

Member No. \_\_\_\_\_

Loan Agreement No. \_\_\_\_\_

Policy No. \_\_\_\_\_



The Disability and Involuntary Unemployment cover is provided by  
Allianz Australia Insurance Limited AFS Licence No. 234708 ABN 15 000 122 850 (Allianz)  
2 Market Street Sydney NSW 2000

The Death and Terminal Illness cover is provided by  
Allianz Australia Life Insurance Limited AFS Licence No. 296559 ABN 27 076 033 782 (Allianz Life)  
2 Market Street Sydney NSW 2000

(together the Insurers)

# Pay By The Month Mortgage Repayment Insurance proposal

## (and Schedule, where applicable, for Final or Interim cover)

Any words defined in the Five Year Mortgage Repayment Insurance Product Disclosure Statement and Policy Document (PDS) and used in this document have the same meaning as that defined in the PDS.

Please read and complete all questions (Print information and indicate by a ☒ where applicable)

### Your Duty of Disclosure

Before you enter into an insurance contract, you have a duty of disclosure under the *Insurance Contracts Act 1984*.

If we ask you questions that are relevant to our decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions.

You have this duty until we agree to insure you.

### If you do not tell us something

If you do not tell us anything you are required to tell us, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

### Personal details

#### First insured person

First Name(s) \_\_\_\_\_

Family Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Occupation \_\_\_\_\_

Postal Address \_\_\_\_\_

Postcode \_\_\_\_\_

#### Second insured person (if applicable)

First Name(s) \_\_\_\_\_

Family Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Occupation \_\_\_\_\_

Postal Address \_\_\_\_\_

Postcode \_\_\_\_\_

### Selection of cover

First insured person

☐ Death and Terminal Illness, Disability and Involuntary Unemployment

☐ Disability and Involuntary Unemployment

☐ Death, Terminal Illness and Disability

☐ Disability 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

☐ Disability only

☐ Death and Terminal Illness only

### Proposed policy details

Proposed Effective Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Proposed Expiry Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Current Loan

Balance \$ \_\_\_\_\_

Monthly Premium \$ \_\_\_\_\_

Repayment Amount \$ \_\_\_\_\_

Loan Term \_\_\_\_\_

Loan Number \_\_\_\_\_

Financial Institution \_\_\_\_\_

We will confirm the premium to you in writing (if applicable). The premium shown includes the application amounts payable in respect of GST and Stamp Duty.

Are you re-applying for a Five Year Mortgage Repayment Insurance to replace a previous policy? Yes ☐ No ☐

### Eligibility Criteria

You are eligible to apply for cover if:

- 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 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).

For Disability and Involuntary Unemployment cover, 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 cover, 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 apprenticeship) or a contract for a specified task.

First insured		Second insured	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you meet the eligibility criteria?

## 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		Second insured	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 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		Second insured	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 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		Second insured	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 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 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 – we (or our agent) will provide 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

\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signed by Second Insured

Date

\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_