

Policy administration form

Zurich FutureWise



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Use this form to request a decrease to your cover, or change your premium type (e.g. stepped/level). If you are unsure, please contact your Financial Adviser. Please ensure that all policy owners sign this form prior to sending it to Zurich.

If you wish to add an optional benefit or change the TPD or Trauma Insurance type ► **please complete the Option upgrade form**

If you wish to increase existing cover ► **please complete a Policy alteration – underwriting required form**

If you wish to add a new type of Insurance to your policy ► **please complete a New business application**

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

1

Details of person to be insured

Title: Name:

Sex: Male Female Date of birth: Policy number:

Have there been any changes to the insured person's personal details?

No ► **go to next question** Yes, please complete and attach a *Change of Personal Details* form.

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Details of policy owner(s)

A. Policy owner 1 (if different to the insured person)

Title:
Given name(s):
Surname:
Date of birth: Sex: Male Female

Have there been any changes to policy owner 1's personal details?

No ► **go to next question**
 Yes, complete and attach a *Change of details* form.

B. Policy owner 2 (if applicable)

Title:
Given name(s):
Surname:
Date of birth: Sex: Male Female

Have there been any changes to policy owner 2's personal details?

No ► **go to next question**
 Yes, complete and attach a *Change of Personal Details* form.

C. Other owner eg SMSF, company, etc (if applicable)

Name of SMSF/company etc:
Trustee name (if applicable):

D. Please provide a contact method(s) below in case we have any questions regarding your request

Mobile phone number*: Other phone number:
Email address*:

* Mandatory.

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Changes to the premium

Change of premium structure

! Any change to your premium structure will not take effect until the next policy anniversary.

Please indicate the new premium structure required for the policy listed in question 1: Stepped Level

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Cover alteration

Please refer to the applicable Product Disclosure Statement to ensure that the requested alteration is permitted. If unsure, please contact your Financial Adviser.

A. Provide the effective date of change (if applicable):

B. If you would like to decrease the sum insured/monthly benefit of your policy, please provide details below

Insurance type	Sum insured/Cover amount/Monthly benefit	
Life Insurance	Current: \$	New: \$
TPD	Current: \$	New: \$
Trauma	Current: \$	New: \$
Disability Income Insurance	Current: \$	New: \$
Business Expenses Insurance	Current: \$	New: \$

C. If you would you like to remove an optional benefit from your policy, please indicate the optional benefit(s) to be removed below.

D. For Disability Income and Business Expenses Insurance, if you would like to increase your waiting period (eg '30 days' to '90 days'), please provide details below.

Current waiting period: New waiting period:

E. For Disability Income, if you would like to reduce your benefit period (eg 'to age 65' to '2 years'), please provide details below.

Current benefit period: New benefit period:

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Disability Income Waiting Period Reduction feature



Please note that we require proof of your previous salary continuance cover held as well as evidence of cessation of employment.

If you would like to take up the Waiting Period Reduction feature, please provide details below:

A. Do you have existing salary continuance insurance through your employer? Yes No

B. Will this cover cease once you leave your employer? Yes No

C. Have you ceased employment with your employer?

Yes, when did you cease employment?

No, when does your employment cease with your current employer?

E. Have you taken up any continuation of cover option on your salary continuance cover?

No Yes, provide details:

F. Waiting period on current salary continuance cover:

New reduced waiting period:

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Declarations by the Policy Owner(s)

I/we request that the above alterations be made to my/our Zurich policy.

Policy Owner signature (please sign in black ink)

Date:

Title:

Name:

Policy Owner signature (please sign in black ink)

Date:

Title:

Name:

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.

Please return all relevant forms by mail to **Zurich Customer Care, Locked Bag 994, North Sydney, NSW, 2059**, by email life.insurance@zurich.com.au or by fax 1800 812 175