

GUIDE TO COMPLETING THIS FORM

- > 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**.

Insurance cover through the Advance Retirement Suite (referred to in this form as Advance Super) is offered by BT Funds Management Ltd ABN 63 002 916 458 AFSL 233724 ('BTFM') and AIA Australia Limited ABN 79 004 837 861 AFSL 230043 (the Insurer), the issuer of this cover under the relevant Master Policy held by Asgard Capital Management Ltd ABN 92 009 279 592 AFSL 240695.

Before completing this Amendment Application Form, please read the Insurance Master Policy on **advance.com.au** and the Advance Retirement Suite PDS for information on premiums and conditions.

Privacy laws protect the privacy of individuals. If you would like to know more about AIG Life's approach to privacy, copies of their privacy policy can be obtained from their website **aia.com.au**. You can obtain a copy of our Privacy Policy from our website **advance.com.au**.

Please note that you need to complete the standard application and full personal statement located at advance.com.au if you:

- > are aged 55 or older; or
- > require more than \$1,250,000 Life and/or Total and Permanent Disablement (TPD) insurance cover; or
- > require more than \$10,000 monthly benefit of Salary Continuance cover; or
- > answered YES to any question in section 4.

To avoid any delay in processing your amendment, please ensure you do the following.

- > Complete all the relevant sections, sign and date this form.
- > Attach any required documentation as outlined in the relevant section.
- > Send it to us by either:
 - » **mail:** Advance, GPO Box B87, Perth WA 6838
 - » **fax:** (08) 9481 4318
 - » **email:** investorservices@advance.com.au

Please do not send us the original copy as well if you are sending this form by fax or email.

OFFICE USE ONLY	Client Code																		
	Adviser Code																		
	Insurance Account No.																		
	Chk Code																		

1. EXISTING LIFE INSURED DETAILS

Account number

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Title

Mr
 Mrs
 Miss
 Dr
 Other

Given name(s)

Surname

Residential address

State	Postcode

Postal address (if different from residential address)

State	Postcode

Date of birth (dd/mm/yyyy)

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Gender

Male
 Female

Phone (home)

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Phone (business)

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Phone (mobile)

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Facsimile

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Email

Are you an Australian citizen or permanent resident of Australia (as approved by the Department of Immigration and Citizenship)?

Yes
 No

Marital status



5. PAYMENT DETAILS

Insurance premiums will be deducted from your Advance Super Account on a monthly basis.

6. ADVISER'S DETAILS

Dealer name

Adviser's name

Adviser's phone (business)

Adviser's phone (mobile)

Advance Adviser's code

 BA

Are there any applications being submitted simultaneously?

Yes No

Adviser's signature

Dealer's stamp

Date

7. DECLARATION AND SIGNATURE

Duty of disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty under the *Insurance Contracts Act 1984* to disclose to the Insurer every matter that you know, or could reasonably be expected to know, that is relevant to the Insurer's decision whether to accept the risk of insurance and if so, on what terms.

You have the same duty to disclose these matters to the Insurer before you extend, vary or reinstate a contract of life insurance.

However, your duty does not require disclosure of a matter:

- > that diminishes the risk to be undertaken by the Insurer
- > that is common knowledge
- > that your Insurer knows, or ought to know, in the ordinary course of business
- > where your duty is waived by the Insurer.

7. DECLARATION AND SIGNATURE (continued)

Non-disclosure and misrepresentation

If you fail to comply with your duty of disclosure and the Insurer would not have entered into the contract on any terms if the failure had not occurred, the Insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the Insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

Privacy

By completion of this form you consent to any personal information, including information that may be of a sensitive nature we or the Insurer may collect about you in the normal course of our and the Insurer's business, being used as outlined in our and the Insurer's respective Privacy Policies. These policies are designed to protect your interests and are consistent with the requirements of the *Privacy Act*. A copy of the Insurer's privacy policy can be obtained from aia.com.au. You can obtain a copy of our Privacy Policy from our website advance.com.au.

By signing this form I acknowledge that:

- > The answers to the above questions are true and I have not deliberately withheld any information material to the proposed insurance.
- > I consent to the Insurer, third party providers and Advance on behalf of the Insurer, seeking medical information from any doctor who at any time I have consulted prior to the date below. While I am insured, I authorise the provision of such information to the Insurer.
- > I acknowledge that I have read and understood my duty of disclosure in accordance with the *Insurance Contracts Act 1984* as detailed in the insurance form.
- > I understand that my duty of disclosure continues after I have completed this application until the Insurer has accepted the risk.
- > I authorise Advance to deduct the premiums and charges for this insurance from my Account, retain the Administration fee and pay the balance on my behalf to the Insurer.
- > I agree to receive any communications (including any confirmation of any transaction, dealing, notice of material changes and significant events and other information I may request) and documents (including periodic reports) which Advance or the Insurer is or may be required to give, or has agreed to give, to me relating to my Account via *Investor Online*, or any other electronic means chosen by Advance or the Insurer (and for these purposes, I agree I will be taken to have received the relevant information whether or not I access the information).

A photocopy of this declaration shall be as valid as an authority as the original.

Signature

Date

SEND THIS COMPLETED FORM TO:

By Post: Advance Asset Management
GPO Box B87
Perth WA 6838
By Fax: 08 9481 4318

FOR FURTHER ASSISTANCE CONTACT:

CUSTOMER RELATIONS
1800 819 935
FAX
08 9481 4318

EMAIL ADDRESS

investorservices@advance.com.au

INTERNET ADDRESS

advance.com.au

ADVANCE
ASSET MANAGEMENT

