

# Application for replacement policy

Policy number	
	nce Act 1995 says that a replacement policy may be issued. Once hal policy. If the original policy is later found or recovered, please
Section 1: Policy Owner(s)/Member detail	ils
Policy Owner 1/Member  Mr Mrs Miss Ms Other	First name
Middle name	Last name
Date of birth (DD/MM/YYYY) Email	
Home telephone Business telepho	one Mobile
Company name	ABN
Residential address (your residential address can't be a P Unit number Street number Street name	'O Box)
Street number Street name	
Suburb State	Postcode Country
How was the policy lost or destroyed?	

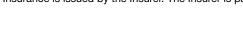
The Trustee

Equity Trustees Superannuation Limited ABN 50 055 641 757 AFSL 229757

The Fund

Smart Future Trust ABN 68 964 712 340 The Insurer

Nippon Life Insurance Australia and New Zealand Limited ABN 90 000 000 402 AFSL 230694



Insurance is issued by the Insurer. The Insurer is part of the Nippon Life Group.



## Section 1: Policy Owner(s)/Member details continued

Policy Owner 2/Member (if applicable)	First	name							
Mr Mrs Miss Ms Other		Tidino							
Middle name	l ast	name							
Date of birth (DD/MM/YYYY) Email									
Home telephone Business tele	nhono		Λ.	/lobi	lo				
nome telephone Business tele	priorie			IODI	ie .	-			
Company name				<u>_</u>			 	 <u> </u>	
Company name			ABN						
Residential address (your residential address can't be	a PO Box)								
Unit number Street number Street name									
Suburb Sta	te	Postcode		С	ountr	У			
						<u>-</u>			
How was the policy lost or destroyed?									
Policy Owner 3/Member (if applicable)									
Mr Mrs Miss Ms Other	First	name							
Middle name	Last	name							
Date of birth (DD/MM/YYYY) Email									
Home telephone Business tele	ephone		Ν	/lobi	le				
Company name			ABN						
Residential address (your residential address can't be	a PO Box)								
Unit number Street number Street name									
Suburb Sta	te	Postcode		С	ountr	у			
How was the policy lost or destroyed?									

## Section 1: Policy Owner(s)/Member details continued

	First name								
Mr Mrs Miss Ms Other	l list name								
Middle name	Last name								
last name									
Date of birth (DD/MM/YYYY) Email									
Date of Bitti (BB/MW/1111)									
				.,					
Home telephone Business telephone	e		Mob	ile					
Company name		AB	N		-			-	
Residential address (your residential address can't be a PO	Box)					 	 		
Unit number Street number Street name	ВОХ								
Suburb State	Postcode			Count	<b>5</b> (				
State	Fosicode		1 [	Count	ıy				
How was the policy lost or destroyed?						 	 		
,									
Policy Owner 5/Member (if applicable)						 	 		
Policy Owner 5/Member (if applicable)	First name					 	 		
	First name					 	 		
Mr Mrs Miss Ms Other							 		
	First name  Last name						 		
Mr Mrs Miss Ms Other  Middle name							 		
Mr Mrs Miss Ms Other									
Mr Mrs Miss Ms Other  Middle name  Date of birth (DD/MM/YYYY) Email	Last name								
Mr Mrs Miss Ms Other  Middle name	Last name		Mob	ile					
Mr Mrs Miss Ms Other  Middle name  Date of birth (DD/MM/YYYY) Email	Last name		Mob	ile					
Mr Mrs Miss Ms Other  Middle name  Date of birth (DD/MM/YYYY) Email	Last name	AB		ile					
Middle name  Date of birth (DD/MM/YYYY)  Email  Home telephone  Business telephone	Last name			ile					
Mr Mrs Miss Ms Other  Middle name  Date of birth (DD/MM/YYYY) Email  Home telephone Business telephone  Company name	Last name			ile					
Mr Mrs Miss Ms Other  Middle name  Date of birth (DD/MM/YYYY) Email  Home telephone Business telephone  Company name  Residential address (your residential address can't be a PO	Last name			ile					
Mr Mrs Miss Ms Other  Middle name  Date of birth (DD/MM/YYYY) Email  Home telephone Business telephone  Company name  Residential address (your residential address can't be a PO	Last name			ile					
Mr Mrs Miss Ms Other  Middle name  Date of birth (DD/MM/YYYY) Email  Home telephone Business telephone  Company name  Residential address (your residential address can't be a PO	Last name			ile					
Mr Mrs Miss Ms Other  Middle name  Date of birth (DD/MM/YYYY) Email  Home telephone Business telephone  Company name  Residential address (your residential address can't be a PO Unit number Street number Street name	Last name		N	ille	ry				
Mr Mrs Miss Ms Other  Middle name  Date of birth (DD/MM/YYYY) Email  Home telephone Business telephone  Company name  Residential address (your residential address can't be a PO Unit number Street number Street name	Last name e Box)		N		ry				
Mr Mrs Miss Ms Other  Middle name  Date of birth (DD/MM/YYYY) Email  Home telephone Business telephone  Company name  Residential address (your residential address can't be a PO Unit number Street name  Suburb State	Last name e Box)		N		ry				
Mr Mrs Miss Ms Other  Middle name  Date of birth (DD/MM/YYYY) Email  Home telephone Business telephone  Company name  Residential address (your residential address can't be a PO Unit number Street number Street name	Last name e Box)		N		ry				

### Section 1: Policy Owner(s)/Member details continued

Policy Owner 6/Member (If applica	Die)			
		First name		
Mr Mrs Miss Ms	Other			
Middle name		ast name		
Date of birth (DD/MM/YYYY) Em	nail			
Home telephone	Business telephone		Mobile	
Company name		AE	BN	
Residential address (your residential a	address can't be a PO Box	)		
Unit number Street number	Street name			
Suburb	State	Postcode	Country	
How was the policy lost or destroyed?				

#### Section 2: Statutory declaration

Persons who can witness the signing of a Statutory Declaration are set out in Schedule 2 of the *Statutory Declarations Regulations 1988* which can be accessed at **www.legislation.gov.au** and are listed below:

- A person who is currently licensed or registered to practise in Australia in the following occupations:
  - a. Architect
  - b. Chiropractor
  - c. Dentist
  - d. Financial adviser or financial planner
  - e. Legal practitioner
  - f. Medical practitioner
  - g. Midwife
  - h. Migration agent registered under Division 3 of Part 3 of the *Migration Act 1958*
  - i. Nurse
  - j. Occupational therapist
  - k. Optometrist
  - Patent attorney
  - m. Pharmacist
  - n. Physiotherapist
  - o. Psychologist
  - p. Trade marks attorney
  - q. Veterinary surgeon

#### 2. A person who is a/an:

- a. Accountant who is:
  - i. a fellow of the National Tax Accountant's Association; or
  - ii. a member of any of the following:
    - A. Chartered Accountants Australian and New Zealand;
    - B. The Association of Taxation and Management Accountants;
    - C. CPA Australia;
    - D. The Institute of Public Accountants
- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)
- d. Bailiff
- e. Bank officer with 5 or more continuous years of service
- Building society officer with 5 or more years of continuous service
- g. Chief executive officer of a Commonwealth court
- h. Clerk of a court
- i. Commissioner for Affidavits
- j. Commissioner for Declarations
- k. Credit union officer with 5 or more years of continuous service
- I. Employee of a Commonwealth authority engaged on a permanent basis with 5 or more years of continuous service who is not specified in another item in this Part

- m. Employee of the Australian Trade and Investment Commission who is:
  - i. in a country or place outside Australia; and
  - ii. authorised under paragraph 3(d) of the Consular Fees Act 1955; and
  - iii. exercising the employee's function at that place
- n. Employee of the Commonwealth who is:
  - i. at a place outside Australia; and
  - ii. authorised under paragraph 3(c) of the Consular Fees Act 1955; and
  - iii. exercising the employee's function at that place
- o. Engineer who is:
  - i. a member of Engineers Australia, other than at the grade of student; or
  - ii. a Registered Professional Engineer of Professionals Australia: or
  - iii. registered as an engineer under a law of the Commonwealth, a State or Territory; or
  - iv. registered on the National Engineering Register by Engineers Australia
- Finance company officer with 5 or more years of continuous service
- q. Holder of a statutory office not specified in another item of this Part
- r. Judge
- s. Justice of the Peace
- t. Magistrate
- Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961
- v. Master of a court
- w. Member of the Australian Defence Force who is:
  - i. an officer; or
  - ii. a non commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with 5 or more years of continuous service; or
  - iii. a warrant officer within the meaning of that Act
- Member of the Australasian Institute of Mining and Metallurgy
- y. Member of the Governance Institute of Australia Ltd
- z. Member of:
  - i. the Parliament of the Commonwealth; or
  - ii. the Parliament of a State; or
  - iii. a Territory legislature; or
  - iv. a local government authority
- aa. Minister of religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*
- bb. Notary public, including a notary public (however described) exercising functions at a place outside:
  - i. the Commonwealth; and
  - ii. the external Territories of the Commonwealth
- cc. Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office providing postal services to the public

#### Section 2: Statutory declaration continued

- dd. Permanent employee of:
  - a State or Territory or a State or Territory authority; or
  - ii. a local government authority;

with 5 or more years of continuous service, other than such an employee who is specified in another item of this Part

- ee. Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- ff. Police officer

- gg. Registrar, or Deputy Registrar, of a court
- hh. Senior executive employee of a Commonwealth authority
- ii. Senior executive employee of a State or Territory
- ij. SES employee of the Commonwealth
- kk. Sheriff
- II. Sheriff's officer

mm. Teacher employed on a permanent full time or part time basis at a school or tertiary education institution.

The Statutory Declaration below must be completed as part of this application. Please read the Statutory Declaration carefully and if you are satisfied the details are correct, sign the Declaration in the presence of a person on the specified list. Once completed, return this form to us.

I/We (Policy Owner 1)	and (if second Policy Owner 2)
of (address)	of (address)
and (if third Policy Owner 3)	and (if fourth Policy Owner 4)
of (address)	of (address)
and (if fifth Policy Owner 5)	and (if sixth Policy Owner 6)
of (address)	of (address)
make the following declaration under the Stat	utory Declarations Act 1959:
27. I/We am/are the owner(s)/member of policy n	umber policy')
28. The Life Insured(s) under this policy is/are	
29. The Life Insured(s) was/were born at (as per b	pirth certificate):
Life Insured 1	Life Insured 2
Date of Birth (DD/MM/YYYY)	Date of Birth (DD/MM/YYYY)

#### Section 2: Statutory declaration continued

- **30.** I/We have not assigned, mortgaged or otherwise dealt with the policy in any way and no person holds a lien or any charge on the policy.
- **31.** The answers to the questions in this application and any other relevant personal statement(s) and questionnaires are true and complete.
- **32.** The statements below only apply if your policy has been lost. Please cross out the statements if the policy has been destroyed.
  - a) I/We have made an exhaustive search for the policy and cannot find it and believe it is irrevocably lost.
  - b) I/We are satisfied that no family member has any knowledge of the whereabouts of the policy and that the policy is not held by or in the custody of a banker, solicitor, accountant or any other person.
  - c) If the original policy is subsequently found or comes into my/our possession (after the issue of the replacement policy) I/we will immediately return the original policy to Nippon Life Insurance Australia and New Zealand Limited.

I/We understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, and I believe that the statements in this declaration are true in every particular.

Place	Day		Month	Year							
Declared at	on	of									
Signature of Policy Owner 1 Name			ture of Policy ame	/ Owner 2 (if ap	oplicable)	)					
Title (Director of company or Trustee of super fund)			Title (Director of company or Trustee of super fund)								
Signature		Signat	ture								
V	Date (DD/MM/YY)				Date (DE	D/MM/Y	<b>Y</b> )				
<b>X</b>											
Signature of Policy Owner 3 (if applicable)  Name			ame	/ Owner 4 (if ap							
Title (Director of company or Trustee of super fund)			Title (Director of company or Trustee of super fund)								
Signature		Signat	ture								
V	Date (DD/MM/YY)		YY)								
<b>*</b>											
Signature of Policy Owner 5 (if applicable) Name			ture of Policy ame	/ Owner 6 (if ap	oplicable)	)					
Title (Director of company or Trustee of super fund)			Title (Director of company or Trustee of super fund)								
Signature			ture								
V	Date (DD/MM/YY)	Date (DD/					D/MM/YY)				
X											

Section 2: S	Statutory decla	<b>ration</b> co	ntinued	l			
Witness of Sta	tutory Declaration						-
First Name				Surname			
Qualification							
Residential ad	l <b>dress</b> (your residentia	l address ca	n't be a PO E	Box)			
Unit number	Street number	Street nan	ne				_
Suburb			State	Postcode	Country		_
Declared at				Signature of witne	ss		
				V		Date (DD/MM/YY)	
				^			

**Note 1:** A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years—see section 11 of the *Statutory Declarations Act 1959*.

**Note 2:** Chapter 2 of the *Criminal Code* applies to all offences against the *Statutory Declarations Act 1959*—see section 5A of the *Statutory Declarations Act 1959*.

### Section 3: Send us your form

Please return your completed, signed and dated form to:

Acenda - Operations PO Box 23455 Docklands VIC 3008

Email: enquiries.retail@acenda.com.au

If you have any questions, please speak with your financial adviser or call us on **13 65 25** between 8.30am and 6pm (AEST/AEDT), Monday to Friday.