

# Application Form

## FutureWise Disability Income Plus or Macquarie Life Active Income Cover Plus

For use with the FutureWise PDS dated 21 May 2011 or the Macquarie Life Active PDS dated 21 May 2011.



### Privacy reminder for advisers

The information captured in this form is of a highly personal and sensitive nature, accordingly we remind you of our obligations to:

- respect the privacy and sensitivity of that information;
- ensure the information is properly secured;
- use that information only for the purposes for which it

has been collected (i.e. for underwriting purposes).

### Your duty of disclosure

Before you enter into a contract of insurance with an insurer, you have a duty under the Insurance Contracts Act 1984, to disclose to the insurer 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.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of insurance.

Your 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 your insurer knows or, in the ordinary course of business, ought to know;
- where the insurer has agreed to waive your duty of disclosure.

### Non-disclosure

If you fail to comply with the duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within 3 years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

If we are entitled to avoid a contract of insurance, we may, within 3 years of entering into it, elect not to avoid it but reduce the amount 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 us.

**Please note, your duty of disclosure continues until a written contract of insurance has been issued by Macquarie Life.**

### When to use this form

Use this form to apply for:

- Disability Income Plus Insurance where you hold an existing FutureWise Disability Income Insurance policy or
- Income Cover Plus where you hold an existing Macquarie Life Active policy.

Complete the form by answering the questions below and then reading and signing the Declaration. If your application is approved we will send you a revised Policy Schedule advising of the new premium.

**Please use black ink and mark boxes like this  with an X.**

## 1 Policy Number

## 2 Insured Person Details

Name of person to be insured (as per passport)

Mr  Mrs  Miss  Ms  Dr  Other

First given name

Other given name(s)

Surname

Sex

Male  Female

Date of birth

## 3 Are you currently on claim, or intending to make a claim for disability income insurance, workers compensation or similar insurance with Macquarie Life or any other insurer, because of illness or injury?

No

Yes

## 4 Are you currently working in your usual occupation for at least 20 hours per week and without restriction to your usual duties because of illness or injury?

No

Yes

## 5 Do you have any plans to cease employment or reduce the number of hours you work to less than 20 hours within the next six months, or do you know that your current employment is scheduled to end?

No

Yes

## 6 Declaration

- I apply to change my existing FutureWise Disability Income Insurance policy to Disability Income Plus Insurance, or to change my existing Macquarie Life Active Income Cover policy to Income Cover Plus (as applicable).
- I have received either a FutureWise PDS dated 21 May 2011 or a Macquarie Life Active PDS dated 21 May 2011, and agree to be bound by it.
- I have read and understood my duty of disclosure as explained in the PDS and declare that the information I have supplied is true and correct and I have not withheld any information material to the proposed insurance application.

**Declaration continued over page**

- I understand that my duty of disclosure continues until a revised Policy Schedule is issued by Macquarie Life.
- I acknowledge that Macquarie Life is entitled to rely on the information provided by me in assessing both the application and any future claims, and may be entitled to vary or avoid the insurance if there has been an act of non-disclosure, misrepresentation or fraud committed.
- I understand that Macquarie Life may seek to vary or avoid the insurance if the application contains errors or omissions.
- I have read and understood the Privacy Statement and consent to the collection, use and disclosure of personal information in accordance with the Privacy Statement.
- I consent to Macquarie Life seeking medical information from any doctor consulted by me any time before or during the assessment for this application or during the term of any policy issued. I authorise the giving of such information during the application process and the term of any policy issued.

#### Other acknowledgements/authorisations

- I authorise Macquarie Life to collect premiums from my nominated credit card or bank account in the event my application is approved. Where I have nominated a bank account, I agree to the terms outlined in the Direct Debit Service Agreement contained in the PDS.
- I have read and accept the Anti-Money Laundering Terms and Conditions set out in the PDS.
- I acknowledge that policies issued by Macquarie Life are not deposits with or other obligations of Macquarie Bank Limited. Macquarie Bank Limited does not guarantee or otherwise provide assurance in respect of those obligations.
- I acknowledge that, where I am applying for a Macquarie Life Active policy, the terms and conditions of the policy are available online at [macquarielife.com.au](http://macquarielife.com.au), or a copy will be sent to me upon my request.
- The person identified below is my adviser, and is authorised by me to lodge this application and, until further notice, otherwise act on my behalf in relation to this insurance.
- I authorise Macquarie Life to provide to my adviser personal and medical information in connection with my application for insurance and ongoing management of my insurance.
- Before you sign and date this form, be aware that the life company or your adviser is obliged to have provided you with a PDS containing the important information in relation to the product. This information will help you understand the product and to decide whether it is appropriate for your needs.

#### Insured Person/Policy Owner

Name

Signature (Please sign in black ink)

Date

#### Other Policy Owners if applicable

Name

Signature (Please sign in black ink)

Date

Name

Signature (Please sign in black ink)

Date

#### Adviser use only

Please sign and date the form subject to the following declarations:

- I am legally entitled to advise on insurance matters.
- The applicant has been provided with the relevant PDS.
- The duty of disclosure has been explained to the applicant and, if different, the person to be insured.

Adviser code


Adviser name


Dealer code

Dealer name

Adviser  
signature

#### How to contact Macquarie Life


 1800 005 057

 1800 812 175


 [insurance@macquarie.com](mailto:insurance@macquarie.com)

#### Claims

 1800 208 130

 [insuranceclaims@macquarie.com](mailto:insuranceclaims@macquarie.com)

#### Underwriting

 1800 451 689

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