IOOF **PURSUIT**

SELECT – FORM F

1 July 2021

Application for Insurance

Incorporates personal health statement

This form should also be used to apply for or change any existing insurance you may have EXCLUDING any retail insurance cover. To apply for or vary any retail insurance cover, you must contact your financial adviser.

Please complete these instructions in BLACK INK and ✓ boxes where provided.

Step 1: Applicant details

Account number (if known) ☐☐☐☐☐☐☐ – ☐☐ – ☐☐

Title (Dr/Mr/Mrs/Ms/Miss) ☐☐☐☐ Surname ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Given name(s) ☐☐

Email ☐☐

Date of birth ☐☐ / ☐☐ / ☐☐☐☐ Gender ☐ Male ☐ Female

Your duty of disclosure

Before you enter into a life insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, may affect their decision to insure you and on what terms.

You have this duty until the insurer agrees to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell the insurer anything that:

- reduces the risk they insure you for;
- is common knowledge;
- they know or should know as an insurer;
- they have waived your duty to tell them about.

If you do not tell the insurer something

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, they may apply the following rights separately to each type of cover.

If you do not tell the insurer anything you are required to, and they would not have insured you if you had told them, they may void the contract within three years of entering into it.

If the insurer chooses not to void the contract, they may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told them everything you should have. However, if the contract has a surrender value, or provides cover on death, the insurer may only exercise this right within three years of entering into the contract.

If the insurer chooses not to void the contract or reduce the amount you have been insured for, they may, at any time vary the contract in a way that places them in the same position they would have been in if you had told them everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

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

If any of the answers you give in this application are unclear to us, we would like to be able to clarify them with you over the telephone, as this can save delays in finalising your insurance.

Phone ☐☐ ☐☐☐☐ ☐☐☐☐ Phone (mobile) ☐☐☐☐ ☐☐☐ ☐☐☐

Best time to call ☐☐ : ☐☐ until ☐☐ : ☐☐

How many hours do you work per week? ☐☐☐ hours per week[1]

1 To apply for income protection cover, you must be working 15 hours or more per week.

Do you intend to change your occupation in next 12 months? ☐ Yes ☐ No

What is your annual salary/remuneration[2] package (gross)? $ ☐☐☐☐☐☐

2 Salary/remuneration package (gross): comprises your current wages or salary, plus commissions, plus all other regular cash and non-cash payments and benefits provided to you or for your benefit by your employer, and excludes superannuation guarantee contributions. For full definition of salary/remuneration package, see the IOOF Pursuit insurance guide (PIN.03) available on our website.

Are you self-employed? ☐ Yes ☐ No

Step 2: Death or Death & Total and Permanent Disablement (TPD) cover

Please complete Step 2 to apply for, or increase your existing Death or Death and TPD cover. This is an application for:

☐ New cover

☐ Increase of existing Death or Death and TPD cover

Fixed dollar cover

☐ Total new Death cover $ ☐☐☐☐☐☐

☐ Total new TPD cover $ ☐☐☐☐☐☐

Please note: TPD cover is unavailable without death cover. You must apply for death and TPD cover if you wish to have TPD cover. The TPD cover cannot exceed the amount of death cover.

OR **Fixed premium cover per week (such as $1, $2, other)**

☐ Death only cover $ ☐☐☐☐☐

OR **Fixed premium cover per week (such as $1, $2, other)**

☐ Death and TPD cover $ ☐☐☐☐☐

Step 3: Income protection cover

Please complete Step 3 to apply for, or increase your existing income protection cover.

This is an application for:

☐ New cover

☐ Increase of existing income protection cover

Please note: You can have a monthly benefit of up to $30,000 providing that amount is below the total of 75% of your monthly salary plus an optional superannuation contributions benefit up to 10% of your monthly salary.

Specify cover required (mandatory information)

Income level (% of your salary)	☐ 75%	☐ Other	☐	up to 75%
Waiting period (days)	☐ 30	☐ 60	☐ 90	
Benefit payment period	☐ 2 years	☐ 5 years	☐ to age 65	

Superannuation contributions benefit (optional)

Do you want the superannuation contributions benefit? ☐ Yes ☐ No

Income level (% of your salary, up to 10% of your salary) ☐ %

For more information see the IOOF Pursuit insurance guide (PIN.03) available on the IOOF website.

Step 4: Personal Health Statement

1 Have you smoked in the last 12 months? ☐ Yes ☐ No

If you have answered Yes, how many cigarettes do you smoke per day? ☐

2 Have you smoked any substance other than tobacco? ☐ Yes ☐ No

If you have answered Yes, please specify the type of substance.

☐

3 Do you consume alcohol? ☐ Yes ☐ No

If yes, please specify:

a Quantity of alcohol consumed per day (in standard units) ☐

Standard Unit = 1 Nip (30ml) spirits, 1 wine glass (120ml) of wine, 285ml glass of beer

b Type of alcohol

☐

4 Height in centimetres ☐ cm

5 Weight in kilograms ☐ kg

Occupation details

6 What is the name of your employer?

7 What is your usual occupation?

8 What are the principal duties of your occupation and the percentage of time performing each (to a total of 100%):

Principal duties	Percentage of time spent (%)
1. Clerical/administration/managerial	
2. Light manual (such as qualified tradespeople, coffee shop owner)	
3. Manual (such as carpenter, plumber, plasterer, mechanic or an occupation for which travel is an essential part of the job (eg field surveyor)	
4. Heavy manual (such as interstate bus driver, warehouse worker, labourer, bricklayer, house removalist)	
5. Other – please specify:	

Activities

9 Do you currently intend to participate in any of the following activities?

a Aviation other than as a fare paying passenger on a commercial airline ☐ Yes ☐ No

b Any activity generally classified as hazardous or extreme in nature (such as parachuting, hang gliding, motor sports, scuba diving/diving, climbing or caving, boxing, sky diving) ☐ Yes ☐ No

If you have answered Yes, please specify the activity and provide details (for example scope and frequency of diving activities, type of motorsport, type of vehicle, location of climbing or caving, any other information including details of injury you have suffered)

Residence and Travel

10 Except for holidays, do you intend to live or travel anywhere outside Western Europe, North America, Australia or New Zealand in the next 12 months? ☐ Yes ☐ No

If you have answered Yes, please specify the country, departure date, duration of stay and reason for the travel/change of residence.

11 Are you an Australian or New Zealand citizen? ☐ Yes ☐ No

If you have answered Yes, please go to Previous Insurance section of the form

12 Do you hold an Australian Permanent Resident's Visa? ☐ Yes ☐ No

If you have answered No, please provide your residency details below:

Previous Insurance

13 Have you ever been paid or are you eligible to be paid, are you claiming or have you ever claimed a benefit for any illness or injury from any source including through the IOOF group, any superannuation fund, Workers' Compensation, other Government benefits (such as sickness benefit or invalid pension), Veterans' Affairs or any other insurance policy providing terminal illness, total and permanent disablement, income protection cover, such as accident or sickness benefits? ☐ Yes ☐ No

14 Have you ever been declined for death, disability, trauma, accident or illness insurance, been deferred, or accepted with a loading, exclusion or special terms, or have you ever had an insurance policy cancelled or renewal refused? ☐ Yes ☐ No

15 Do you have, or are you applying for, any other life or disability cover? ☐ Yes ☐ No

If you answer Yes to question 13, 14 or 15 above please provide full details below:

Name of Insurer	Cover type	Sum Insured	Date of application	Accepted/loaded/ exclusion/declined	To be replaced? (Yes/No)

Medical Practitioner

16 Please provide details about your doctor and your last consultation. Should we require further medical information from your health providers we will seek your consent via requesting you to complete a "Consent for accessing medical information authority"

a Name and address of your usual doctor.

b Details of your last medical consultation with your usual doctor (such as the reason for your consultation and the outcome)

c If you have attended that doctor for less than 12 months, please add the name and address of your previous doctor

17 Have you ever had, been told you had, received advice, treatment, an operation or are you undergoing or awaiting results for any tests/investigations for any of the following.

If you have answered Yes to any of the following questions, please complete the table on the following page.

a Chest pain, high blood pressure, raised cholesterol or any heart/circulatory disorder, rheumatic fever ☐ Yes ☐ No

b Stroke, paralysis, neurological disorder, fainting attacks, epilepsy or multiple sclerosis ☐ Yes ☐ No

c Impairment of sight, hearing or speech ☐ Yes ☐ No

d Diabetes, pancreatic disorder and/or any disease or disorder of the kidneys, urinary bladder, liver, ovaries, stomach, bowel, intestinal oesophagus, prostate or gall bladder, thyroid problem ☐ Yes ☐ No

e Leukaemia, hepatitis, hemochromatosis, or any blood problem ☐ Yes ☐ No

f Asthma, bronchitis or other respiratory disorder ☐ Yes ☐ No

g Any injury, complaint, disease or disorder, or degeneration of the back, neck, knee, shoulder or any of the muscles, tendons, bones, discs or joints, including but not limited to gout, arthritis or a repetitive strain injury or tendonitis ☐ Yes ☐ No

h Depression or mental disorder/condition – including but not limited to stress, anxiety, chronic tiredness or fatigue, panic attacks, post-traumatic stress, behavioural or nervous disorder ☐ Yes ☐ No

i Cancer, tumour, melanoma, sun spot, mole or growth of any kind ☐ Yes ☐ No

j Drug abuse (prescribed or non-prescribed) or alcohol dependence/abuse ☐ Yes ☐ No

k Psoriasis, eczema or any skin problem ☐ Yes ☐ No

l Any other disability, congenital abnormality, deformity or symptoms of ill health, illness or injury ☐ Yes ☐ No

Females only ☐ Yes ☐ No

m Gynaecological conditions (such as endometriosis, abnormal pap smear)? ☐ Yes ☐ No

n Complications of pregnancy or childbirth? ☐ Yes ☐ No

o Are you currently pregnant? ☐ Yes ☐ No
If you have answered yes, when is the expected delivery?

p Breast lump (even if you have not seen a doctor about it)? ☐ Yes ☐ No

Other Medical (both males and females to complete)

q Excluding the contraceptive pill or inhaled asthma medication, have you been advised to take or been prescribed by a medical practitioner (including but not limited to any doctor, psychologist, psychiatrist, counsellor, chiropractor, physiotherapist) medication, drugs, stimulants, sedatives or tranquilisers (including but not limited to medications for blood pressure control, diabetes management, cholesterol lowering agents, oral steroids for asthma or depression/anxiety medication) ☐ Yes ☐ No

r Apart from the questions a to q in question 17, and excluding the common cold and influenza, have you suffered from, required treatment or operation for, consulted a doctor for, or intend to consult a doctor for, any other condition not mentioned? ☐ Yes ☐ No

Please provide details for all Yes answers in questions 17a to 17r above in the table below.

- Please place the question number with the Yes answer at the top of the column (such as 17a) and then respond to the questions (1) to (13) in the table below.
- You may provide details on a separate sheet if required. If the question in the table does not apply to your condition please write not applicable.

	Please state question number (under question 17) with a Yes answer (for example Q17A)			
Question no:	**Q17__**	**Q17__**	**Q17__**	**Q17 __**
	Please state your specific condition.			
1 Date symptoms first started and description of symptoms?				
2 What was the condition and which part and side of the body was affected?				
3 What was the medical diagnosis including results of X-rays and investigations?				
4 What was the frequency (daily, weekly, etc.) of attacks or symptoms?				
5 What was the severity (mild/ moderate/severe) and duration of attacks or symptoms?				
6 How long were you unable to work or perform your normal duties/activities?				
7 If a hospital visit was required, please provide date and duration of your stay.				

	Please state question number (under question 17) with a Yes answer (for example Q17A)			
Question no:	**Q17__**	**Q17__**	**Q17__**	**Q17 __**
	Please state your specific condition.			
8 What advice/treatment did you receive?				
9 Are you still receiving treatment? If so, please advise nature and frequency of treatment?				
10 Date treatment/medication ceased.				
11 When did you last suffer from any symptoms?				
12 Degree of recovery (%).				

Family history

18 Have any of your immediate family (living or deceased) suffered from: diabetes, heart disease, cancer, kidney disease, high blood pressure, mental disorder or breakdown, haemophilia, Huntington's Chorea, Parkinson's disease, Alzheimer's or dementia, multiple sclerosis or any other hereditary disease before the age of 65? ☐ Yes ☐ No

19 Please provide details of your family history in the table below.

Details of your immediate family member			
Relationship to you (such as mother, father, sister or brother)	**Current age**	**Details of illness or disorder**	**Age at diagnosis of illness or disorder**

Lifestyle

20 To the best of your knowledge, is there any possibility that you have ever been infected with or have you ever tested positive to AIDS (Acquired Immune Deficiency Syndrome), HIV (Human Immunodeficiency Virus) or hepatitis or are you in a high-risk category (for example injected drugs other than as prescribed by a medical practitioner, shared needles, engaged in unprotected male to male sexual intercourse, worked as or engaged the services of a prostitute)? ☐ Yes ☐ No

Work health history

21 Are you, at the date of this application, due to injury, accident or illness:

a off work or restricted from being capable of performing your full and normal duties on a full time basis (for at least 30 hours per week) even though your actual employment may be on a full time, part time or casual basis? ☐ Yes ☐ No

b have you been unable to work because of illness or injury (other than a cold or flu) for more than two consecutive weeks in the last three years? ☐ Yes ☐ No

Step 5: Privacy statement

The way in which the Trustee and the Insurer, TAL Life Limited, ABN 70 050 109 450 (TAL) collect, use, disclose and handle your information is set out in the IOOF Investment Management Limited ABN 53 006 695 021 (IIML) and TAL privacy policies available at www.ioof.com.au/privacy (IIML) and www.tal.com.au/privacy (TAL) or on request.

These privacy policies include information about how you may access and seek correction of your personal information as well as how you can make a complaint about a breach of your privacy. Further information about privacy is available from the Office of the Australian Information Commissioner at www.oaic.gov.au.

IIML and TAL may collect and use your personal information (including financial and sensitive health information) to assess, verify and process any application or claim for insurance.

To provide products and services IIML and TAL may collect, use and disclose information about you from financial advisers, employers, superannuation trustees and their administrators, medical practitioners, health professionals, hospitals, government departments, claims assessors, accountants, lawyers, regulators, reinsurers or other third party service providers. If information to assess your application or claim is not provided, IIML and TAL may not be able to process your form.

If you would like to obtain more information regarding your privacy please contact IIML on 1800 913 118 or TAL:

Telephone 1300 209 088
Facsimile 02 9448 9100
Postal address TAL Services, GPO 5380, Sydney NSW 2001

Step 6: Member/Applicant declaration and signature

- I acknowledge that I have read the notice explaining my duty of disclosure in Step 1 and understand that this duty also applies until formal notification of acceptance.
- I have read and checked any answers not completed in my handwriting and to the best of my knowledge and belief all the answers to the questions in this application and any supplementary application or personal statement which relate to me are true and correct and no information material to the assessment of this insurance has been withheld.
- I acknowledge that the increase in cover will not commence until this application has been accepted by TAL.
- I have read the privacy information in the PDS **and this application** and I consent to my personal information (including health and sensitive information) being collected, used and disclosed by the Trustee and TAL or their external service providers/contractors **as detailed in the Trustee's and TAL's privacy policies and as summarised in the PDS and this application**.
- I have read and understood the PDS and understand that if this application is accepted, my new or updated cover will be subject to the terms and conditions of the relevant insurance policy.
- I acknowledge I'm electing to apply for insurance even if I'm under age 25 and/or my balance is less than $6,000.
- If I have provided information about another person, it is my responsibility to inform them that I have done so and to refer them to the Trustee's and TAL's privacy policies.
- I understand that if this application is accepted, my cover will be subject to the terms and conditions of The Fund's insurance policy with TAL.

Insurance inactivity opt-in

☐ I elect to have any existing or future insurances retained, even if my account does not receive a contribution for a continuous period of 16 months. I acknowledge I can request to cancel my insurance at any time.

Member/Applicant signature

Signature  Date ☐☐ / ☐☐ / ☐☐☐☐

Please sign and return this form to:

Post IOOF, Reply Paid 264, Melbourne, VIC 8060
Email PursuitApplications@ioof.com.au
Telephone 1800 913 118
Facsimile 03 8614 4431