

ANZ Superannuation Savings Account Life Insurance – Application Form



12 March 2014

Customer Services

Phone 13 38 63

Fax 02 9234 6668

Email customer@onepath.com.au

Website anz.com

Note: Please ensure you complete all details on this form. Any missing details will delay your insurance cover. You may need to provide further medical evidence if required.

1. PERSONAL DETAILS

Member number (if known)	<input type="text"/>
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="text"/>
Surname	<input type="text"/>
Given name(s)	<input type="text"/>
Date of Birth (dd/mm/yy)	<input type="text"/> / <input type="text"/> / <input type="text"/> Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Residential address	<input type="text"/>
Suburb/Town	<input type="text"/> State <input type="text"/> Postcode <input type="text"/>
Country	<input type="text"/>
Occupation	<input type="text"/>
Occupational duties	<input type="text"/>
	(include the percentage of time spent on each)
Hours worked (per week)	<input type="text"/>
Employment details	<input type="checkbox"/> Full-time <input type="checkbox"/> Self-employed <input type="checkbox"/> Part-time
Employer or name of business	<input type="text"/>
Permanent resident or Australian citizen*	<input type="checkbox"/>
Annual gross income \$	<input type="text"/>

* If you are not a permanent resident or Australian citizen, you are not eligible for life insurance.

IMPORTANT NOTICE

Your Duty of Disclosure

Before you become insured under a contract of life insurance, the Trustee has a duty of disclosure to the Insurer, under the *Insurance Contracts Act 1984*. In order for the Trustee to comply with its duty, you must disclose, in this Application Form, every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms. The Duty of Disclosure also applies before cover is renewed, varied or reinstated.

The duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the Insurer
- that is of common knowledge
- that the Insurer knows or, in the ordinary course of his/her business, ought to know
- as to which the Duty of Disclosure is waived by the Insurer.

Non-disclosure

If the duty of disclosure is not complied with and the Insurer would not have provided the insurance cover on any terms if the failure had not occurred, the Insurer may avoid the cover within three years of entering into it. If the non-disclosure is fraudulent, the Insurer may avoid the cover at any time. An Insurer who is entitled to avoid insurance cover may, within three years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the Insurer. The duty of disclosure continues until the Insurer accepts (or declines) your application and confirmation is issued in writing. Please ensure that all applicable questions are fully answered.

Please return your completed and signed application form to: ANZ Superannuation Savings Account, GPO Box 4028, Sydney NSW 2001.

[OnePath Custodians Pty Limited \(OnePath Custodians\) ABN 12 008 508 496, AFSL 238346, RSE L0000673](#)

[OnePath Life Limited \(OnePath Life\) ABN 33 009 657 176, AFSL 238341](#)

[OnePath MasterFund \(Fund\) ABN 53 789 980 697, RSE R1001525, SFN 2929 169 44](#)



2. INSURANCE OPTION – PERSONAL MEMBERS

- 1 unit of basic cover
- 2 units of basic cover

3. GENERAL DETAILS

During the past 12 months have you smoked tobacco or any other substance?

Yes No

If 'Yes' please state type and quantity per day:

Non-smokers – Have you ever smoked regularly in the past?

Yes No

If 'Yes' please state type and quantity per day:

4. HEALTH STATEMENT FOR DEATH ONLY AND DEATH AND TOTAL AND PERMANENT DISABLEMENT COVER

a. Can you confirm that you are actively working as at the cover application date and that you are able to perform all your usual duties of your normal occupation?

Yes No

If you answered 'No' to question 3 a), please provide details in the space provided below:

To the best of your knowledge:

b. Are you planning to, or are you receiving any form of medical treatment or medication?

Yes No

c. Have you taken more than a total of seven days off work over the past 12 months due to illness or injury (other than colds or flu)?

Yes No

d. Have you ever suffered from a cancer/tumour of any type, chest pain, high blood pressure, heart/vascular complaint, back or joint disorder/pain, paralysis, stroke, or mental/nervous disorder including stress, anxiety or depression?

Yes No

e. Are you suffering from Acquired Immune Deficiency Syndrome (AIDS) or infected with the HIV virus or carrying antibodies to the HIV virus?

Yes No

f. Have you ever been advised to lose weight for health reasons?

Yes No

If you answered 'Yes' to questions 3 b), c), d), e), or f) please provide details in the space provided below:

5. PRIVACY

In this section 'we', 'us' and 'our' refers to OnePath Custodians Pty Limited and other members of the ANZ Group.

We collect your personal information from you in order to manage and administer our products and services, we may need to disclose it to certain third parties. Without your personal information, we may not be able to process your application/contributions or provide you with the products or services you require.

We are committed to ensuring the confidentiality and security of your personal information. Our Privacy Policy details how we manage your personal information and is available on request or may be downloaded from onepath.com.au/aboutOnePath/privacy-policy.aspx

In order to undertake the management and administration of our products and services, it may be necessary for us to disclose your personal information to certain third parties.

Unless you consent to such disclosure we will not be able to consider the information you have provided.

Providing your information to others

The parties to whom we may routinely disclose your personal information include:

- an organisation that assists us and/or ANZ to detect and protect against consumer fraud
- any related company of ANZ which will use the information for the same purposes as ANZ and will act under ANZ's Privacy Policy
- an organisation that is in an arrangement or alliance with us and/or ANZ to jointly offer products and/or to share information for marketing purposes (and any of its outsourced service providers or agents), to enable them or us and/or ANZ to provide you with products or services and/or to promote a product or service. If you do not want us, ANZ or our alliance partners to tell you about products or services, phone Customer Services 13 38 63 to withdraw your consent.
- organisations performing administration
- compliance functions in relation to the products and services we provide
- organisations providing medical or other services for the purpose of the assessment of any insurance claim you make with us (such as reinsurers)
- our solicitors or legal representatives
- organisations maintaining our information technology systems
- organisations providing mailing and printing services
- persons who act on your behalf (such as your agent or financial adviser)
- regulatory bodies, government agencies, law enforcement bodies and courts

We will also disclose your personal information in circumstances where we are required by law to do so.

Examples of such laws are:

- *The Family Law Act 1975* (Cth) enables certain persons to request information about your interest in a superannuation fund
- There are disclosure obligations to third parties under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*

Information required by law

ANZ may be required by relevant laws to collect certain information from you. Details of these laws and why they require us to collect this information are contained in OnePath's Privacy Policy at onepath.com.au/aboutOnePath/privacy-policy.aspx

Life risk – sensitive information

For life risk products, where applicable, we may collect health information with your consent. Your health information will only be disclosed to service providers or organisations providing medical or other services for the purpose of underwriting, assessing the application or assessing any claim.

Privacy consent

We and other members of the ANZ Group may send you information about our financial products and services from time to time. ANZ may also disclose your information to its related companies or alliance partners to enable them or ANZ to tell you about a product or service offered by them or a third party with whom they have an arrangement.

You may elect not to receive such information at any time by contacting Customer Services.

Where you wish to authorise any other parties to act on your behalf, to receive information and/ or undertake transactions please notify us in writing.

If you give us or ANZ personal information about someone else, please show them a copy of this document so that they may understand the manner in which their personal information may be used or disclosed by us or ANZ in connection with your dealings with us or ANZ.

Privacy policy

OnePath's Privacy policy contains information about:

- when we or ANZ may collect information from a third party
- how you may access and seek correction of the personal information we hold about you
- and how you can raise concerns that we or ANZ has breached the Privacy Act or an applicable code and how we and/or ANZ will deal with those matters

You can contact us about your information or any other privacy matter as follows:

ANZ Superannuation Savings Account
GPO Box 4208
Sydney NSW 2001

Phone 13 38 63
Email customer@onepath.com.au

We may charge you a reasonable fee for this.

If any of your personal information is incorrect or has changed, please let OnePath know by contacting Customer Services on 13 38 63.

More information can be found in our Privacy Policy which can be obtained from its website at onepath.com.au/aboutOnePath/privacy-policy.aspx.

Privacy law changes from 12 March 2014

From 12 March 2014 we and the ANZ Group must provide you with the following information about overseas recipients of personal information.

Overseas recipients

We or ANZ may disclose information to recipients (including service providers and related companies) which are (1) located outside Australia and/or (2) are not established in or do not carry on business in Australia.

You can find details about the location of these recipients in ANZ's Privacy Policy and at anz.com/privacy



6. DECLARATION AND MEDICAL AUTHORISATION

I acknowledge that:

- I have read and understood the current ANZ Superannuation Savings Account PDS
- I have read and carefully considered the questions in this application and that all the answers provided are true and correct
- I have told the Insurer everything I know that could affect their decision to accept my application
- I have read the Duty of Disclosure and understand my obligations under the Insurance Contracts Act 1984 as explained above
- I am not restricted by injury or illness from carrying out all my normal work duties and I am working my normal hours
- if I do not complete this application correctly, or I do not sign and date this form, my application will be invalid and will not be considered by the Insurer
- I have read the privacy section in the form. I hereby authorise the release to the Insurer (OnePath Life Limited), or any other organisation duly appointed by OnePath Life Limited, of any medical information needed in connection with this application, including full details of my past medical history. A photocopy (or similar) of this authorisation will be as valid as the original
- insurance cover will not commence until I am notified of acceptance by the Trustee
- I have cancelled or will be cancelling (within a period of 30 days of being accepted for cover by the insurer) the insurance cover that I am transferring to a OnePath Life Limited insured superannuation fund.

By completing this form I also:

- consent to the collection, use, storage and disclosure of my personal information (including health information) as described in ANZ's Privacy Policy which is available at anz.com, or by calling Customer Services. If I have provided information about another person in this application (for example a beneficiary or life insured), I declare that I have the consent of that person to do so. I understand that OnePath requires me to inform the person concerned that I have done so and direct them to the Privacy Policy which is located at anz.com
- consent to OnePath using and sharing my Tax File Number with members of the ANZ Group to provide services (including account consolidation) and products to me.
- accept that ANZ or OnePath may send me information about their products or services from time to time. I understand that I may notify you of my decision not to receive further information by contacting you directly
- authorise my financial adviser to receive and access my personal information for the purpose of managing my investment. Where there is any change to this authority or relating to my financial adviser, I will notify you of the change.

By signing this application I confirm that I have read and understood the declarations, conditions and acknowledgments above.

I, the applicant, whose signature appears below state that the statements made in this Application Form are true and correct.

Name of applicant

Signature of applicant (sign clearly within box)

Date (dd/mm/yy)

Please return your completed and signed application form to:

ANZ Superannuation Savings Account
GPO Box 4028
Sydney NSW 2001