

Reinstatement application

This form is to be completed only on request by Zurich.

NOTE: If your policy lapsed over 12 months ago you will need to complete a new application form instead.

Please contact the Zurich Customer Care on 131 551 if you are unsure of the amount you need to include.

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

Policy number/s



Policy type: Wealth Protection Active FutureWise Ezicover Other_____

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

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.

1 Life insured details

| | | | | |
|-----------------|---------------|----------|---|--|
| Title | Surname | | | |
| Given names | Date of birth | / | / | |
| Address | State | Postcode | | |
| Contact details | Work () | Home () | | |
| | Mobile | Email | | |

2 Application request

I wish to reinstate my cover under the above policy.

If my application is approved, I will need to provide payment details to reinstate the cover.

To reinstate cover under the above policy I am nominating: previous payment details new payment details

To provide new payment details, please go to the Direct Debit request on page 4.

3 Assessment details

(a) Please provide your current

| | | | |
|--------|----|--------|----|
| Height | cm | Weight | kg |
|--------|----|--------|----|

(b) Since the date of the original application for insurance on your life:

- (i) Have you had any illness or injury (other than a cold or flu) or consulted any doctor or health professional? Yes No
If 'Yes', provide details including dates, condition, any treatment or test results, and name and address of doctors and/or hospitals.
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- (ii) Have you undergone any medical tests such as a blood test, x-ray or ECG? Yes No
Do not include regular annual check-ups or blood tests where the results have been normal
If 'Yes', provide details including dates, type and result of test, reason for test and any diagnosis made or treatment required, and name and address of doctors and/or hospitals.
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- (iii) Have you commenced medication or treatment, been advised, or do you intend to undergo any investigations, tests, medical treatment or operations? Yes No
If 'Yes', provide details including type of treatment or investigation, when they will be performed and the reason that this has been advised.
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- (iv) Have you had any symptoms for which you intend to seek medical advice, or are you waiting for medical treatment or consultation or the results from medical tests or investigations? Yes No
If 'Yes', provide details of the specific symptoms, pending treatment, advice or test result, and the date when this is expected to be completed.
-

- (v) Has there been any change in your occupation (including duties or hours), or financial situation? Yes No
If 'Yes', describe your new occupation, duties and income details.
-

- (vi) Has there been a change in your participation or do you intend to participate in any potentially dangerous physical activities (e.g. aviation (other than as a fare-paying passenger), diving, hang gliding, parachuting, motor racing, rock or mountain climbing, football, martial arts and bungee jumping)? Yes No
If 'Yes', provide details including type of activity, degree of participation (such as amateur or professional), and frequency of participation.
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- (vii) Have you taken up or applied to any other company for insurance? Yes No
If 'Yes', confirm the company, type and amount of cover applied for, and if cover is in force.
-

- (viii) Has an application for insurance for which you have applied, been declined or accepted on modified terms (e.g. exclusion, higher premium or other alteration)? Yes No
If 'Yes', provide details.
-

3 Assessment details (continued)

(c) Have you smoked tobacco or any other substance or used e-cigarettes or any nicotine replacement products within the last 12 months? Yes No

If 'Yes', provide type and quantity per day.

(d) Do you drink alcohol? Yes No

If 'Yes', advise average number of drinks per day.

(e) Do you intend to travel or live overseas in the next two years? Yes No

If 'Yes', confirm the country and region you will travel to, the date and reason for your travel, and how long you will travel for.

4 Income protection

To be completed if the policy to be reinstated is an income protection policy.

What is your current income? \$

Employee: means total remuneration paid by employer, including superannuation and other benefits.

Self-employed: means gross income of the business less any business expenses incurred to earn this income.

5 Life insured's declaration

I declare that I have read and understood all the statements, questions and answers shown above and attached to this application form and to the best of my knowledge and belief those statements and answers are true and complete and I will notify Zurich of any changes prior to reinstatement of my policy. I confirm that I am not now receiving or considering any medical or surgical attention or treatment other than that shown above. I understand that reinstatement shall not become effective until this application is approved by Zurich. I hereby authorise any doctor, hospital or clinic to provide Zurich Australia Limited with information regarding my prior medical history, now or at any time in the future.

I have read and understood my duty of disclosure as detailed on page 1. I understand that this duty continues until written notification has been given that the application to reinstate cover has been accepted/declined. I understand the duty requires me to disclose all relevant matters since the date of the original application for insurance on my life.

I have read and understood the privacy statement as detailed on page 1 and I agree to the collection and use of personal information about me in the manner described including discussing any information obtained from me and any doctors or accountants with my financial adviser.

I also confirm that, at the time of applying for cover under the existing policy, the Duty of disclosure was complied with and all matters were completely and accurately represented, and I understand that this confirmation is a relevant matter for Zurich in assessing this policy reinstatement (if I am unsure, I have obtained a copy of the original Application form and have checked and confirmed the details or have signed a statement providing further disclosures or corrections attached to this form).

Name of life insured

Address

State

Postcode

Signature of life insured

Date

X

/ /

Name of witness

Signature of witness

Date

X

/ /

6 Doctor's authorisation

I hereby authorise you to release details of my personal history to Zurich Australia Limited. A photocopy of this authorisation shall be as valid as the original.

Name of life insured

Signature of life insured

Date

X

/ /

Any questions? Call 131 551

Please return the completed form to us:

By post, to **Zurich Australia Limited, Underwriting Department, Locked Bag 994, North Sydney NSW 2059**, or

By email, as a scanned attachment, to **life.newbusiness@zurich.com.au**



Direct debit request

Please avoid delays by checking that all questions have been answered fully and where appropriate use BLOCK LETTERS.

Policy number(s)



Policy type Wealth Protection Active FutureWise Ezicover Other_____

Please note:

- You can set up or alter a direct debit by calling us on 131 551. Alternatively, if you prefer to provide written details, you can complete this form and return it to us by post or email (see page 5 for details).
- All questions in section (2) **must be completed** to enable future changes to the direct debit over the telephone. If you fail to complete this section in full we will be unable to properly identify you, which will prevent us from taking instructions over the phone at a future date. Where the payor is a company, please also provide contact details (name, phone, etc) of the individual with whom we can discuss these payment details.
- Please complete account details OR credit card details. If both sections are completed the information in the account details will be used.
- Please ensure that the details of the account stated in this form are correct (including the name of the account) and that the account is able to make the premium payments, as Zurich does not verify this information.
- If you wish to change the premium debit date, please call us on 131 551.

1 Life insured details

Title Surname Given names

2 Payor details Zurich will send the billing details to the person you nominate in this section.

Company name (if applicable)

Title Surname Given names

Address

State Postcode

Contact name

Contact details Work () Home ()

Mobile Email

3 Direct debit account details

Bank, credit union or building society

Name of financial institution

Branch address State Postcode

Account name

BSB number - Account number

OR

Credit card

Visa MasterCard

Primary cardholder's name

Card number - - - Expiry date /

4 Debit details

Please debit my account

Monthly Quarterly Half yearly Yearly

5 Initial payment (only complete this section for NEW applications)

To be completed **if this payment source differs** from the one supplied in section 3.

Initial payment by direct debit Yes No

If 'Yes', use account details above? Yes No If 'No', please provide details below

Direct debit bank account Credit card

Bank, credit union or building society

Account name

BSB number - Account number

OR

Credit card

Visa MasterCard AMEX

Primary cardholder's name

Card number - - - Expiry date /

6 Declaration

I/we acknowledge that this Direct debit request is governed by the terms of the Direct debit request service agreement. I/we have read and agree to the terms and conditions. I/we request and authorise Zurich Australia Limited ABN 92 000 010 195 (user ID 117) to arrange for funds to be debited from my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS).

Name of account holder 1 / primary cardholder

Signature of account holder 1 / primary cardholder

Date

X / /

Name of account holder 2 / primary cardholder

Signature of account holder 2 / primary cardholder

Date

X / /

Privacy

Information collected about you is subject to the Privacy Act 1988 (Cth) and is for the purposes of administering and servicing the policy (which we may not be able to do if not provided), complying with our obligations and enhancing customer service or products. You consent that information may be disclosed to your or our service providers, advisers, government bodies, or our related entities where relevant to these purposes or otherwise as required by law. For more details of Zurich's Privacy Policy, information on accessing your personal information and a list of: service providers, laws under which we collect and use personal information, and countries where our data may generally be located, please visit our website at www.zurich.com.au or contact the Zurich Privacy Officer on 132 687 or at privacy.officer@zurich.com.au.

Any questions? Call 131 551

Please return the completed form to us:

By post, to **Zurich Australia Limited, Customer Care, Locked Bag 994, North Sydney NSW 2059**, or

By email, as a scanned attachment, to **client.service@zurich.com.au**

Direct debit request service agreement

This agreement sets out the terms and conditions on which the Account Holder has authorised Zurich to debit money from their account and the obligations of Zurich and the Account Holder under this agreement.

The Account Holder understands and agrees that:

- Direct debiting may not be available on all accounts. The Account Holder is responsible for ensuring the specified account can accept direct debits and there are sufficient cleared funds available in the nominated account to permit payments under the Direct debit request on the due date for payments
- Zurich accepts no responsibility for issues arising where incorrect details have been provided. The Account Holder should check the account details provided to Zurich are correct. If uncertain, check with your financial institution before completing the Direct debit request
- Zurich will debit the account for the sum of the amounts due at the debit date for all specified policies
- Changes to bank account details must be provided in writing, or by telephoning Zurich (or by such other means as we approve)
- Zurich will give the Account Holder at least 14 days notice in writing if there are any changes to the terms of this service agreement.

Zurich agrees that:

- When the due date for payment is not a business day, the debit will be processed on the next business day
- The Account Holder can cancel, change*, defer or suspend the Direct Debit Request on a policy by providing notice to Zurich in writing or by telephone (or by such other means as we approve), or directly with the Account Holder's financial institution (which is required to act promptly on the instructions). Notification must be received by Zurich at least 14 days before the next drawing date in order to process your instructions.

*The Account Holder's financial institution can "change" the Direct Debit Request only to the extent of advising Zurich of new account details.

- Upon request, Zurich will forward a copy of the current terms and conditions for direct debits, to the Account Holder by post, facsimile or other agreed method
- We will provide direct debit details on request.

Disputes

The Account Holder should give notice of any disputed debit to Zurich. Zurich will respond within 7 working days of receiving your letter. Alternatively, the Account Holder can take it up directly with the Account Holder's financial institution.

Dishonoured debits

If a debit is unsuccessful, Zurich will cancel the payment in respect of the dishonoured debit. In some instances, such as where your account has insufficient funds, Zurich may notify you and attempt a second deduction from your account within 14 days. You should ensure that your account has sufficient funds before any second deduction. If we receive new information from you after a dishonour, Zurich will process a one-off debit to pay the policy up to date. If two consecutive dishonours occur, Zurich may cancel the authority. Zurich may charge a dishonour fee to the relevant policy. Currently the fee is nil. The financial institution may also charge fees relating to the dishonour to the account, which is the Account Holder's responsibility.

Confidential information

Zurich may disclose information about your account to its banker (in connection with a claim made against it relating to an alleged incorrect or wrongful debit made from the account), your financial institution, your adviser and to other companies within the Zurich Financial Services Australia Group of companies. Zurich will not disclose information about you or the account to any other person, except where you have given consent or where the disclosure is required by law.

Notices to Zurich

The Account Holder may give notice to Zurich by telephone on 131 551. Alternatively, you may write to us at Locked Bag 994, North Sydney NSW 2059.