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• you are aged more than 16 years, and not yet turned 60 years; and     • you are applying for or have a mortgage; and     • you are a permanent resident of Australia; and     • you are a permanent resident of Australia; and     • you are a permanently employed and working on a continuous basis for a period of not less than 20 hours per week if applying for Disability and Involuntary Unemployment cover (see "Words with special meanings" for further details).  Family Name Date of Birth Date of Birth Date of Birth Destal Address Postal Address Postal Address Postcode Postcode Postcode Postcode Disability over, if you are employed as a casual it requires that you can show a continuous employment tower, you must be permanently employed and working on a continuous basis (see PDS "Applying for cover: Eligibility") and does not include payments from carers or disability pensions or employment entitlements such as workers compensation. To be eligible for Disability cover, if you are employed as a casual it requires that you can show a continuous employment with the same employer for over six months, with a working pattern of over 20 hours per week. To be eligible for Involuntary Unemployment over, you must not be self employed, or employed on a casual, irregular or seasonal basis, or on a contract limited to a period of time (such as traineeship or apprentice) or a contract for a specified task.  First Second insured Disability and Involuntary Unemployment Death, Terminal Illness and Disability  Selection of cover Death, Terminal Illness and Disability					
Postal Address					
Second insured person (if applicable)  First Name(s)  Family Name  Date of Birth  Postal Address  Postal Addre					
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Disability and Involuntary Unemployment  Death, Terminal Illness and Disability  Death, Terminal Illness and Disability  Second insured insured insured		traineeship or apprentice) or a contract for a specified task.			
Death, Terminal Illness and Disability  Yes No Yes No					
Disability only  Do you meet the eligibility criteria?		Do you meet the eligibility criteria?			
Death and Terminal Illness only	Death and Terminal Illness only				
Second insured person  Death and Terminal Illness, Disability and Involuntary Unemployment					

Disability and Involuntary Unemployment

Death, Terminal Illness and Disability

Death and Terminal Illness only

Disability only

# Personal statement (tick correct answers)

In the last 10 years have you:

a)	Received medical advice or had treatment for blood pressure, cholesterol, chest pain, a heart condition, stroke, diabetes, tumour, cancer (including skin cancer), lung, kidney or liver disease?	First insured Yes No	Second insured Yes No
b)	Received medical advice or had treatment for any back/neck problem, asthma, epilepsy, brain or nervous system disorder, mental illness, stress, depression, chronic fatigue syndrome, blood disorder or disease (including hepatitis) or the Human Immunodeficiency Virus (HIV)?	First insured Yes No	Second insured Yes No
c)	Had a medical condition (not already mentioned above) for which you are currently receiving treatment from a medical practitioner or health professional or for which you were admitted to hospital, and/or taking medication prescribed by a doctor?	First insured Yes No	Second insured Yes No

## Period of insurance

If the amount borrowed under the loan is not funded until a date after the effective date proposed in the period of insurance, it is hereby agreed that the period of insurance effective date will commence from the funding date and the expiry date will be extended by the same number of days.

# **Declaration**

I/We declare that I/we:

- have personally completed this proposal form fully and accurately or, if it has been completed by somebody else I/We have checked that the questions have been fully and accurately answered;
- have received, read and understood the Product Disclosure statement and Policy Document (PDS) and any Supplementary PDS which set out the standard terms and conditions of the Five Year Mortgage Repayment Insurance;
- have read and understood and complied with My/Our Duty of Disclosure set
  out in Section C Other important information section of the PDS. The
  consequences of failing to comply with the duty are set out in the Duty of
  Disclosure notice at the beginning of this document;
- understand there are eligibility criteria, terms, conditions, exclusions and limitations that apply to this cover. This includes (amongst other things) that we will not pay a claim under the Death and Terminal Illness or Disability cover which is directly caused by a pre-existing injury or illness (as defined in the PDS under the "Words with special meanings" section);
- have read and understood the Privacy Notice as detailed in Section C of the PDS and consent to and invite the collection, storage, use and disclosure of personal and sensitive information in accordance with that notice;
- understand any cover the Insurers agree to provide is in accordance with the terms and conditions of the PDS, the Schedule and any other document that forms part of the policy;
- have been advised and understand:
  - there is a 30 day cooling off period from the effective date for this policy; and
  - this cover is optional;
- authorise the Insurers to obtain and use for the purpose of this insurance:
  - any information (including medical certificates, clinical records, records from relevant government authorities, reports of physical examinations, certificates of unemployment) that the Insurers may reasonably ask for; and
  - details of my/our loan from my/our financial institution to confirm the information supplied; and
- have provided consent to purchase this insurance policy.

## Important

You must only sign below if you can make the declaration in relation to all of the matters specified in the declaration above. If not, we cannot proceed with your application and you have no cover. These cannot be amended or waived by the financial institution or the agent. A false declaration may allow the insurer to refuse to pay any claim. All insureds must sign.

# Next steps – issue of interim or final cover

You will receive Loan settlement cover in accordance with the terms of the PDS (see "Loan settlement cover") from the loan settlement cover start date (see "Words with special meanings" in the PDS).

## Final cover

If ALL insured answer 'No' to all of the Personal Statement questions above, make the declaration above and submit this proposal to us – this document becomes a schedule confirming final cover from the effective date noted above.

#### Interim cover

Where ANY insured has answered 'Yes' to any of the Personal Statement questions above, this insured must complete a medical questionnaire and submit this questionnaire to the Insurers together with this proposal within 14 days of this proposal being signed by all Insureds. At this time, none of the insureds will receive final cover, instead all insureds will receive Interim cover in accordance with the terms of the PDS (see "Interim cover") from the effective date stated above and this document is your interim cover schedule.

On receipt of the completed medical questionnaire, the Insurers will consider whether they are prepared to issue final cover or not, and if any additional exclusions will be applied to your final cover. Final cover is only confirmed by the Insurers sending you a schedule.

By signing this proposal, you understand and agree that:

- the pre-existing medical condition (as defined in the PDS under the "Words with special meanings" section) exclusion will still apply to any disclosed conditions while you are being assessed for final cover.
- if final cover is issued, after the Insurers have completed their assessment of
  your application for cover, then any pre-existing medical condition disclosed
  in your medical questionnaire will be covered except if the Insurers state in
  the Schedule that the pre-existing medical condition is excluded.

Signed by First Insured				
Date	1	1		
Signed by Second Insured				
Date	1	/		