



Application for insurance cover (short-form)

Use this form if you are a smartMonday PRIME member under age 55 and want to:

- **>** apply for, or increase, your: death and TPD cover up to \$1,000,000 and/or income protection cover up to \$8,000 monthly benefit
- > select the 'Home Duties' definition of TPD (personal members only)

Important information

If you have any questions, please call us on 1300 614 644 or email enquiry@smartmonday.com.au

For more information go to our website

Some options listed in this form may not be available to you depending on the product or type of employer sub-plan you are in. We may not be able to process your application if this is the case. Please refer to the relevant PDS Insurance guide for your membership, or call us for more information.

If you are age 55 or older, or wish to apply for larger amounts of cover than stated above, you must complete the standard Personal statement and declaration of health form available at smartmonday.com.au

State

smartmonday.com.au		
Your membership details	smart I am personal member	I am an employer-sponsored member
	Employer name (if you are a member of an employer-s	ponsored plan in smartMonday PRIME)
	Member number (if known)	
	First name	
	Last name	
	Date of birth (DD/MM/YYYY)	Gender (M, F)
	Phone	Email
	Postal address	

Suburb

Postcode





Apply for, or increase Death and TPD cover

Select the appropriate option below and fill in the amount of cover required and indicate whether it is additional cover (i.e. additional to any automatic cover you already have in smartMonday), new cover (i.e. if you do not have any cover in smartMonday), or replacement cover (i.e. if you want this cover to fully replace the cover you already have in smartMonday).

Please note:

- **>** Other restrictions, terms and conditions may apply depending the type of your smartMonday membership. Please read the PDS Insurance guide relevant to your membership before completing this form.
- If your employer is making additional contributions to fund the costs of your automatic insurance cover, you may wish to consider preserving that arrangement if you still work for that employer. Select 'Additional' if this is the case.
- If your application is accepted by the insurer, any additional, new, or replacement cover amount will be categorised as Voluntary cover.

Death cover	\$ (amount you are applying for)		
	Additional	New	Replacement
TPD cover	\$	(amount you are applyi	ng for)
	Additional	New	Replacement

Select the 'Home Duties' definition of TPD (personal members only)

Apply for Income Protection insurance cover

If you are a personal member of smartMonday PRIME and you wish to apply for the special 'Home Duties' TPD definition, tick the box below. This is an additional definition of total and permanent disablement that may be available to you if you are wholly engaged in full-time unpaid Domestic Duties in your residence. See the *Insurance guide* of the smartMonday PRIME PDS for more information, or call us to speak to a smartCoach.

Home Duties definition - I want this definition to be added to my insurance cover.

Select the appropriate option below and fill in the amount of cover required. Income protection cover is only available if you are gainfully and permanently employed for a minimum of 15 hours per week. See the PDS *Insurance guide* for more information.

I require income protection insurance cover

Amount of income insured % up to 75% of annual income,

Is this new cover or an increase to existing cover? (Select one option only)

New Increase



Apply for Income Protection
insurance cover
(continued)

Your personal history

Sele	ct the benefit and	a waiting periods you	require:
Max	imum benefit pe	riod (tick one box)	
	2 years	5 years	To age 65
Wait	ting period (tick o	one box)	
	30 days	60 days	90 days
			statement. If required, attach any appendices. nt resident of Australia?
	Yes	No	
2. Are ye	ou currently emp	oloyed?	
	Yes	No	
Occupa	tion		Industry
Daily du	ities of your occu	pation (include appro	x % of your time spent on core duties)
	nnual salary (if se usiness expenses		Hours worked per week
3. Your	height (cm)	Your weight (kg)	
4. Have	you smoked any t	tobacco or any other s	substance in the last 12 months?
	Yes	No	
If YES, st	ate forms and qu	antities below.	
current	or usual occupat		nt from work or unable to carry out all of the duties of your is, due to an injury or illness (even if you are not currently d)?
	Yes	No	
6. Do vo	ou drink more tha	ın 20 standard alcoho	lic drinks per week?
	Yes	No	





Your personal history (continued)

			gage in aviation (other than as a fare paying passenger) or in any hazardous pursuit or sport (e.g. motor racing, football, martial arts, scuba diving)?	
	Yes	No		
	Have you ever sub creatment for any		oms of, or had, or been told you have, or received any advice, investigation ving things?	
	Yes	No		
>	high blood pres	_		
>	depression, anxiety, stress, fatigue or other mental illness			
>	diabetes, abnormal blood sugar, epilepsy, dizziness, tinnitus or tremor			
>	back, neck or joint pain or other musculoskeletal disorder or arthritis			
>	Cancer, cyst, tumour or growth of any type or breast lump (even if you have not seen a doctor)			
>	loss of sight or blindness			
-	Liver disorder (including hepatitis B or C), kidney or bladder disorder, bowel or stomach disorder			
>	Acquired Immune Deficiency Syndrome (AIDS) or infected with the HIV virus			
>	Any other medi findings not me		·	
9. (a) Have you ever	injected you	rself with any illicit drugs not prescribed by a medical practitioner?	
	Yes	No		
(1		unprotected n where neit	ı: anal sex (except in a relationship between you and only one her of you has had unprotected anal sex with anyone else in	
	Yes		No	
	(ii) had sex wit	hout a condo	om:	
	Yes		No	
	> with som	ieone you kn	ow or suspect to be HIV positive, or	
	> with som	eone who in	jects non prescribed drugs, or	
	with a se	x worker or a	s a sex worker?	

If you answered YES to one or more of questions 5 - 9 above, you will need to complete the *Personal statement and declaration of health* form available at **smartmonday.com.au**



Declarations and agreement

About this application

When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can cover you, and if so, on what terms and at what cost. We will ask questions we need to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give us in response to our questions is vital to our decision.

The duty to take reasonable care

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into. A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth. This duty applies to a new contract of insurance and also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. There are different remedies that may be available to us. These are set out in the Insurance Contracts Act 1984 (Cth). These are intended to put us in the position we would have been in if the duty had been met. Your cover could be avoided (treated as if it never existed), or its terms may be varied. This may also result in a claim being declined or a benefit being reduced. Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

Before we exercise any of these remedies, we will explain our reasons and what you can do if you disagree.

Guidance for answering our questions

You are responsible for the information provided to us. When answering our questions:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- **>** Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), check every answer (and if necessary, make any corrections) before the application is submitted.

Changes before your cover starts

Before your cover starts, we may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

If you need help

It's important that you understand this information and the questions we ask. Ask us or a person you trust, such as your adviser for help if you have difficulty understanding the process of buying insurance or answering our questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help. If you want, you can have a support person you trust with you.





Declarations and agreement (continued)

Notifying us

If, after the cover starts, you think you may not have met your duty, contact us immediately and we'll let you know whether it has any impact on the cover.

Economic or trade sanctions

If you have a trade or economic sanction placed against you then you will not be eligible for insurance cover and would not be paid out on any claim received on or after that date. The insurer could be exposed to penalties or restrictions if cover was provided to a sanctioned person.

Privacy

AIA Australia

Your privacy is important to AIA Australia. By becoming a member, or otherwise interacting or continuing your relationship with AIA Australia directly or via a representative or intermediary, you confirm that you agree and consent to the collection, use (including holding and storage), disclosure and handling of personal and sensitive information ("Personal Information") in the manner described in the AIA Australia Privacy Policy on AIA Australia's website as updated from time to time. AIA Australia's current Privacy Policy is available at www.aia.com.au or by calling 1800 333 613. In summary, for the purposes set out in AIA Australia's Privacy Policy (including for the purposes of administering, assessing or processing your insurance or any claim) AIA Australia may:

- > collect Personal Information from you, including from application forms or other information submitted in respect of your insurance, or when interacting with you (including online);
- collect your Personal Information from, and provide to, third parties in Australia and overseas, such as your representatives (including your financial adviser), the trustee and administrator of a superannuation fund, employers, health professionals, reinsurers, government agencies, service providers and affiliates;
- be required or authorised to collect your Personal Information under various laws including insurance, taxation, financial services and other laws set out in AIA Australia's Privacy Policy; and
- disclose Personal Information to third parties which may be located in Australia, South Africa, the US, the United Kingdom, Europe, Asia and other countries including those set out in AIA Australia's Privacy Policy.

If you do not provide the required Personal Information, AIA Australia may not be able to provide insurance or other services to you. Information about how to access or correct your Personal Information held by AIA Australia or lodge a privacy-related complaint is set out in AIA Australia's Privacy Policy. The most recent version of the AIA Australia Privacy Policy at www.aia.com.au applies to and supersedes all previous Privacy Policies and/or Privacy Statements and privacy summaries that you may receive or access.

The trustee

The fund is also subject to the trustee's privacy statement, which is available at <u>eqt.com.au/global/privacystatement</u>.





Declarations and agreement (continued)

General declarations

I declare that:

- I have disclosed all matters that I know, or could reasonably be expected to know, that are relevant to the insurer's decision to accept the risk of insurance and on what terms.
- > I understand that cover will not commence until my application is accepted by the insurer and the insurance premium is paid.
- > I agree to be bound by the provisions of the relevant insurance policy between the insurer and the fund, the terms and conditions of which are set out in the smartMonday PRIME PDS.
- I have read the privacy policies on the previous page and consent to my personal and sensitive information being handled in accordance with those policies.

Your Signature

Date (DD/MM/YYYY)



Smart easy actions





Send your completed form to: smartMonday, GPO Box 1202, Brisbane QLD 4001

The information in this document is general in nature and doesn't take into account your personal needs and objectives. smartMonday is a registered trading name of smartMonday Solutions Limited ABN 48 002 288 646 AFSL 236667, the sponsor of the Smart Future Trust ABN 68 964 712 340 (the fund). The trustee of the fund is Equity Trustees Superannuation Limited ABN 50 055 641 757 AFSL 229757 RSEL 0001458. This document has been prepared by smartMonday on behalf of the trustee. smartMonday products are part of the fund. The Target Market Determinations for smartMonday products are available at smartMonday and the trustee take no responsibility for you acting on the information provided. Any decision that you make is at your own risk.

It all adds up