

Application for Increases without further Medical Evidence

This form is applicable for Acenda Insurance, Acenda Insurance (Super), Personal Protection Portfolio and Life Cover Super.

Policy number

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When to use this form

This form is used to increase your Income Protection, Life Cover, Total and Permanent Disability (TPD) and/or Critical Illness benefit without further medical evidence, in accordance with the terms and conditions of your policy.

If you are applying for an increase under the Business Safeguard Option or Business Protection Option please use the *Application to amend your insurance* form.

Please make sure you have attached a copy of your premium quotation to this form.

Your policy or the policy you are applying for is a consumer insurance contract and the duty below applies to you.

We respect your privacy and handle your information in accordance with our privacy policy, available at acenda.com.au/privacy-policy

Your duty to take reasonable care not to make a misrepresentation

About this application and your duty

When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can cover you, and if so on what terms and at what cost.

We will ask questions we need to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give us in response to our questions is vital to our decision.

The duty to take reasonable care

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

The duty also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

Guidance for answering our questions

You are responsible for the information provided to us. When answering our questions, please:

- think carefully about each question before you answer. If you are unsure about any question, we are here to help and you can contact us,
- answer every question,
- answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it,
- review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted, and
- you must not assume that we will contact your doctor for any medical information. If you are unsure about whether you should include information or not, please include it.

Your duty to take reasonable care not to make a misrepresentation continues until the time your insurance cover starts. The duty applies when you answer questions in your application and whenever we obtain more information from you.



Trustee
Equity Trustees Superannuation Limited
ABN 50 055 641 757 AFSL 229757

Fund
Smart Future Trust
ABN 68 964 712 340

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.

If you need help

It's important that you understand this information and the questions we ask. Ask us or your adviser for help if you need help understanding the process of buying insurance or answering our questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help and can provide additional support for anyone who might need it. If you want, you can have a support person you trust with you.

What can we do if the duty is not met?

If the person who answers our questions does not take reasonable care not to make a misrepresentation, there are different remedies that may be available to us. These are set out in the Insurance Contracts Act 1984 (Cth). These are intended to put us in the position we would have been in if the duty had been met.

For example we may:

- avoid the cover (treat it as if it never existed);
- vary the amount of the cover; or
- vary the terms of the cover.

Whether we can exercise one of these remedies depends on a number of factors, including:

- whether the person who answered our questions took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances;
- what we would have done if the duty had been met – for example, whether we would have offered cover, and, if so, on what terms;
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before we exercise any of these remedies, we will explain our reasons, how to respond and provide further information, including what you can do if you disagree.

Eligibility to apply for an increase without further medical evidence

You can only apply for an increase without further medical evidence when a specified event happens. You will need to provide proof of the event happening and any additional financial evidence satisfactory to us to support the increase requested.

Please see your Product Disclosure Statement (PDS) for eligibility requirements.

Eligibility checklist

General

- a) Was your policy issued with a medical loading? Yes ☐ No ☐
- b) Are you making the increase request
- More than 30 days after the Review Date (policy anniversary date) immediately following the event? Yes ☐ No ☐
- c) Have you increased your cover using the *Increases without further Medical Evidence* feature within the last 12 months? Yes ☐ No ☐

Life, TPD and Critical Illness

- d) Have you been paid a claim, is a claim being assessed or do you have an injury or illness which may make you eligible to make a claim under these benefits? Yes ☐ No ☐

Income Protection

- e) Are you currently receiving a benefit, or do you have an injury or illness which may make you eligible to make a claim? Yes ☐ No ☐
- f) Was your benefit accepted with a medical exclusion? Yes ☐ No ☐

If you answered yes to any of the above questions, an Increase without further Medical Evidence is not available.

Important things to note

Any premium loadings, exclusions or varied terms which applied to your original cover will also apply to your increased cover.

Life, TPD and Critical Illness

During the first six months of an increase to a sum insured, the increased amount of the sum insured may only be payable for death, Total and Permanent Disability or a Critical Illness Event (as applicable) which results from an Accident.

For the first 13 months of the increase, the increase benefit will not be payable where the cause for the claim is suicide, or attempted suicide.

Income Protection

For the first 12 months after your monthly benefit is increased without further medical evidence, the increased Monthly Benefit is only payable for Total Disability or Partial Disability or Partial Disability caused by an Accident.

Section 1: Life Insured's details

Mr ☐	Mrs ☐	Miss ☐	Ms ☐	Other ☐	First name
Middle name 					Last name
Date of birth (DD/MM/YYYY) 		Email address 			
Home telephone 		Business telephone 		Mobile 	

Residential address (your residential address cannot be a PO Box)

Unit number 	Street number 	Street name 			
Suburb 	State 	Postcode 	Country 		

Postal address

☐ Same as residential

PO Box number 	Unit number 	Street number 	Street name 		
Suburb 	State 	Postcode 	Country 		

Section 2: Policy Owner(s) details

Policy Owner 1 (primary contact for correspondence)

☐ Tick this box if Policy Owner 1 is the same as the Life Insured. If not, fill in the details below.

*required

Mr ☐	Mrs ☐	Miss ☐	Ms ☐	Other ☐	First name*
Middle name 					Last name*
Date of birth (DD/MM/YYYY)* 		Email address* 			
Home telephone 		Business telephone 		Mobile* 	
Postal address*					
PO Box number 	Unit number 	Street number 	Street name 		
Suburb 	State 	Postcode 	Country 		

Section 2: Policy Owner(s) details continued

Policy Owner 2

First name

Last name

Please fill in the following sections for your application

Benefit	Event	Sections to be completed
Income Protection	due to a Personal event	3 and 5
Life Cover, Total and Permanently Disabled and Critical Illness	due to a Personal event	3 and 4
	due to a Business event	3 and
		6.1 where cover is for Ownership Protection, or 6.2 where cover is for Asset Protection, or 6.3 where cover is for Revenue Protection.

Section 3: Date of event and increase amounts

Date of event (DD/MM/YY)

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Please tell us the amount by which you would like to increase your cover (refer to sections 5 and 6 for details of the maximum increase available).

Cover type	Amount of increase	Sum insured after increase
Life Cover	\$	\$
TPD Cover	\$	\$
Critical Illness Cover	\$	\$
Income Protection Monthly Benefit*	\$	\$

*Maximum monthly benefit across all Income Protection benefits and options on your life with all companies cannot exceed \$30,000

Section 4: Life, TPD and Critical Illness Personal events

Event	Evidence required
☐ You or your spouse adopt or give birth to a child	• Copy of the birth/adoption certificate
☐ You get married, divorced	• Copy of the marriage certificate, divorce certificate
☐ You complete an undergraduate degree at a Government recognised university	• Copy of the degree
☐ You received an increase in your earnings of at least 10% in the last 12 months	• Written confirmation from your employer detailing your total remuneration package (salary, superannuation, commission etc.) before and after the increase, or • most recent payslips showing annual and/or year-to-date income before and after the increase, or • last two years personal income tax returns or PAYG payment summaries (if they clearly show the increase)
☐ You have a child who starts secondary school	• Written confirmation of the child's enrolment in secondary school.

Maximum available increase to your cover is the lesser amount of:

- 25% of your original sum insured, and
- \$200,000

Event	Evidence required
☐ You take out, or increase, a mortgage to purchase or improve your home	• Written confirmation from your mortgage provider showing the mortgage amounts before and after the increase, or for a new loan, a copy of the loan agreement.

Maximum available increase to your cover is the lesser amount of:

- 50% of your original sum insured, or
- The value of your new mortgage, or
- The value of the latest increase to your existing mortgage, or
- \$200,000

Section 5: Income Protection Personal Events

Event	Evidence required
☐ You or your spouse adopt or give birth to a child	• Copy of the birth/adoption certificate
☐ You get married, divorced	• Copy of the marriage certificate, divorce certificate
☐ You complete an undergraduate degree at a Government recognised university	• Copy of the degree
☐ You received an increase in your earnings of at least 10% in the last 12 months	• Written confirmation from your employer detailing your total remuneration package (salary, superannuation, commission etc.) before and after the increase, or • most recent payslips showing annual and/or year-to-date income before and after the increase, or • last two years personal income tax returns or PAYG payment summaries (if they clearly show the increase)
☐ You have a child who starts secondary school	• Written confirmation of the child's enrolment in secondary school.
☐ You take out, or increase, a mortgage to purchase or improve your home	• Written confirmation from your mortgage provider showing the mortgage amounts before and after the increase, or for a new loan, a copy of the loan agreement.

Income Details

	Current Income	Previous year (only if the event is an increase in your income of at least 10%)
Earnings	\$	\$
Employer Contributions to super*	\$	\$
Total	\$	\$

*Employer Contributions to super are not included in the total income for *Income Assure* and *Income Assure+* benefits

Earnings

If you are an employee — include wages/salary, commissions, fees, regular bonuses, regular overtime, fringe benefits.

If you are self-employed in a business you directly or indirectly own or an employee of your own business, company or trust — include your share net profit generated by your personal efforts, and voluntary super contributions paid on your behalf.

Do not include Employer Contributions to super

Do not include investment income

Provide pre-tax figures

If you earn commissions, include 100% of initial commissions, but only 50% of renewal commissions

The maximum available increase to your benefit is:

- Up to 20% of your current sum insured, subject to the maximum insurable amount based on your current Earnings and the Replacement Ratios and maximum sum insured as set out in your PDS.

Section 6: Life, TPD, and Critical Illness Business Events

6.1 Ownership Protection (buy/sell), share purchase of business continuation agreement

Event	Evidence required
☐ The original purpose of your cover was to support a business purpose such as a buy/sell arrangement, a share purchase agreement or a business continuation agreement, and the value of that business has increased (using the same methodology as was used to determine your original cover).	• Complete section table below, and • provide the relevant business entity profit and loss accounts and balance sheets for the last three years.

Maximum available increase to your cover is the lesser amount of:

- 25% of your original sum insured, or
- The average of the last 3 years increase in the net value of your financial interest in the business, or
- \$200,000

a) Please provide the name and type of business entity (i.e. company, partnership etc.).

b) What is your percentage ownership interest in the above entity (directly or otherwise)?

c) What is the current value of the business and how has the value been calculated?

d) Please provide the following details:

	Current financial year	Previous financial year	Year before last
Business income (turnover)	\$	\$	\$
Gross profit	\$	\$	\$
Expenses	\$	\$	\$
Net profit (before tax)	\$	\$	\$
Total assets	\$	\$	\$
Total liabilities	\$	\$	\$

6.2 Asset Protection (loan guarantee)

Event	Evidence required
☐ The original purpose of your cover was to support a business loan and there has been an increase in the loan liability.	• Written confirmation from your loan provider showing the loan amounts before and after the increase.

Maximum available increase to your cover is the lesser amount of:

- 25% of your original sum insured, or
- The average of the last 3 years increase in the net value of your financial interest in the business, or
- \$200,000

Section 6: Life, TPD, and Critical Illness Business Events continued

6.3 Revenue Protection (Key Person)

Event	Evidence required
☐ The original purpose of your cover was to support a business purpose for your role as a Key Person and your value to the business has increased	• Complete table below, and • written confirmation from your employer detailing your gross remuneration package (salary, superannuation, commission etc.) for the last three years.

a) Please provide the name of the business entity.

b) Do you have any ownership interest in the business (directly or otherwise)?

Yes ☐ No ☐

If YES, please tell us the percentage ownership interest in the business.

c) What is your occupation title, role, and duties?

d) What was the value of the insured person's gross remuneration package over the last three years?

	Current financial year	Previous financial year	Year before last
Amount	\$	\$	\$

Maximum available increase to your cover is the lesser amount of:

- 25% of your original sum insured, or
- The average of the last 3 years increase in the net value of your financial interest in the business, or
- \$200,000

Section 7: Declarations

Read this section carefully before signing

The Life to be Insured and the Policy Owner/s make the following declarations and authorisations in respect of this application:

- I have read and understand the duty to take reasonable care not to make a misrepresentation
- The information provided in this application is true and complete
- I understand no increase to insurance is effective until the Insurer accepts this application and issues a revised Schedule
- I consent to notices relating to my application to be sent to the email address or the mobile phone number provided by me and if I have provided my email address for the purpose of receiving communications from the Insurer, I acknowledge my personal and sensitive information may be sent to that email address.

For insurance inside super only

Note: The law requires that: Insurance cover must be cancelled if:

- your account balance in this product/fund is less than \$6,000; and
- you have never had an account balance of at least \$6,000 on or after 1 November 2019;

unless you elect in writing that you want to keep your insurance cover, even if your super account balance is less than \$6,000.

If your account balance is under \$6,000 and/or you're under 25 years old you need to elect in writing to have insurance cover. Completing this form will be considered your written election.

- I elect to be provided with the insurance specified in this application, and for the insured benefit to be provided, even if my account balance in this product/fund is less than \$6,000 and/or I'm under 25 years old.

Signature of Life Insured

	Date (DD/MM/YY)			

Signature(s) of Policyowner (s)

- You don't need to complete this part if the Policy Owner is the Life Insured or if this is insurance inside super.
- If the Life to be Insured is under 16 years of age then a Parent or Guardian is required to sign.
- Where a company is the proposed owner of a policy there is no need for the company seal to be affixed.

In the case where the Policy Owner is a company:

- Two directors or a director and company secretary are to sign; or
- In the case of a sole director proprietary company only, the sole director is to sign. The director must indicate that he/she is the sole director and sole secretary of the company.

Name

--

Signature of Policy Owner

	Date (DD/MM/YY)			

Name

--

Signature of Policy Owner

	Date (DD/MM/YY)			

☐ Sole director and sole secretary (indicate by ticking box)

Name

--

Signature of Policy Owner

	Date (DD/MM/YY)			

Name

--

Signature of Policy Owner

	Date (DD/MM/YY)			

☐ Sole director and sole secretary (indicate by ticking box)

This section for Financial Adviser use only

This section must be completed

Email address (contact for this application)

Financial Adviser’s instructions

(Complete details relevant to this application)

Financial Adviser 1

**This section is to be completed by the Servicing Adviser.
The Servicing Adviser will receive all correspondence for
the policy.**

Name of Financial Adviser

Financial Adviser No.

Mobile phone

Telephone number

Fax number

Email address

Distribution fee split

%

Financial Adviser 2

Name of Financial Adviser

Financial Adviser No.

Mobile phone

Telephone number

Fax number

Email address

Distribution fee split

%

Special Instructions

Send us your form

Please return your completed, signed and dated form to:

Acenda
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 to 6pm (AEST/AEDT), Monday to Friday.