

Macquarie Life

New Business Application Authorisation and Superannuation Beneficiary Nomination



For use with the Macquarie Life Active PDS or the FutureWise PDS dated 12 May 2012, where the application is to be submitted via the online platform.

1 Appointment of adviser as agent to apply for my insurance

- The person identified below is my adviser, and I hereby appoint my adviser as my agent, authorising them to complete and lodge an application for insurance as my agent 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.

Declaration of policy owner/person to be insured Information disclosed

- I have received either a Macquarie Life Active PDS dated 12 May 2012 or a FutureWise PDS dated 12 May 2012 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 to my agent in relation to my insurance application is true and correct and I have not withheld any information material to the proposed insurance application.
- I understand that my duty of disclosure continues until a written contract of life insurance has been issued by Macquarie Life.
- I acknowledge that Macquarie Life is entitled to rely on the information in the online application lodged on my behalf 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 will review the answers provided in the online application. I further agree to inform Macquarie Life immediately if I identify there are any errors or omissions contained in the application. I understand that Macquarie Life may seek to vary or avoid the insurance if the online application contains errors or omissions.
- I have read and understood the Privacy Statement in the PDS and consent to the collection, use and disclosure of personal information in accordance with the Privacy Statement.

Medical information

- 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 and Counter Terrorism Financing 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.
- Where I am applying to become a member of the insurance-only division of the Macquarie Superannuation Plan (Plan), I declare that I am eligible to contribute to the Plan, and I agree to advise Macquarie Life when I am no longer eligible to make contributions to a superannuation fund.

Declaration of policy owner/person to be insured – continued

- If the policy I am applying for is subject to Flexible Linking or Superannuation Optimiser, I acknowledge that the insurance under this policy will be linked to the insurance under another policy, and I have read and accept the terms that apply to the Flexible Linking or Superannuation Optimiser as set out in the PDS.
- 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, or a copy will be sent to me upon my request.

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 this product. This information will help you understand the product and to decide whether it is appropriate for your needs.

Policy owner/person to be insured

Name and title	
<input type="text"/>	
Signature (Please sign in black ink)	Date
<input type="text"/>	<input type="text"/>

Other policy owners to sign

Policy owner/trustee name and position	
<input type="text"/>	
Signature (Please sign in black ink)	Date
<input type="text"/>	<input type="text"/>

Policy owner/trustee name and position	
<input type="text"/>	
Signature (Please sign in black ink)	Date
<input type="text"/>	<input type="text"/>

Adviser use only	
Adviser code	Adviser name
<input type="text"/>	<input type="text"/>
Signature (Please sign in black ink)	Date
<input type="text"/>	<input type="text"/>
Dealer code	Dealer name
<input type="text"/>	<input type="text"/>
Application number (add after online application submitted)	
<input type="text"/>	

2 Superannuation beneficiary nominations



Only answer this question if you are applying for membership of the insurance-only division of the Macquarie Superannuation Plan.

Please ensure you consider and understand the rules set out in the PDS relating to the payment of death benefits from superannuation and the requirement that any nominee must be your dependant under superannuation law.

The total of percentages must be 100%.

Name	LEGAL PERSONAL REPRESENTATIVE
Relationship	ESTATE
Percentage of benefit*	<input type="text"/> %

* Enter 0 or leave blank if you do not wish to nominate your estate.

Name	<input type="text"/>	
Relationship	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Other Dependant	
Sex	Date of birth	Percentage of benefit
<input type="checkbox"/> Male	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> %
<input type="checkbox"/> Female		

Name	<input type="text"/>	
Relationship	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Other Dependant	
Sex	Date of birth	Percentage of benefit
<input type="checkbox"/> Male	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> %
<input type="checkbox"/> Female		

Name	<input type="text"/>	
Relationship	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Other Dependant	
Sex	Date of birth	Percentage of benefit
<input type="checkbox"/> Male	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> %
<input type="checkbox"/> Female		

Name	<input type="text"/>	
Relationship	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Other Dependant	
Sex	Date of birth	Percentage of benefit
<input type="checkbox"/> Male	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> %
<input type="checkbox"/> Female		

Please read this BEFORE signing this declaration

Your signature must be witnessed by two people, each of whom is 18 years or older and is **not** named as a beneficiary in the form.

I understand the superannuation beneficiary nomination given to MIML as trustee of the Macquarie Superannuation Plan in this section will apply to all death benefits held under my membership in the insurance-only division for FutureWise or Macquarie Life Active (as applicable) and referred to below as my FutureWise interest or Macquarie Life Active interest (as applicable), and:

- be binding on the Trustee if the Trustee consents to it,
- revokes any prior nomination made by me in respect of my FutureWise or Macquarie Life Active interest, and
- will be current until revoked or the Trustee consents to a new nomination from me, which will replace any previous nomination/s provided in respect of my FutureWise or Macquarie Life Active interest.

I understand that any nomination I provide will apply to all of my interest in FutureWise or Macquarie Life Active (as applicable, and only that FutureWise or Macquarie Life Active interest), unless I provide written instructions requesting the Trustee to consider other more complex arrangements, and the Trustee agrees.

I understand that I should review the nomination regularly and if I wish to make a new nomination in the future, I will need to complete a new form.

Name of member	<input type="text"/>
Signature of member (Please sign in black ink)	<input type="text"/>
Declaration date	<input type="text"/> / <input type="text"/> / <input type="text"/>

Witness 1	
Name of witness 1	<input type="text"/>
Signature of witness 1 (Please sign in black ink)	<input type="text"/>
This application was signed by the applicant before me and on the date indicated above as the declaration date	
<input type="text"/>	

Witness 2	
Name of witness 2	<input type="text"/>
Signature of witness 2 (Please sign in black ink)	<input type="text"/>
This application was signed by the applicant before me and on the date indicated above as the declaration date	
<input type="text"/>	

This document is current as at 12 May 2012 and is issued by Macquarie Life Limited (Macquarie Life) ABN 56 003 963 773 AFSL 237 497 and Macquarie Investment Management Limited (MIML) ABN 66 002 867 003 AFSL 237 492 ("we", "us", "our" or "Macquarie" as the context requires). Macquarie Life and MIML are not authorised deposit-taking institutions for the purposes of the Banking Act (Cth) 1959, and Macquarie Life's and MIML's obligations do not represent deposits or other liabilities of Macquarie Bank Limited ABN 46 008 583 542. Macquarie Bank Limited does not guarantee or otherwise provide assurance in respect of the obligations of Macquarie Life and MIML.



Admin/Underwriting 1800 005 057



Fax Gateway 1800 812 175



GPO Box 5216 Brisbane QLD 4001



insurance@macquarie.com



macquarielife.com.au

Claims



1800 208 130



1800 065 145



GPO Box 4443 Sydney NSW 2001



insuranceclaims@macquarie.com

FORWARD thinking

