complete.

I have made no statement to the adviser or any other person connected with the adviser which in any way alters, qualifies or modifies the answers given in the Application Form and other documents relevant to this Application.

If I have not completed the answers to these questions myself, I have checked its contents to ensure they are true, correct and complete.

In relation to any tax returns submitted in support of this application I confirm that these are the tax returns submitted to the Australian Tax Office and no subsequent adjustments have been made or are expected.

I have read and understand the Duty of Disclosure and have not knowingly withheld any information which might affect my eligibility for this insurance.

I understand the consequences of non-disclosure; If circumstances alter after completing the Application Form and this Application is accepted I will advise the Insurer immediately.

I have read and understand the Advance/the Insurer Privacy Statement in the PDS which sets out important details of how the Insurer and Advance may use my information.

I understand that by signing this form, I consent to the Insurer's and Advance's collection, use and disclosure of my personal information.

Signature

Date (dd/mm/yy)

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Signatory's full name (please print)

Company Seal or ABN

#### SEND THIS COMPLETED FORM TO:

By Post: Advance Asset Management  
GPO Box B87  
Perth WA 6838

#### FOR FURTHER ASSISTANCE CONTACT:

**CUSTOMER RELATIONS**  
1800 819 935  
**FAX**  
08 9481 4318

#### EMAIL ADDRESS

investorservices@advance.com.au

#### INTERNET ADDRESS

advance.com.au

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