

Super Savings Tailored Insurance

Important

You can apply for Tailored cover through Member Online, our secure online service. Just visit australianretirementtrust.com.au and follow the prompts to Member Online. If you're not signed up for Member Online - it's simple - just contact us and we'll have you set up in no time.

Note: When Tailored cover is approved, any existing cover you had will be replaced by cover/premium based on your occupation classification.

Important: Before completing this form please ensure you read and understand your Duty to Take Reasonable Care Not to Make Misrepresentation located at australianretirementtrust.com.au/duty

Refer to your Product Disclosure Statement (PDS) and Insurance Guide, available at australianretirementtrust.com.au/pds for insurance details.

Please provide us with as much information as possible. Please tick box where appropriate. Use **BLOCK** letters and dark ink when completing this form and ensure it is signed and dated. *DENOTES MANDATORY FIELD. If you are under 18 years of age please contact us on 13 11 84 before completing this form.

Member number

if already a member

1 Personal details

Title	First name*	Middle name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last name*	Date of birth (DD/MM/YYYY)*	Gender*
<input type="text"/>	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F
Street Address / PO Box*	Country of Birth*	
<input type="text"/>	<input type="text"/>	
Suburb/Town*	State*	Postcode*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home phone number	Daytime phone number#	
<input type="text"/>	<input type="text"/>	
Personal email address	Mobile phone number	
<input type="text"/>	<input type="text"/>	

#Please provide a daytime phone number where we can reach you if we have additional questions about your application.

Note: Unless you have elected to receive printed information, Australian Retirement Trust will confirm this change electronically if we can. We'll email or SMS you when information is ready to view online through Member Online or the Australian Retirement Trust app. If you would prefer the information to be posted, you can change your preferences in Member Online, the Australian Retirement Trust app or call us on 13 11 84.

2 Details of your occupation

2A	Are you currently working? If 'No', go to Section 2B	<input type="radio"/> YES <input type="radio"/> NO	Your occupation	Degree/Trade qualified	
			<input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO	
	Industry (e.g. Mining, Manufacturing, Construction, Agriculture, Retail)	Name of your employer	Your annual income	Refer to Section 9 of the Super Savings Insurance Guide for the definition of 'Income'.	
	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	List the principal duties of your occupation, and the percentage of time at work spent doing each (e.g. office work 20%, site inspection 80%)				
	1	%	2	%	
	<input type="text"/>	<input type="text"/>	3	%	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	List the primary locations of your occupation, and the percentage of time at each location (e.g. office 20%, home 30%, suburban driving 50%)				
	1	%	2	%	
	<input type="text"/>	<input type="text"/>	3	%	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2B	What is your employment status?	Permanently employed ¹ <input type="checkbox"/>	Casually employed <input type="checkbox"/>	Self-employed ² <input type="checkbox"/>	Not employed ³ <input type="checkbox"/>
	Please specify if you are unemployed, a student, home duties, or retired	<input type="text"/>			
	<small>¹ Permanently employed includes contractors on employment contracts of 6 months or longer and self-employed members receiving superannuation guarantee contributions. ² A person who operates a business or profession as a sole proprietor, partner in a partnership, or independent contractor, and reports income earned from self-employment. ³ Contractors employed on a contract of less than 6 months are required to select 'Not employed'.</small>				
2C	Hours that you work a week (on average):	Under 15 hours <input type="checkbox"/>	15 hours to 60 hours <input type="checkbox"/>	Greater than 60 hours <input type="checkbox"/>	Please note: if you are working less than 15 hours per week you will not be eligible to apply for Income Protection.
2D	When did you commence employment with your current employer?	<input type="text"/>	DD/MM/YY	If you are a contractor when is the expiry date of your contract?	<input type="text"/>
					DD/MM/YY

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Death and/or Total & Permanent Disability cover

If you are not applying for Death and/or Total & Permanent Disability cover, go to section 4

I wish to apply for: (Please select Fixed cover OR Fixed premium)

3A Fixed cover – Please enter the amount of cover you would like: **Death and Total & Permanent Disability (including Assist) cover in equal amounts of** \$ **OR** Death cover of \$ **AND /OR** Total & Permanent Disability (including Assist) cover of \$

OR

3B Fixed premium – Please enter your weekly \$ amount: \$ per week **Total Death and Total & Permanent Disability (including Assist) Premium** **OR** Death premium \$ per week **AND /OR** Total & Permanent Disability (including Assist) premium \$ per week

If applying for Total & Permanent cover, select your Total & Permanent Disability Cover type

Total & Permanent Disability cover pays if you're unable to work ever again due to illness or injury. The payment structure will depend on the type of cover you elect. A detailed explanation and comparison of the two types of cover is available in the Super Savings Insurance Guide at australianretirementtrust.com.au/pds

Total & Permanent Disability Assist - Default option
If you are suffering from long term injury or sickness we may provide early intervention and occupational rehabilitation support. Where you are Totally & Permanently Disabled and you continue to meet the Total & Permanent Disability Assist definition, you may receive up to six support payments over a minimum of five years, or in some limited circumstances a single lump sum payment.

OR

Total & Permanent Disability
If you are Totally & Permanently Disabled and meet the Total & Permanent Disability definition, you may receive a single lump sum payment.

Income Protection cover If you are not applying for Income Protection cover, go to section 5

I wish to apply for:

4A a Monthly Income Protection benefit of:

4B a Benefit Period of: 2 years 5 years to age 65 Please note: if you are a casual or a contractor you will only be eligible to apply for a 2-year Income Protection Benefit Period.

4C a Waiting Period of: 30 days 60 days 90 days 180 days Please note: the maximum Income Protection amount available is 85% of your "income", 75% is paid as income and 10% is paid as a superannuation contribution to your Accumulation account.

4D I do NOT want to have my Income Protection cover indexed on 1 July each year

Personal health statement

a) Are you an Australian or New Zealand citizen or do you hold a visa that entitles you to reside permanently in Australia (as approved by the Department of Immigration and Citizenship)? (If 'No' please advise what type of visa you hold) YES NO

b) How many standard drinks do you consume per week on average? Standard drinks per week
One standard drink = approximately: one nip (30 ml) spirits, or 100 ml wine, or 10 oz/285 ml full-strength beer

c) In the last 12 months, have you smoked tobacco or any other substance such as cigarettes, cigars, pipes or used e-cigarettes or other nicotine products? (If yes, please provide details E.g. 30 cigarettes per day) YES NO

d) Have you ever used illicit drugs or received advice, treatment or counselling for the use of alcohol or illicit drugs? (If yes, provide details including (i) substance used, (ii) dates, (iii) details of the advice, treatment or counselling received) YES NO

e) What is your height and weight? cm kg

f) If female, are you pregnant? If yes, please provide estimated due date (DD/MM/YYYY) YES NO / /

g) Do you have definite plans to travel or reside overseas? (If yes, please provide details) YES NO

Cities/Countries	Duration of travel	Frequency of travel	Reason for travel	Date of departure
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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h) Do you engage in or intend to engage in any of the following: abseiling, aviation (other than as a passenger on a recognised airline), football (all codes), long distance sailing, hang gliding, scuba diving, motor racing, parachuting, powerboat racing, mountaineering, martial arts or any other hazardous activity? (If yes, please provide details)

YES NO

Activity	Frequency	Professional or Amateur	Maximum height, speed and/or depth

i) Have any of your immediate family (father, mother, brother, sister), prior to the age of 60, (living or dead) ever suffered from heart disease, breast cancer, ovarian cancer, colon (bowel) cancer, polycystic kidney disease, diabetes, stroke, Huntington’s chorea or any hereditary disease? You are only required to disclose family history information pertaining to first degree blood related family members. (If yes, please provide details)

YES NO

Relationship	Condition	Approximate age of onset	Age of death (if applicable)

j) Have you ever injected yourself with any illicit drugs not prescribed by a medical practitioner?

YES NO

k) 1. In the last 5 years, have you had sexual intercourse without a condom with the following persons?

- i) Someone who might have exposed you to the Human Immunodeficiency Virus (HIV) infection. (This may include unprotected sexual intercourse with someone other than your regular partner whose HIV status is unknown to you.) YES NO
 - ii) Someone who injects non-prescribed drugs YES NO
 - iii) Someone who is a sex worker YES NO
 - iv) Someone who is infected with Human Immunodeficiency Virus (HIV) infection YES NO
 - v) Someone who is infected with Hepatitis B (You may answer ‘No’ if you are vaccinated and have immunity for Hepatitis B YES NO
 - vi) Someone who is infected with Hepatitis C YES NO
- 2. In the last 5 years, have you been diagnosed with or experienced symptoms of Sexually Transmitted Infection/s (STIs) (examples, chlamydia, gonorrhoea, syphilis)?** YES NO

l) Have you ever suffered symptoms of, or had, or been told you have, or received any advice, investigation or treatment for any of the following:

- i) High blood pressure, chest pains, high cholesterol, heart murmurs, rheumatic fever, any heart complaint or stroke YES NO
- ii) Asthma, chronic lung disease, sleep apnoea, COVID-19 (do not include a negative test result, or if never diagnosed) or other respiratory disorder YES NO
- iii) Indigestion, gastric or duodenal ulcer or any bowel disorder YES NO
- iv) Diabetes, abnormal blood sugar, gout or thyroid disorder YES NO
- v) Depression, anxiety/stress state, fatigue, panic attacks, psychiatric treatment/counselling, mental illness or nervous disorder YES NO
- vi) Epilepsy, fits of any kind, paralysis, migraines, tinnitus, dizziness or recurrent headaches, or any neurological disorder including multiple sclerosis YES NO
- vii) Arthritis, repetitive strain injury (RSI), chronic fatigue syndrome, fibromyalgia YES NO
- viii) Back or neck complaint, whiplash, sciatica or any other disorder of joints (excluding arthritis), bones or muscles YES NO
- ix) Psoriasis or eczema, skin disorder, defect in hearing or sight YES NO
- x) Cancer, cyst, mole or tumour of any kind YES NO
- xi) Liver, kidney or bladder disorder, renal colic or stone YES NO
- xii) Blood disorder, anaemia, haemochromatosis, haemophilia or leukaemia YES NO
- xiii) Hepatitis B or C or are a Hepatitis B or C carrier, Acquired Immune Deficiency Syndrome (AIDS) sufferer or infected with the HIV virus YES NO

For completion by females only

Have you ever had or been advised to have treatment for:

- xiv) Any breast lump (even if you have not seen a doctor) or any abnormal mammogram or breast ultrasound? YES NO
- xv) An abnormal cervical smear (pap smear) test including the detection of Human Papilloma Virus (HPV) or any abnormality of the ovaries? YES NO
- xvi) Abnormal vaginal bleeding within the last 12 months? YES NO

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5 Personal health statement continued

- m) Any other illness, disease or disorder: (do not include: Colds, flu, hay fever, dental related matters, uncomplicated pregnancies (including caesarean sections, miscarriage), abortions and menopause.)
- n) Have you had any medical examinations, consultations, X-rays, pathology tests or procedures in the last 5 years relating to a matter not previously disclosed in this application?
- o) If not previously disclosed in this application, have you occasionally or regularly taken any stimulants, sedatives, medications or prescribed drugs in the last 5 years? (Do not include non prescription medications or drugs such as Panadol.)
- p) If not previously disclosed in this application, are you currently considering or have you been advised/referred to undergo further treatment, investigation or procedure?

YES	NO
YES	NO
YES	NO
YES	NO

For every "Yes" answer in questions 5l to 5p, please provide full details in the table below.

Question number	Illness, Injury or Tests	Date of Injury/Illness	Date of last symptoms	Time off work	Degree of recovery (%)	What treatment did you receive? (e.g. medication, operation)	Name and address of doctor, physiotherapist, chiropractor or hospital

6 Medical practitioner details

Name of Medical Practitioner or Medical Centre

Street Address/PO Box

Suburb/Town

State

Postcode

Phone number

Fax number

Email Address

What was the date of your last consultation?
(DD/MM/YYYY)

 / /

How long have you been attending this practice?

I authorise any medical practitioner, hospital, clinic or other person (including any life insurance company or underwriter), to disclose to AIA Australia Limited, full details of my health and medical history. I agree that a photocopy or facsimile of this authority should be considered as effective and valid as the original.

7 External insurance Write the details of your existing policy

Do you have existing insurance, applications in progress (with any insurer) including life, disability or trauma insurance?

YES	NO
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Existing Policy number

Year of commencement

Policy owner

Insurer

Type of Insurance:

Death cover

Trauma

Total & Permanent Disability cover

Income Protection cover

Business Expenses

Will you be retaining your existing policies?

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8 Insurance history

Have you ever been declined, deferred or accepted on special terms for life, disability or trauma insurance?

YES

NO

If yes, please provide type of cover and reason for decision

Have you ever claimed benefits from any source (excluding unemployment), e.g. accident, sickness, workers compensation, social security, disability insurance or disability pension?

YES

NO

If yes, please provide benefit type and reason

9 Authorisation and declaration

Sign this application form and return to Australian Retirement Trust:

Privacy

By completing this form you consent to the collection, use and disclosure of any personal information, including information that may be of a sensitive nature we or AIA Australia may collect about you and exchange with third parties located in Australia and overseas, in the manner outlined in our and AIA Australia's respective privacy policies as updated from time to time. Policies are available by visiting australianretirementtrust.com.au/privacy and aia.com.au.

These policies are consistent with the requirements of the *Privacy Act 1988*.

I declare that:


- I have received, read and accept the Super Savings Insurance Guide
- I understand all the conditions I must meet to be eligible to obtain tailored insurance cover, I agree that my tailored insurance cover will not commence until my application for tailored insurance cover has been accepted by the Insurer. I acknowledge insurance cover is provided by an external insurance company.
- By signing this Tailored Insurance Application form, I consent to the collection and disclosure of information about me for the purposes shown above.
- I have read my Duty to Take Reasonable Care Not to Make a Misrepresentation at australianretirementtrust.com.au/duty and all of my details on this form are correct.
- I understand that premiums will be deducted from my Accumulation account, and have considered the effect this will have on my super balance in retirement.
- I understand that I'm able to cancel my cover in the future.

Member to sign here*



Full name (print in BLOCK letters)*

Date (DD/MM/YYYY)*

 Please return the form to Australian Retirement Trust Reply Paid 2924 Brisbane Qld 4001

We are committed to respecting your privacy and take protecting the privacy of personal information seriously. Our Privacy Policy sets out how we do this including how we collect, hold and disclose personal information. For a copy of the Privacy Policy, please visit australianretirementtrust.com.au/privacy or call 13 11 84.

Australian Retirement Trust Pty Ltd ABN 88 010 720 840 AFSL No. 228975 Trustee of Australian Retirement Trust ABN 60 905 115 063