Tailored insur		pplication So to the yellow Tailored	sun super
Are you less than 60 years old? AND Are you applying for \$1.25 million or less of D Are you applying for \$10,000 or less of month	eath and TPD cover? AND/OR	Surance application form Complete and return this form	《* 13 11 84 k sunsuper.com.au ⊠ Reply Paid 2924 Brisbane Qld 4001
Important: Please provide us with as much information as posensure it is signed and dated. "DENOTES MANDATORY FIELI	sible. Please tick box where appropriate. Use BL D. If you are under 18 years of age please	OCK letters and dark ink when completing this contact us on 13 11 84 before completin	form and g this form. Member number if already a member
1 Personal details			
Title First name*		Middle name	
Last name*			Date of birth (DD/MM/YYYY)* Gender*
			M
Street Address/PO Box*			Country of Birth*
Suburb/Town*	State* Postcode*	Home phone number	Daytime phone number#
Personal email address			Mobile phone number
Are you currently employed? If 'No', go to Section 2B Industry (e.g. Mining, Manufacturing, Construction,	Your occupation TES NO	emplover	Degree/Trade qualification (NO YES NO Your annual income
		• •	the Sunsuper for life Insurance guide for the definition of 'Income'.
List the principal duties of your occupation	% 2	work spent doing each (e.g. omo	3
List the primary locations of your occupati	on, and the percentage of time	at each location (e.g. office 20%, ho	me 30%, suburban driving 50%)
[1	%] [2	%	3
What is your employment status? Please specify if you are unemployed, a student, or home duties	Perm full ti	ne Permanent part time	Self employed Casual Contractor
Hours that you work Under 15 a week (on average) hours	15 hours Great 60 hours		are working less week you will not be Income Protection. Please note: if you are a casual or a contractc you will only be eligible to apply for a 2-year Income Protection Benefit Period.
Beath and/or TPD cove	er If you are not applying	for Death and/or TPD cove	er, go to section 4
/	er OR Fixed premium) ath and TPD cover equal amounts of	OR Death cover of	AND TPD /OR cover of
	al Death and D Premium	OR Death premium \$	AND TPD /OR premium \$
4 Income Protection (IP)	COVE If you are not ap	per week Diving for Income Protectio	perweek perwe
I wish to apply for:			
a Monthly Income Protection benefit of:	4B a Benefit Period of:	2 years 5 years	to age 65
4C a Waiting Period of: 30 days	60 days 90 days		orbe: the maximum Income Protection amount available is 85% of your ". This includes a 10% contribution to be paid to your super fund.
I do NOT want to have my IP cove			
ivote. when ranored cover is approved any	y Stanuaru Cover/premium you n	au wiii be replaced by cover/pre	emium based on your occupation classification.

Fersonal freattri statement ir you need additional space to answer these questions, use the back page	טו נוווט וטוווו
a) Have you smoked tobacco or any other substance during the last 12 months? (If yes, please provide details)	YES NO
b) Do you drink alcohol? (If yes, please state number of standard drinks per week and describe the type of drinks)	YES NO
c) 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
l) If female, are you Pregnant?	YES NO
) What is your Height and Weight?	
Do you intend to travel or reside overseas?	
State reason for travel and indicate your destination (e.g. business, holiday, working holiday, visit relations, volunteer work)	YES NO
j) 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
 have any of your immediate family (father, mother, brother, sister), prior to the age of 60, (living or dead) ever suffered from heart disease, bre cancer, ovarian cancer, colon (bowel) cancer, polycystic kidney disease, diabetes, mental disorder, 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 the condition, relationship to member and any other information relevant to the conditions)	YES NO
كغمة وتعريب والمراب المراب الم	
Have you ever had a genetic test where you received (or are currently awaiting) an individual result or are you considering having a genetic test? (If yes, provide details of test including date, name and results of the test. Include name and address of doctor consulted (if other than your usual doctor))	YES NO
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	j:
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 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
or completions by females only (xiv to xvi)	
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
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.) (If yes, please provide details)	YES NO
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?	YES NO
n)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.)	YES NO
) 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
) Have you ever injected yourself with any illicit drugs not prescribed by a medical practitioner?	YES NO
) In the past 5 years have you engaged in male to male sexual activity without a condom (except in a relationship between you and only one other person where neither of you have had sex without a condom with anyone else in the past 5 years) or had sex without a condom with someone you know or suspect to be HIV positive or with someone who injects non prescribed drugs or with a sex worker or as a sex worker?	YES NO

6 External insurance Write the details of your existing policy						
			Pro Postago			
State total number of existing policies and applications						
Existing Policy number Year of comm	encement	Policy owner	Ins	urer		
Type of Insurance: Death cover Trauma	TPD cover	Income Protection of	cover Bu	siness Expenses		
Medical practitioner details	• • • • • • • • •		• • • • • • • • • • • • • • •			
Name of Doctor						
Street Address/PO Box				Suburb/Town		
State Postcode Phone number		Fax number	Email	Address		
What was the date of your last consultation? (DD/MM/Y	YYY)					
· ·						
8 Insurance history	•••••		••••	• • • • • • • • • • • • • • • • • • • •		
Have you ever been declined, deferred or accepted on	(VEC) (NO	If yes, provide details				
special terms for life, disability or trauma insurance?	YES NO					
		If yes, provide details				
Have you ever claimed benefits from any source	YES NO					
(excluding unemployment), e.g. accident, sickness, workers compensation, social security, disability						
insurance or pension?						
Authorisation and declaration	Sign th	nis application for	m and retu	rn to Sunsuper:		
				Member to sign here*		
Your Duty of Disclosure	Privacy Py completin	ag this form you consent to the colle	action use and	wember to sign here.		
Before you enter into a contract of life insurance with an insurer, you have a duty, under the <i>Insurance Contracts Act 1984</i> , to disclose to	disclosure of	ng this form you consent to the colle f any personal information, including	g information	×		
the insurer every matter you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the		of a sensitive nature we or AIA Aus nd exchange with third parties locat		Full name (print in BLOCK letters)*		
risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew,	and overseas	s, in the manner outlined in our and rivacy policies as updated from time	AIA Australia's	quint in a second control of the second cont		
extend, vary or reinstate a contract of life insurance. Your duty,	Policies are a	available by visiting sunsuper.com.a	au and aia.com.au.			
however, does not require disclosure of a matter; that diminishes the risk to be undertaken by the insurer; that is of common knowledge;	These policie Privacy Act 1	es are consistent with the requireme 1988.	ents of the	Date (DD/MM/YYYY)*		
that the insurer knows or, in the ordinary course of its business ought to know, as to which compliance with your duty is waived by	I declare tha	at·				
the insurer.		ledge and have read my Duty of Disc	closure and all of			
Non-disclosure	my details	s on this Tailored insurance applicati	ion are correct.			
If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure	illure life 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 the premium has been paid and my application for Tailored insurance cover has					
had not occurred, the insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the						
insurer may avoid the contract at any time.						
An insurer who is entitled to avoid a contract of life insurance 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		epted by the Insurer. I acknowledge insurance cover is by an external insurance company.				
formula that takes into account the premium that would have been payable if you had disclosed all relevant matter to the insurer.	 By signing this Tailored insurance application, I consent to the collection and disclosure of information about me for the purposes shown above. 			Please return the form to Sunsuper Reply Paid 2924 Brisbane Qld 4001		

Notes

If you need additional space to answer questions 5a to 5p, please complete the table or use space provided below.

Question number	Name of condition and full details	Date started	How long did you suffer?	Time off work	Degree of recovery (%)	What treatment did you receive? (e.g. medication, operation)	Name and address of doctor, physiotherapist, chiropractor or hospital