

Group Risk Insurance Continuation Option Supplementary Statement



To avoid delays check that all questions have been answered fully. Please use BLOCK LETTERS.

1 Insured details

Mr Mrs Miss Ms Other – please specify

Surname

Given name(s)

Date of birth / /

Group policy name

Group policy number

Is this IOOF SMSF cover? Yes No

2 Continuation option declaration

1. Date ceased employment with the employer covered by the above policy (for IOOF members date ceased membership of the fund)

/ /

2. Are you leaving due to ill health?

Yes No

3. Are you leaving due to retirement?

Yes No

4. Has a claim for benefits under the Group policy been lodged for you at any time or have you or the policy owner ever been entitled to claim?

Yes No

3 Declaration of life to be insured

1. I acknowledge that I have read the notice explaining my duty of disclosure on the application form which accompanies the Zurich Wealth Protection Product Disclosure Statement (PDS) and understand that this duty applies until formal notification of acceptance of my application.
2. 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.
3. I acknowledge that I have received, read and understood the PDS relating to the benefits proposed. I acknowledge that, other than any interim cover applying as outlined in the PDS, no cover commences until this Application has been accepted by Zurich Australia Limited and the first premium or instalment of premium has been paid.
4. I acknowledge that any continuation of cover will be subject to any general or special conditions, premium loadings or endorsements that applied to my cover in the Group Plan I was insured under.

Signature of life to be insured

X

Date

/ /

Privacy

Zurich is bound by the Privacy Act 1988 (Cth). In completing the forms or questions herein you will be providing us with your personal and, perhaps, sensitive information. The collection and management of this information is governed by the Privacy Act 1988. For a more detailed explanation of Zurich's Privacy Policy please visit our website at www.zurich.com.au or contact the Zurich Privacy Officer on 132 687 or email us at privacy.officer@zurich.com.au.

Wealth Protection Application and Life Insured Statement (LIS) requirements when requesting a Continuation Option

Sections	Zurich Protection Plus	Zurich Superannuation Term Life Plus	Zurich Income Replacement	Zurich Superannuation Income Replacement
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Wealth Protection Application (1 March 2015 version)

Sections 1 - 7 (full application)	YES (quote to be attached)	YES (quote to be attached)	YES (quote to be attached)	YES (quote to be attached)
Zurich Master Superannuation Fund Membership Application (page 33-34)		YES		YES
Payment Authority (page 29-30)	YES	YES	YES	YES
Declaration of the insured and policy ownership/s (page 35)	YES	YES	YES	YES
Adviser's Report (page 37-38)	YES	YES	YES	YES

Life Insured Statement

Section 2 (page 5)	YES	YES	YES	YES
Section 3 (page 5)	YES	YES	YES	YES
Section 6 (page 7)	YES	YES	YES	YES
Section 7 (7.01, 7.04 7.06 - page 8) Employee only (7.07 - page 8) Self employed only (7.09, 7.10 - page 9)	YES	YES	YES	YES
Section 10.04 (page 11)	YES	YES	YES	YES
Section 11 (question 27 - page 12)	YES	YES	YES	YES