

Replacement policy application

Zurich FutureWise and Zurich Active (Income Cover only)



Issued: 15 May 2017

For use with the Zurich FutureWise PDS dated 1 October 2016, the Zurich Active PDS dated 1 October 2016 and the Insurance-only Division Membership PDS dated 1 October 2016. Not to be used in conjunction with the online platform.

Use this form to request the replacement of your Zurich Active Income Cover policy (if applied for before 15 May 2017) or your Zurich FutureWise policy by cancelling your existing policy and applying for a new policy on a like-for-like basis in regard to type and level of insurance and option. You may not replace a policy that you are currently receiving, or eligible to receive, benefits from.

To request the replacement of your Zurich Active Cover (Health events) policy, complete a Zurich Insurance Application form (Application, Declaration, Payment authority and Adviser's report only).

Please complete all sections, use black ink and mark boxes like this ☐ with an X.

For more information call Zurich Customer Care on 1800 005 057, fax us at 1800 812 175, email us at life.insurance@zurich.com.au, visit our website at www.zurich.com.au or mail us at Locked Bag 994, North Sydney, NSW, 2059.

Throughout this form we will refer to your "Current Policy" and "Replacement Policy". "Current Policy" refers to the existing policy that you are applying to replace. "Replacement Policy" means the new policy that you are applying for with this application which will replace your Current Policy.

Your duty of disclosure

Before entering into a life insurance contract, we must be told anything that each of you as the proposed policy owner and the life to be insured (if a different person to the proposed policy owner) knows, or could reasonably be expected to know, may affect our decision to provide the insurance and on what terms.

The duty applies until we agree to provide the insurance. It also applies before the insurance contract is extended, varied or reinstated.

We do not need to be told anything that:

- reduces the risk we insure; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive the duty to tell us about.

If you are the life to be insured (but not also the proposed policy owner), you not telling us something that you know, or could reasonably be expected to know, that may affect our decision to provide the insurance and on what terms, may be treated as a failure by the proposed policy owner to tell us something that they must tell us with the following consequences for the proposed policy owner.

If we are not told something

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

If we are not told anything that we are required to be told, and we would not have provided the insurance if we had been told, we may avoid the contract within 3 years of entering into it.

If we choose not to avoid the contract, we may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if we had been told everything we should have been told. However, if the insurance contract has a surrender value, or provides cover on death, we may only exercise this right within 3 years of entering into the contract.

If we choose not to avoid the insurance contract or reduce the amount of insurance provided, we may, at any time vary the contract in a way that places us in the same position we would have been in if we had been told everything we should have been told. However, this right does not apply if the contract has a surrender value or provides cover on death.

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

Privacy reminder for advisers

The information captured in this form is of a highly personal and sensitive nature, accordingly we remind you of your obligations to:

- respect the privacy and sensitivity of that information
- ensure the information is properly secured
- use that information only for the purposes for which it
- has been collected (ie for underwriting purposes).

1

Details of person to be insured

Policy number of the Current Policy:

Title: Full given name(s):

Surname:

Sex: ☐ Male ☐ Female Date of birth: Mobile number:

Email:

Details of insured person (continued)



You only need to complete the contact details below if they have changed or not been provided previously.

Residential address

Street name and number:

Suburb:

State: Postcode: Country:

Mailing address (PO Box address is acceptable)

Street name and number:

Suburb:

State: Postcode: Country:

Work phone number: Home phone number:

Fax number:

2

Replacement policy information



Please note: In all cases the person to be insured must complete **Form D** – the Personal Statement.

Which ownership structure is to apply to the Replacement Policy?

Non-superannuation ownership only

- ☐ Zurich FutureWise (single policy only)
- ▶ Complete Form A
- ☐ Zurich Active Income Cover (applied for before 15 May 2017)
- ▶ Complete Form A

Self managed superannuation fund

- ☐ Zurich FutureWise (single policy only)
- ▶ Complete Form B
- ☐ Zurich FutureWise linked to a non-superannuation policy via Flexible Linking or Superannuation Optimiser
- ▶ Complete Form A and B
- ☐ Zurich Active Income Cover (applied for before 15 May 2017. Superannuation Optimiser applies)
- ▶ Complete Form A and B

Macquarie Superannuation Plan

- ☐ Zurich FutureWise
- ▶ Complete Form C
- ☐ Zurich FutureWise linked to a non-superannuation policy via Flexible Linking or Superannuation Optimiser
- ▶ Complete Form A and C
- ☐ Zurich Active Income Cover (applied for before 15 May 2017. Superannuation Optimiser applies)
- ▶ Complete Form A and C



Please provide a signed quote for the Replacement Policy. The level of cover, options, benefits, etc quoted must be exactly the same as the Current Policy.

3

Cancellation of the Current Policy


This section is to be completed by the owner/s of the Current Policy (or the life insured if held by MIML).

- I request that my Current Policy be cancelled and be replaced with a new policy.
- Where this policy is owned by Macquarie Investment Management Limited (MIML) as Trustee of the Macquarie Superannuation Plan, I request that the Trustee cancel this policy on my behalf.
- I understand my Current Policy cannot be cancelled and replaced if the life insured is currently on claim or is eligible to claim on that policy.

Where the policy owner is a Trustee of a self managed superannuation fund, in addition to the above I declare that:

- I am a trustee, or a director of the trustee, of the fund and I am authorised to request the cancellation of the Current Policy on the life of the person named in this application.
- I understand that Zurich will not assume any of the superannuation compliance responsibilities associated with this request.
- Before making this request, I have received independent legal, financial, and taxation advice regarding the possible consequences to myself as Trustee and the fund as a result of this request.

Effective date of cancellation/replacement (if not immediate):
(cannot be more than 30 days in advance)

 **Note:** we will only cancel your Current Policy if we are able to issue you with a Replacement Policy.

Signature of Policy Owner of Current Policy

Date:

Full given name(s):

Surname:

Signature of Policy Owner of Current Policy

Date:

Full given name(s):

Surname:

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Form A: Non-superannuation ownership

Zurich FutureWise and Zurich Active (Income Cover only)

This form is to be completed in respect of the Replacement Policy

Please complete Form B or Form C as applicable if this policy is to be connected to another policy through Flexible Linking or Superannuation Optimiser.

1

Policy owner details

Is the insured person an owner of this policy?

☐ No ► **go to next question** ☐ Yes ► **go to D**

Policy owner 1

A. Is the first policy owner a company?

☐ No ► **go to B** ☐ Yes, please provide details below

Company name:

What is the insured's relationship to the company?

Australian Business Number (ABN):

► **go to C**

B. Name of the first policy owner (as per passport or birth certificate)

Title: Full given name(s):

Surname: Previous/maiden name:

Nationality of passport: Sex: ☐ Male ☐ Female

Date of birth: Relationship to the insured:

C. Contact details for the first policy owner

☐ If address details are same as page 1, please tick box ► **go to D**

Residential address (for individuals) or business street address (for companies) (PO Box address is not acceptable)

Street name and number:

Suburb:

State: Postcode: Country:

Mailing address (PO Box address is acceptable)

Street name and number:

Suburb:

State: Postcode: Country:

Work phone number: Home phone number:

Fax number: Mobile number:

Email:

D. Are there any additional policy owners?

☐ No ► **go to section 2 (Beneficiaries)**

☐ Yes ► **go to Policy owner 2**

Policy owner details (continued)

Policy owner 2

A. Is the second policy owner a company?

☐ No ► **go to B**

☐ Yes, please provide details below

Company name:

What is the insured's relationship to the company?

Australian Business Number (ABN):

► **go to C**

B. Name of the second policy owner (as per passport or birth certificate)

Title:

Full given name(s):

Surname:

Previous/maiden name:

Nationality of passport:

Sex: ☐ Male ☐ Female

Date of birth:

Relationship to the insured:

C. Contact details for the second policy owner

☐ If address details are same as page 1, please tick box ► **go to D**

Residential address (for individuals) or business street address (for companies) (PO Box address is not acceptable)

Street name and number:

Suburb:

State:

Postcode:

Country:

Mailing address (PO Box address is acceptable)

Street name and number:

Suburb:

State:

Postcode:

Country:

Work phone number:

Home phone number:

Fax number:

Mobile number:

Email:

D. Is there a third policy owner?

☐ No ► **go to section 2 (Beneficiaries)**

☐ Yes ► **go to Policy owner 3**

Policy owner details (continued)

Policy owner 3

A. Is the third policy owner a company?

☐ No ► **go to B**

☐ Yes, please provide details below

Company name:

What is the insured's relationship to the company?

Australian Business Number (ABN):

► **go to C**

B. Name of the third policy owner (as per passport or birth certificate)

Title:

Full given name(s):

Surname:

Previous/maiden name:

Nationality of passport:

Sex: ☐ Male ☐ Female

Date of birth:

Relationship to the insured:

C. Contact details for the third policy owner

☐ If address details are same as page 1, please tick box ► **go to section 2 (Beneficiaries)**

Residential address (for individuals) or business street address (for companies) (PO Box address is not acceptable)

Street name and number:

Suburb:

State:

Postcode:

Country:

Mailing address (PO Box address is acceptable)

Street name and number:

Suburb:

State:

Postcode:

Country:

Work phone number:

Home phone number:

Fax number:


Mobile number:


Email:

2

Beneficiaries

Would you like to nominate one or more beneficiaries to receive any death benefits payable under this policy?

 Note that this facility is only available where you are to be the insured person and the sole owner of the policy. Do not use this section to make a superannuation beneficiary nomination.

- ☐ No  go to section 3
- ☐ Yes, please provide details below

The total of percentages must be 100%

Name:

LEGAL PERSONAL REPRESENTATIVE

Relationship:

ESTATE

Percentage of benefit*:

%

* Enter 0 or leave blank if you do not wish to nominate your estate.

Name:

Sex:

☐ Male ☐ Female

Date of birth:

Relationship:

☐ Spouse ☐ Child ☐ Dependant

☐ Interdependent ☐ Brother ☐ Sister ☐ Mother ☐ Father ☐ Nephew ☐ Niece ☐ Legal guardian

☐ Other, please specify

Percentage of benefit:

%

Name:

Sex:

☐ Male ☐ Female

Date of birth:

Relationship:

☐ Spouse ☐ Child ☐ Dependant

☐ Interdependent ☐ Brother ☐ Sister ☐ Mother ☐ Father ☐ Nephew ☐ Niece ☐ Legal guardian

☐ Other, please specify

Percentage of benefit:

%

Name:

Sex:

☐ Male ☐ Female

Date of birth:

Relationship:

☐ Spouse ☐ Child ☐ Dependant

☐ Interdependent ☐ Brother ☐ Sister ☐ Mother ☐ Father ☐ Nephew ☐ Niece ☐ Legal guardian

☐ Other, please specify

Percentage of benefit:

%

Name:

Sex:

☐ Male ☐ Female

Date of birth:

Relationship:

☐ Spouse ☐ Child ☐ Dependant

☐ Interdependent ☐ Brother ☐ Sister ☐ Mother ☐ Father ☐ Nephew ☐ Niece ☐ Legal guardian

☐ Other, please specify

Percentage of benefit:

%

3

Premium details

- A. Would you like to nominate a date of the month different from the cover start date for the ongoing deduction of the premium?

☐ No, premiums will be deducted on the same date of each month/year as the cover start date ► **go to next question**

☐ Yes, preferred date of the month eg 1st, 15th:

How would you like to pay for your premiums? ☐ Monthly ☐ Annually

If the nominated date falls on a weekend or public holiday, the premium will be deducted on the next business day.

- B. Would you like to pay your premiums by direct debit from an account? ☐ No ► **go to next question**

☐ Yes, please provide details below

☐ Direct debit from Macquarie Investment Manager, Investment Accumulator or Investment Consolidator account

Account number:

☐ Direct debit from the bank account below

Bank account name:

BSB number: - Account number:

Direct debit authority: By electing to have my premium deducted from my account by direct debit, I agree to the terms outlined in the Direct Debit Request Service Agreement set out on page 25. I understand premiums will be deducted monthly or yearly as indicated on the quote attached to this application.

Signature

Date:

Name:

Signature

Date:

Name:

- C. Would you like to pay your premiums by credit card?

☐ No ► **go to next question** ☐ Yes, please provide details below

How would you like to pay for your premiums? ☐ Monthly ☐ Annually

Credit card type: ☐ Visa ☐ MasterCard

Credit card number: Expiry date: /

Name on card:

Credit card authority: I acknowledge that it is my responsibility to notify Zurich or its agent of any change in credit card details, including new expiry date. I authorise Zurich or its agent to charge any amounts that become payable in relation to my policy to my credit card, the details for which are shown above. I understand premiums will be deducted monthly or yearly as indicated on the quote attached to this application.

Signature

Date:

Full given name(s):

Surname:

- D. Would you like to pay your premiums by cheque or BPAY®?

Available for annual premium payments only.

☐ No ► **go to next question**

☐ Cheque, Zurich will provide payment instructions once your policy is ready to receive premiums

☐ BPAY®, your Customer Reference Number (CRN) will be provided on acceptance

4

Declaration of policy owner(s)

Information disclosed

- I have received a PDS for the product I am applying for (either a Zurich FutureWise PDS dated 1 October 2016 or a Zurich Active PDS dated 1 October 2016) and agree to be bound by it.
- I acknowledge that I have read and understood my duty of disclosure, as set out on page 1 of this application and in the PDS, in respect of the above and the Personal Statement on page 21.
- The person identified on page 22 is my adviser, and is authorised by me to lodge this application and until further notice, otherwise act on my behalf in relation to this insurance.
- I acknowledge that Zurich is entitled to rely on the information in this application lodged on my behalf in assessing both the application and any future claims, and may be entitled to vary or avoid the insurance under this Replacement Policy if there has been a non-disclosure, misrepresentation or fraud.
- I acknowledge that Zurich is entitled to rely on the information in all previous applications (including any increase, addition, variation, or reinstatement) for the Current Policy in assessing both the application and any future claims under this Replacement Policy, and may be entitled to vary or avoid the insurance under this Replacement Policy if there has been a non-disclosure, misrepresentation or fraud.
- I have read and understood the Privacy Statement in the PDS and consent to the collection, use and disclosure of personal information in accordance with the Privacy Statement.

Other acknowledgements

- If this policy is subject to Flexible Linking or Superannuation Optimiser, I acknowledge that the insurance under this policy will be linked to the insurance under another policy, and I have read and accept the terms that apply to the Flexible Linking or Superannuation Optimiser as set out in the PDS.
- I acknowledge that the insurance under this Replacement Policy will be subject to the same loadings and exclusions as the Current Policy.
- I acknowledge that the terms and conditions of this Replacement Policy may differ to those provided by the Current Policy.

Before you sign and date this application form, be aware that the life company or your adviser is obliged to have provided you with a PDS containing the important information in relation to this product. This information will help you understand the product and to decide whether it is appropriate for your needs.

Policy Owner(s) of Replacement Policy

Signature of policy owner

Date: Full given name(s): Surname:

Signature of policy owner

Date: Full given name(s): Surname:

Signature of policy owner

Date: Full given name(s): Surname:

Form B: Self managed superannuation fund ownership

Zurich FutureWise and Zurich Active (Income Cover only)

This form is to be completed in respect of the Replacement Policy

Use Form B for Zurich FutureWise or Zurich Active Income Cover where the Replacement Policy is to be owned by the trustee of a self managed superannuation fund. Please also complete Form A if this policy is to be connected to another policy through Flexible Linking or Superannuation Optimiser.

1

Policy owner details

Provide the following details for the self managed superannuation fund (SMSF)

Trustee name(s):

Name of superannuation fund:

Mailing address (PO Box address is acceptable)

☐ If address details are the same as page 1, please tick box ► **go to 2**

Street name and number:
 Suburb:
State: Postcode: Country:
Contact phone number: Australian Business Number (ABN):
Email:

2

Payment details

A. Would you like to nominate a date of the month different from the cover start date for the ongoing deduction of the premium?

☐ No, premiums will be deducted on the same date of each month/year as the cover start date ► **go to next question**

☐ Yes, preferred date of the month eg 1st, 15th:

How would you like to pay for your premiums? ☐ Monthly ☐ Annually

If the nominated date falls on a weekend or public holiday, the premium will be deducted on the next business day.

B. Would you like to pay your premiums by direct debit from an account? ☐ No ► **go to next question**

☐ Yes, please provide details below

☐ Direct debit from Macquarie Investment Manager, Investment Accumulator or Investment Consolidator account

Account number:

☐ Direct debit from the bank account below

Bank account name:

BSB number: - Account number:

Payment details (continued)

Direct debit authority: By electing to have my premium deducted from my account by direct debit, I agree to the terms outlined in the Direct Debit Request Service Agreement set out on page 25. I understand premiums will be deducted monthly or yearly as indicated on the quote attached to this application.

Signature

Date:

Name:

Signature

Date:

Name:

- C. Would you like to pay your premiums by credit card?
- ☐ No ► **go to next question**
- ☐ Yes, please provide details below
- How would you like to pay for your premiums? ☐ Monthly ☐ Annually

Credit card type: ☐ Visa ☐ MasterCard

Credit card number: Expiry date: /

Name on card:

Credit card authority: I acknowledge that it is my responsibility to notify Zurich or its agent of any change in credit card details, including new expiry date. I authorise Zurich or its agent to charge any amounts that become payable in relation to my policy to my credit card, the details for which are shown above. I understand premiums will be deducted monthly or yearly as indicated on the quote attached to this application.

Signature

Date:

Full given name(s):

Surname:

- D. Would you like to pay your premiums by cheque or BPAY®?
- Available for annual premium payments only.*
- ☐ No ► **go to next question**
- ☐ Cheque, Zurich will provide payment instructions once your policy is ready to receive premiums
- ☐ BPAY®, your Customer Reference Number (CRN) will be provided on acceptance

3

Declaration of applicant(s)

Trustee declaration

- I am a trustee, or a director of the trustee, of the fund and I am authorised to make this application for cover on the life of the person named in this application.
- I understand that Zurich will not assume any of the superannuation compliance responsibilities associated with the application, policy and benefits.

Information disclosed

- I have received the PDS for the product I am applying for (either a Zurich FutureWise PDS dated 1 October 2016 or a Zurich Active PDS dated 1 October 2016) and agree to be bound by it.
- I acknowledge that I have read and understood my duty of disclosure, as set out on page 1 of this application and in the PDS, in respect of the above and the Personal Statement on page 21.
- The person identified on page 22 is my adviser, and is authorised by me to lodge this application and until further notice, otherwise act on my behalf in relation to this insurance.
- I acknowledge that Zurich is entitled to rely on the information in this application lodged on my behalf in assessing both the application and any future claims, and may be entitled to vary or avoid the insurance under this Replacement Policy if there has been a non-disclosure, misrepresentation or fraud.
- I acknowledge that Zurich is entitled to rely on the information in all previous applications (including any increase, addition, variation, or reinstatement) for the Current Policy in assessing both the application and any future claims of this Replacement Policy, and may be entitled to vary or avoid the insurance provided under this Replacement Policy if there has been a non-disclosure, misrepresentation or fraud.

Other acknowledgements

- I have read and understood the Privacy Statement in the PDS and consent to the collection, use and disclosure of personal information in accordance with the Privacy Statement.
- If this policy is subject to Flexible Linking or Superannuation Optimiser, I acknowledge that the insurance under this policy will be linked to the insurance under another policy, and I have read and accept the terms that apply to the Flexible Linking or Superannuation Optimiser as set out in the PDS.
- I acknowledge that the insurance under this Replacement Policy will be subject to the same loadings and exclusions as the Current Policy.
- I acknowledge that the terms and conditions of this Replacement Policy may differ to those provided by the Current Policy.

Before you sign and date this application form, be aware that the life company or your adviser is obliged to have provided you with a PDS containing the important information in relation to this product. This information will help you understand the product and to decide whether it is appropriate for your needs.

Signature of trustee (please sign in black ink)

Date: Trustee's position: Trustee's name:

Signature of trustee (please sign in black ink)

Date: Trustee's position: Trustee's name:

Signature of trustee (please sign in black ink)

Date: Trustee's position: Trustee's name:

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Form C: Insurance through the Macquarie Superannuation Plan

Zurich FutureWise, Zurich Active (Income Cover only), Insurance-only Division membership

Macquarie Investment Management Limited (MIML) is the trustee of the Macquarie Superannuation Plan (the Trustee). This form is to be completed in respect of the Replacement Policy

Use Form C for Zurich FutureWise or Zurich Active Income Cover where you are either:

- **applying for membership of the Insurance-only Division of the Macquarie Superannuation Plan or**
- **linking the insurance to a new or existing superannuation account within the Macquarie Superannuation Plan including Macquarie Super Manager, Macquarie Super Accumulator, Macquarie Super Consolidator, or Super Options.**

Please also complete Form A if Flexible Linking or Superannuation Optimiser is to apply.

1

Applicant details



The applicant must be the person named as the person to be insured on page 1 of this application.

A. Contact details

☐ If address details are same as page 1, please tick box ► **go to 2**

Residential address (PO Box address is not acceptable)

Street name and number:

Suburb:

State: Postcode: Country:

Mailing address (PO Box address is acceptable)

Street name and number:

Suburb:

State: Postcode: Country:

Work phone number: Home phone number:

Fax number: Mobile number:

Email:

B. Are you applying for membership of the Insurance-only Division of the Macquarie Superannuation Plan?

☐ Yes ► **go to C**

☐ No, I am linking this insurance to a new or existing Macquarie superannuation account from which premiums will be deducted. Please provide details of the account below. If this is a new account, please direct your application for the superannuation account to Macquarie and inform Zurich once the account is opened..

☐ Macquarie Super Accumulator

☐ Macquarie Super Manager

☐ Macquarie Super Consolidator

☐ Macquarie SuperOptions

Account number:

► **go to section 5 and complete the declaration**

Applicant details (continued)

C. PLEASE READ THIS BEFORE ANSWERING THE QUESTION

Only answer this question if you are applying for membership of the Insurance-only Division of the Macquarie Superannuation Plan. Any premiums paid (excluding those paid by rollover from an external superannuation fund) are considered superannuation contributions. All contributions that are not employer or spouse will be treated as personal non-concessional contributions, unless you provide us with a valid notice of your intention to claim a tax deduction within certain time frames. In order to claim a tax deduction for your personal contributions please submit a completed deduction notice in an ATO approved format. Zurich can supply a standard form that you can use for this purpose which we will send to you each year, or alternatively you may complete a *Notice of intent to claim or vary a deduction for personal super contributions* (NAT 71121) available from the Australian Taxation Office.

What type of contributions are being made to the Macquarie Superannuation Plan?

☐ Personal ☐ Spouse ☐ Employer – Super Guarantee ☐ Employer – Salary Sacrifice ☐ Employer – Other

D. Tax File Number declaration

Only answer this question if you are applying for membership of the Insurance-only Division of the Macquarie Superannuation Plan.



If you do not provide your TFN the Trustee cannot accept contributions made by you or someone on your behalf (other than your employer), while certain concessional contributions and other amounts may be subject to an additional tax. As a consequence, the Trustee will not accept your application for membership of the Insurance-only Division of the Macquarie Superannuation Plan until you provide your TFN.

Please provide your Tax File Number:

2

Beneficiary details

Would you like to nominate one or more beneficiaries?

-  Only answer this question if you are applying for membership of the Insurance-only Division of the Macquarie Superannuation Plan.
-  Please ensure you consider and understand the rules set out in the Insurance-only Division Membership PDS relating to the payment of death benefits from superannuation. In particular, note the requirement that any nominated beneficiary (other than your legal personal representative/estate) must be your dependant under superannuation law.

☐ No ► **go to 4**

☐ Yes, provide details below

The total of percentages must be 100%

Name:

Relationship:

Percentage of benefit*: %

* Enter 0 or leave blank if you do not wish to nominate your estate.

Name:

Sex: ☐ Male ☐ Female Date of birth:

Relationship: ☐ Spouse ☐ Child ☐ Interdependent ☐ Other Dependant

Percentage of benefit: %

Beneficiary details (continued)

Name:

Sex:

☐ Male ☐ Female

Date of birth:

Relationship:

☐ Spouse ☐ Child ☐ Interdependent ☐ Other Dependant

Percentage of benefit:

%

Name:

Sex:

☐ Male ☐ Female

Date of birth:

Relationship:

☐ Spouse ☐ Child ☐ Interdependent ☐ Other Dependant

Percentage of benefit:

%

Name:

Sex:

☐ Male ☐ Female

Date of birth:


Relationship:

☐ Spouse ☐ Child ☐ Interdependent ☐ Other Dependant

Percentage of benefit:

%

Please read this BEFORE signing this declaration

 Your signature must be witnessed by two people, each of whom is 18 years or older and is not named as a beneficiary in the form.

I understand the superannuation beneficiary nomination given to the Trustee in this section will apply to all death benefits held under my membership in the Insurance-only Division of the Macquarie Superannuation Plan for Zurich FutureWise or Zurich Active Income Cover (as applicable) and referred to below as my Zurich FutureWise interest or Zurich Active Income Cover interest (as applicable), and:

- be binding on the Trustee if the Trustee consents to it,
- revokes any prior nomination made by me in respect of my Zurich FutureWise or Zurich Active Income Cover interest, and
- will be current until revoked or the Trustee consents to a new nomination from me, which will replace any previous nomination/s provided in respect of my Zurich FutureWise or Zurich Active Income Cover interest.

I understand that any nomination I provide will apply to all of my interest in Zurich FutureWise or Zurich Active Income Cover (as applicable, and only that Zurich FutureWise or Zurich Active Income Cover interest).

I understand that I should review the nomination regularly and if I wish to make a new nomination in the future, I will need to complete a new form.

Signature of applicant (please sign in black ink)

Declaration date:

Full given name(s):

Surname:

This application was signed by the applicant before me and on the date indicated above as the declaration date.

Signature of witness 1 (please sign in black ink)

Date:

Name:

Signature of witness 2 (please sign in black ink)

Date:

Name:

3

Payment details

A. Would you like to nominate a date of the month different from the cover start date for the ongoing deduction of contributions?

☐ No, Contributions will be deducted on the same date of each month/year as the cover start date ► **go to B**

☐ Yes, preferred date of the month eg 1st, 15th:

How would you like to pay for your premiums? ☐ Monthly ☐ Annually

If the nominated date falls on a weekend or public holiday, the premium will be deducted on the next business day.

B. Would you like to pay your premiums with superannuation contributions made by by direct debit from an account?

☐ No ► **go to next question**

☐ Yes, please provide details below

☐ Direct debit from Macquarie Investment Manager, Investment Accumulator or Investment Consolidator account

Account number:

☐ Direct debit from the bank account below

Bank account name:

BSB number: - Account number:

Direct debit authority: By electing to have my premium deducted from my account by direct debit, I agree to the terms outlined in the Direct Debit Request Service Agreement set out on page 25. I understand premiums will be deducted monthly or yearly as indicated on the quote attached to this application.

Signature 1

Date:

Name:

Signature 2

Date:

Name:

Signature 3

Date:

Name:

C. Would you like to pay your premiums by credit card?

☐ No ► **go to next question** ☐ Yes, please provide details below

How would you like to pay for your premiums? ☐ Monthly ☐ Annually

Credit card type: ☐ Visa ☐ MasterCard

Credit card number: Expiry date: /

Name on card:

Credit card authority: I acknowledge that it is my responsibility to notify Zurich or its agent of any change in credit card details, including new expiry date. I authorise Zurich or its agent to charge any amounts that become payable in relation to my policy to my credit card, the details for which are shown above. I understand premiums will be deducted monthly or yearly as indicated on the quote attached to this application.

Signature 1

Date:

Name:

Payment details (continued)

- D. Would you like to pay your premiums by making superannuation contributions by cheque or BPAY® or by rollover from another superannuation fund?

Available for annual premium payments only.

- ☐ No ► **go to next question**
- ☐ Cheque, Zurich will provide payment instructions once your policy is ready to receive premiums
- ☐ BPAY®, your Customer Reference Number (CRN) will be provided on acceptance
- ☐ Rollover, please complete a **Rollover Authority** form and forward it to Zurich.



Please note: If your employer is making contributions on your behalf, only certain payment options will meet the new data and payment standard for superannuation contributions made from 1 July 2014. Your employer should contact the ATO for further information regarding the new data and payment standards.

® Registered to BPAY Pty Ltd ABN 69 079 137 518.

4

Annual report

Would you like a paper version of the annual report to be posted to you? ☐ No ☐ Yes

The annual report for the Macquarie Superannuation Plan will be available at macquarie.com.au/yourwrap. If no selection is made, you will not be posted an annual report.

5

Declaration of applicant

Information disclosed

- I have received the PDS for the product/s I am applying for (either a Zurich FutureWise PDS dated 1 October 2016, and/or a Zurich Active PDS dated 1 October 2016) and agree to be bound by it/them.
- Where I am applying for membership of the Insurance-only Division of the Macquarie Superannuation Plan, I have also received the Insurance-only Division Membership PDS dated 1 October 2016, and agree to be bound by it and the trust deed and rules of the Macquarie Superannuation Plan.
- I acknowledge that I have read and understood my duty of disclosure, as set out on page 1 of this application and in the PDS, and declare that the information I have supplied in relation to my application for insurance, and where applicable, my application for membership of the Insurance-only Division of the Macquarie Superannuation Plan, is true and correct and I have not withheld any information material to the application(s).
- I understand that my duty of disclosure continues until a written contract of life insurance has been issued by Zurich.
- The person identified on page 22 is my adviser, and is authorised by me to lodge this application for insurance and, if relevant, the application to the Trustee for membership of the Insurance-only Division of the Macquarie Superannuation Plan, and until further notice, otherwise act on my behalf in relation to this insurance, and where relevant, my membership of the Insurance-only Division of the Macquarie Superannuation Plan.
- I acknowledge that Zurich is entitled to rely on the information in this application lodged on my behalf in assessing both the application and any future claims, and may be entitled to vary or avoid the insurance if there has been a non-disclosure, misrepresentation or fraud. Where applicable, I acknowledge that the Trustee is entitled to rely on the information in this application in assessing the application for membership of the Insurance-only Division of the Macquarie Superannuation Plan.
- I acknowledge that Zurich is entitled to rely on the information in all previous applications (including any increase, addition, variation, or reinstatement) for the Current Policy in assessing both the application and any future claims of this Replacement Policy, and may be entitled to vary or avoid the insurance under this Replacement Policy if there has been a non-disclosure, misrepresentation or fraud.
- I have read and understood the Privacy Statement in each of the PDSs I have received and consent to the collection, use and disclosure of personal information by Zurich, and where applicable, the Trustee, in accordance with the Privacy Statements.

Other acknowledgements

- If this policy is subject to Flexible Linking or Superannuation Optimiser, I acknowledge that the insurance under this policy will be linked to the insurance under another policy, and I have read and accept the terms that apply to the Flexible Linking and Superannuation Optimiser as set out in the relevant Zurich PDS.
- Where I am applying for membership of the Insurance-only Division of the Macquarie Superannuation Plan, I have read and understood the anti-money laundering terms and conditions in the Insurance-only Division Membership PDS.
- I declare that, where I am applying for membership of the Insurance-only Division of the Macquarie Superannuation Plan, I am eligible to contribute to a superannuation fund, and I agree to advise the Trustee when I am no longer eligible to make contributions to a superannuation fund.
- I acknowledge that, where I am applying for membership of the Insurance-only Division of the Macquarie Superannuation Plan, interests issued by the Trustee do not represent deposits or other liabilities of Macquarie Bank Limited, and that neither Macquarie Bank nor any other company in the Macquarie Group, guarantees or otherwise provides assurance in respect of the obligations of the Trustee.
- I authorise the Trustee to provide to my adviser personal and medical information in connection with my application for insurance and ongoing management of my insurance. This excludes the release of any reports sourced by Zurich from any outside parties. If I wish to instruct the Trustee not to supply my adviser with medical information received, I will tick the box provided for this purpose on page 22.
- I authorise, where applicable, Zurich and the Trustee, to collect superannuation contributions from my nominated credit card or bank account in the event my application is approved.
- I acknowledge that the insurance under this Replacement Policy will be subject to the same loadings and exclusions as the Current Policy.
- I acknowledge that the terms and conditions of this Replacement Policy may differ to those provided by the Current Policy.

Before you sign and date this application form, be aware that your adviser or the life company, and in the case of an application for membership of the Insurance-only Division of the Macquarie Superannuation Plan, the Trustee, is obliged to have provided you with a PDS containing the important information in relation to this product/s. This information will help you understand the product and to decide whether it is appropriate for your needs.

Signature (please sign in black ink)

Date:

Full given name(s):

Surname:

Form D: Personal statement – replacement policy application

Zurich FutureWise and Zurich Active (Income Cover only)



This form should be completed by the insured person in all cases where a replacement policy is requested.

With the exception of information provided as part of any relevant insurance claim/s (refer to question 1C), Zurich does not require you to disclose any change in health or personal circumstance that occurred since we last accepted an application for insurance on your Current Policy. Please note that an application for insurance includes any application for increase, addition, variation or reinstatement that required you to provide disclosure regarding your health.

1

Applicant details



This form is to be completed by the insured person of the Current Policy.

A. Details of person to be insured (as per passport or birth certificate)

Title: Full given name(s):

Surname:

Sex: ☐ Male ☐ Female Date of birth:



You may request a copy of any previously completed application for insurance by contacting your financial adviser or Zurich.

B. Did you disclose ALL relevant information in your previous application for your Current Policy? (previous applications include any subsequent applications for increases, additions, variations, or reinstatement)

☐ No, Please provide details below

☐ Yes ► **go to next question**

C. Are you currently on claim or eligible to make a claim on the Current Policy?

☐ No ► **go to next question**

☐ Yes, you are not eligible to replace this policy.

2

Declaration by the person to be insured

Information disclosed

- I acknowledge that I have read and understood my duty of disclosure, as set out on page 1 of this application and in the PDS, in respect of the above and the Personal Statement on page 21.
- I declare that the answers to the preceding questions are true and complete and I have not withheld any information material to the proposed insurance application.
- I acknowledge that Zurich is entitled to rely on the information in this application lodged on my behalf in assessing both the application and any future claims of this Replacement Policy, and may be entitled to vary or avoid the insurance if there has been a non-disclosure, misrepresentation or fraud.
- I acknowledge that Zurich is entitled to rely on the information in all previous applications lodged on my behalf (including any increase, addition, variation, or reinstatement) for the Current Policy in assessing both the application and any future claims of the Replacement Policy, and may be entitled to vary or avoid the insurance under this Replacement Policy if there has been a non-disclosure, misrepresentation or fraud.
- I have read and understood the Privacy Statements in the PDSs and consent to the collection, use and disclosure of personal information in accordance with the Privacy Statements.

Medical information

- I consent to Zurich seeking medical information from any doctor consulted by me, and if applying for Child Trauma Insurance from any doctor consulted by the child(ren) to be insured, any time before or during the assessment for this application or during the term of any policy issued by Zurich. I authorise the giving of such information during the application process and the term of any policy issued.
- I authorise Zurich to provide to my adviser personal and medical information in connection with my application for insurance and ongoing management of my insurance. This excludes the release of any reports sourced by Zurich from any outside parties.

☐ You can instruct us not to supply your adviser with medical information received by us by ticking this box.

Signature of life insured

Date:

Full given name(s):

Surname:

Parts A, B & D: Issued by Zurich Australia Limited ABN 92 000 010 195, AFSL 232510, 5 Blue Street North Sydney NSW 2060.

Part C: Issued by Macquarie Investment Management Limited (MIML) ABN 66 002 867 003, AFSL 237492, 1 Shelley Street Sydney NSW 2000.

MIML is not an authorised deposit-taking institution for the purposes of the Banking Act (Cth) 1959, and MIML's obligations do not represent deposits or other liabilities of Macquarie Bank Limited ABN 46 008 583 542. Neither Macquarie Bank Limited, nor any other company in the Macquarie Group, guarantees or otherwise provides assurance in respect of the obligations of MIML.

Adviser use only

Please sign and date the form subject to the following declarations:

- I am legally entitled to advise on insurance matters
- the applicant has been provided with each relevant PDS
- the duty of disclosure has been explained to the applicant and, if different, the person to be insured
- details of adviser remuneration, including any rebates, are indicated on the quote attached to this application under 'Office use'
- I understand the Adviser Remuneration type can be selected for a quote and/or rebates applied. Changes to instructions on Adviser Remuneration are only valid when provided to Zurich before an application is approved and a policy is issued
- I understand special conditions or restrictions may apply to adviser remuneration where the person to be insured is within five years of the maximum entry age for the insurance they are applying for as set out in the relevant Zurich Adviser Guide.

Adviser name:

Adviser code:

Dealer name:

Dealer code:

Signature of Adviser

Comments:

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Direct Debit Request Service Agreement – Payor to retain

By electing to have my Zurich FutureWise and/or Zurich Active Income Cover premium deducted from my account by direct debit, I agree to the terms detailed below.

1. I have requested Zurich Australia Limited ABN 92 000 010 195 AFSL 232510 (User ID 117) to deduct my nominated account with:
 - any amounts that become payable in relation to my Zurich FutureWise and/or Zurich Active Income Cover policy, or
 - any amount needed to cover contributions to the Insurance-only Division of the Macquarie Superannuation Plan, through the BECS (Bulk Electronic Clearing System).
2. Zurich may cancel my insurance cover if the Direct Debit Request is cancelled under condition 12 because of dishonours.
3. I have also requested Macquarie Life Limited ABN 56 003 963 773 AFSL No. 237497 (User ID 145096) on behalf of Zurich to deduct my nominated account with the amounts referred to in paragraph 1 until Zurich commences those deductions on its own behalf. References to 'Zurich' in the following conditions include Macquarie Life while it collects premiums on behalf of Zurich.
4. The financial institution may, in its absolute discretion, at any time by notice in writing to me terminate this request as to future debits.
5. Zurich may, by notifying me within 14 days, vary the timing of future debits.
6. Where the due date does not fall on a business day and I am uncertain whether sufficient cleared funds will be available to meet the direct debit, I will contact my financial institution directly and ensure that sufficient cleared funds are available.
7. I can modify or defer this regular Direct Debit Request at any time by giving Zurich 14 days' notice.
8. I can stop or cancel the regular Direct Debit Request at any time by giving Zurich or my financial institution 14 days' notice.
9. If at any time I feel that a direct debit against my nominated account is inappropriate or wrong it is my responsibility to notify Zurich or my financial institution as soon as possible.
10. If I believe there has been an error in debiting my account, I will notify Zurich or my financial institution and confirm that notice in writing with Zurich as soon as possible.
11. Direct debiting through BECS is not available on all accounts. I can check my account details against a regular statement or check with my financial institution as to whether I can request a direct debit from my account.
12. It is my responsibility to ensure that there are sufficient cleared funds in my nominated account to honour the Direct Debit Request. I understand that the Direct Debit Request will be automatically cancelled if two debit payments are dishonoured because of insufficient funds. Zurich will give me 14 days' notice in writing if it intends to cancel my Direct Debit Request. Zurich will also charge the cost of dishonoured direct debits against my account.
13. It is my responsibility to ensure that the authorisation given to debit the nominated account is identical to the account signing instruction held by the financial institution where the account is held.
14. Zurich may need to pass on details of my direct debit request to its sponsor bank in BECS to assist with the checking of any incorrect or wrongful debits to my nominated account.

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