

## Declarations, consent and signatures


Application reference number

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Please print in CAPITAL LETTERS and place a cross  in any applicable boxes.

### Declaration and consent

- **Product Disclosure Statement (PDS)** Your financial adviser has provided you with, and you have read, the current AMP Elevate insurance PDS. Your insurance needs have been discussed with your financial adviser, and you will retain this PDS for future reference.
- **Your duty of disclosure**

 Read this if you are applying for insurance as the policy owner, or if you will be an insured person under a policy owned by someone else.

#### What you need to tell us

When you apply for insurance, and up until the insurer accepts your application, you have a duty to tell us anything that you know, or could reasonably be expected to know, that may affect the insurer's decision to insure you and the terms of your insurance.

This includes answering all the questions in the application honestly, making sure you include all the information we ask for.

You have the same duty if anything changes, or you remember more information, while we're processing your application.

If you want to change your insurance cover at any time, extend it or reinstate it, you'll also have the same duty at that time to tell us anything that may affect the insurer's decision to insure you and the terms of your insurance.

Where a policy owned by one person covers the life of another person, it's important that the other person also gives us all the information that is required under the duty. If he or she doesn't, then it can be treated as a failure by the owner of the policy to tell us something that the owner must tell us. Therefore, you must give us all the required information—whether you're the owner of the policy or a person insured under it.

#### If you don't tell us something

If you don't give all the required information, and the missing information would've affected the insurer's decision to insure you or the terms of your insurance, the insurer may:

- **treat the contract (or your cover) as if it never existed** – the insurer can only do this within three years of your cover starting.
- **reduce the amount you've been insured for** – to reflect the premium you've been paying. There is a link between the premium you pay and your level of cover. If you fail to tell us something, your premiums may have been too low. The insurer may reduce the amount you've been insured for, taking into account the premium you would've had to pay if you'd told us everything you should've. For Death cover the insurer can only reduce the amount you've been insured for within three years of your cover starting.
- **vary your cover** – to take into account the information you didn't tell us and put the insurer in the same position as it would've been if you'd told us. Variations could mean, for example, that waiting periods, exclusions or premiums may be different. The insurer can't make variations to Death cover.

Your total insurance cover forms one insurance contract. If you don't give us all the required information, the insurer may treat your different types of cover as separate contracts when it takes action to address this.

It's fraudulent to deliberately leave out required information or give us incorrect information. In these situations the insurer may refuse to pay a claim and treat the contract (or your cover) as if it never existed.

#### What you don't need to tell us

You don't need to tell us anything:

- that reduces the insurer's risk, or
- that's common knowledge, or
- the insurer knows or should know as an insurer, or
- we've told you that you don't need to tell us.

**! Genetic test approach**

You only need to tell us about any genetic testing you've had or intend having if the total combined sum insured with all life insurers for the benefit(s) being applied for is over the Genetic Test Standard financial limits. You can choose to tell us about a genetic test that you have had where the result was favourable.

However, you must tell us if you're experiencing symptoms of, or are having treatment for, a medical condition including any genetically inherited condition. You must also tell us of any family history of a medical condition as asked for in the relevant question in this form.

**Note:** AMP Life complies with the Genetic Test Standard, a copy of the standard can be found at [fsc.org.au/resources/standards](http://fsc.org.au/resources/standards).

- **Truth and accuracy** You are required to check the truth, accuracy and completeness of the information contained in your application – whether this is a paper-based application or one submitted online by your financial adviser.  
If your financial adviser submits your application online and you have not signed a printed copy, your financial adviser is required to send you a copy within five working days of submission. You are required to check your application for truth, accuracy and completeness and contact AMP Life on 133 731 to notify us of any amendments. If you do not receive a printed copy of your online application within five working days you are required to contact your financial adviser and ask for a copy to be provided immediately.
- **Online application** Your financial adviser may submit your insurance application to AMP Life online.
- **Changes in material circumstances** Any change in material circumstances between the time you provide personal information to your financial adviser and the issue of your plan documents must be disclosed to the insurer. Failure to do so may result in the insurer avoiding the contract of insurance.
- **Policy conversions and revised terms** If you are converting an existing AMP Life insurance policy, any loadings and/or exclusions that applied to that existing policy will continue to apply to this policy that you are applying for.
- **Medical and financial information** You are authorising:
  - any other insurers (including related companies of AMP Life) or other professional, such as a financial adviser or accountant, to disclose any information they may possess about you, whether held in hard copy or in any other format, to AMP Life, and
  - AMP Life to collect any information they have on your health, medical history, pastimes, work history or anything else that AMP Life considers to be relevant to assessing or underwriting this cover or assessing any claim under it.

Where I hold other policies or plans within the Resolution Life Group, I authorise the use of any information obtained under this authority in connection with those policies or plans.
- **Privacy use and disclosure of personal information** By proceeding with your application you are authorising AMP Life to disclose any information related to your application for insurance to any person/authorised third parties. We will only share sensitive information, such as medical details, where it is necessary to do so to properly assess your application. You are deemed to have agreed that personal information may be disclosed to third parties, where that disclosure is for the purpose of assisting AMP Life in making a decision in relation to your application for insurance or in relation to a claim made under the policy of insurance.  
In addition, you give AMP Life's health screening provider permission to speak to a third party for the purpose of arranging a health screening appointment. This third party may be a spouse, family member, personal assistant or adviser.  
Neither AMP Life nor any service provider will disclose any information that is of a sensitive nature to this third party. You give the insurer permission to advise your usual doctor of the reason(s) behind any adverse assessment of your application if it was based on health evidence obtained during the assessment of your application.
- **Privacy** You are required to read and understand the **Privacy – use and disclosure of personal information** section of the PDS. You consent to your personal information being collected and used in accordance with the PDS and our policy on privacy. You can opt out from the use of that information for the purpose of direct marketing by contacting us.

**! Acceptance of your application is subject to the insurer searching its records for any other business with the person to be insured. The insurer may vary the terms of the policy of insurance to be issued on the basis of any information contained in its records.**

- **Application** By proceeding with your application you are asking the insurer to provide insurance on the usual conditions set out in the PDS – including any modifications to the Plan that the insurer considers appropriate given the information submitted for your application.
- **Nomination of beneficiary** The payment of benefits from the Life Insurance Plan will be made on the basis of the latest nomination received in writing to AMP Life. This does not apply for the Life Insurance SMSF Plan.

**For the Life Insurance Superannuation Plan or Income Insurance Superannuation Plan** S

**Prospective members of the National Mutual Retirement Fund (NMRF)**

- **Application** By submitting your application you are applying to Equity Trustees Superannuation Limited for membership of the NMRF. You are asking the Trustee to propose to the insurer to provide insurance on the usual conditions set out in this PDS – including any modifications to the Plan that the insurer considers appropriate given the information submitted for your application. You are confirming you are eligible to contribute to superannuation, and agree to notify the Trustee of the Fund in writing immediately if you cease to be gainfully employed or if you cease to be eligible to contribute to the Fund. You should review your binding nomination every three years, or as your circumstances change.
- **Fund Membership** You are submitting your application for the Life Insurance Superannuation Plan and/or the Income Insurance Superannuation Plan as a prospective member of the NMRF.

**Prospective members of the Wealth Personal Superannuation and Pension Fund**

- **Application** By submitting your application you are confirming you are already a member, or have applied to become a member, of the Wealth Personal Superannuation and Pension Fund.
- **Fund Membership** In applying for the Life Insurance Superannuation Plan and/or Income Insurance Superannuation Plan you are doing so as a plan holder or prospective plan holder of North, Summit, Generations or iAccess as part of the Wealth Personal Superannuation and Pension Fund.
- **Nomination of beneficiary** The payment of benefits from the Superannuation Plans will be determined by the Trustee of the Fund. For more information please refer to the **Holding your policy in superannuation** section of your PDS.

**Signature of person to be insured** S NS SMSF

**!** To be completed for all insurance plans

Title/name of person to be insured

Signature of person to be insured

Date of birth

Date signed

**Signature of Plan owners** NS SMSF

**!** To be completed for all insurance plans except Life Insurance Superannuation Plan and Income Insurance Superannuation Plan

**Signature of Plan owners – only for individuals** (including individual trustees of an SMSF) NS SMSF

Print full name of SMSF or Trust (if applicable)

**For Plan owner(s) (must be aged 16 years or over)**

Print full name of Plan owner/Trustee

Signature

Date of birth

Date signed

Plan owner/Trustee (delete one)

Print full name of Plan owner/Trustee

Signature

Date of birth

Date signed

Plan owner/Trustee (delete one)

- For SMSFs, if there are more than two trustees required as signatories, please provide their full name(s) and signature(s) below the Adviser details section.

Signatures of Plan owners – only for companies (including company trustees of an SMSF) NS SMSF

Company seal <input type="text"/>	Print full name of company <input type="text"/>	
	Signature 1 <input type="text" value="X"/>	Signature 2 <input type="text" value="X"/>
	Director/Sole Director and Secretary (delete one)	Director/Secretary (delete one)
	Date signed <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
	Print full name of person signing for and on behalf of the above company <input type="text"/>	

To be signed by:

- For any company, either two directors of the company or a director and company secretary, or
- For a proprietary company, one signature as 'sole director and secretary' where the company has only one director who is also the sole company secretary.

**Note:** If the company constitution mandates the use of a company seal then it must be provided along with the relevant signatures outlined above.

## Adviser details

Adviser name <input type="text"/>	Account/Adviser number <input type="text"/>
Contact phone <input type="text"/>	Email address <input type="text"/>



This document is issued by Equity Trustees Superannuation Limited (ETSL) ABN 50 055 641 757, AFSL No. 229757 as trustee of the National Mutual Retirement Fund (NMRF) ABN 76 746 741 299 and AMP Life Limited ABN 84 079 300 379 (AMP Life). AMP Life has proudly served customers in Australia since 1849. AMP Limited ABN 49 079 354 519 has sold AMP Life to the Resolution Life Group whilst retaining a minority economic interest. AMP Limited has no day-to-day involvement in the management of AMP Life whose products and services are not affiliated with or guaranteed by AMP Limited. 'AMP', 'AMP Life' and any other AMP trademarks are used by AMP Life under licence from AMP Limited.