

Application for Income Cover - Continuation Option

- This application needs to be completed by the person to be insured and submitted to us within 60 days of the person's cover ending under the Group Insurance Policy.
- Please complete the application in BLACK ink pen only.
- Return details are in Section 7.
- Any changes made to this application are to be initialed by the person to be insured.
- Please answer all the questions as accurately as possible and provide additional information wherever requested.
- As part of the overall assessment process MetLife will contact you on your preferred phone number if further information is required.
- For enquiries only, please email auservices@metlife.com (no forms can be accepted via email).

Privacy

MetLife's Privacy Policy details how we treat your personal information.

The personal information you provide in this form is necessary for us to provide you with the products and services you have requested from us, and to manage your claims. You do not have to provide us with your personal information, but if you do not do so we may not be able to provide you with our products or services.

MetLife complies with the Privacy Act 1988 and the principles laid out in its Privacy Policy, which details information about how we collect, hold, use, manage and disclose your personal information, how you may access or seek correction of your personal information and our complaints process. MetLife's Privacy Policy is readily available and can be viewed at www.metlife.com.au/privacy.

Section 1: Details of the person to be insured

First name:	Middle name:	Last name:
_____	_____	_____
Residential address:		

Suburb:	State:	Postcode:
_____	_____	_____
Date of birth: (DD/MM/YYYY)	Gender:	Email address:
____ / ____ / ____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
Contact number preferred:	Contact number other:	Preferred time of contact:
_____	_____	<input type="checkbox"/> Morning (9am-12pm) <input type="checkbox"/> Afternoon (12pm-6pm)
Are you an Australian or New Zealand citizen or permanent resident, currently residing in Australia?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 2 - About your insurance needs

1. From which fund or scheme are you continuing cover?

Name: _____

2. Total required cover:

Income Cover

Existing policy cover*

per month

Additional policy cover** requested

per month

Total cover requested (Existing +
Additional policy cover requested)

per month

* The level of cover on the date immediately prior to ceasing employment for which was provided by the previous fund/scheme, as shown on the attached quotation.

** Additional cover will require you to be underwritten and assessed by MetLife by completing an Application for Insurance. Please contact us on 1300 555 625.

Section 3 - About your work

3. What was your occupation while covered under the previous fund/scheme?

4. What is your current occupation?

5. Please describe the exact nature of your current duties.

6. What is your current gross annual salary?

Currently:

per annum

7. Do you work more than **15 hours** per week?

Yes

No

Section 4 - Lifestyle

8. Do you intend to travel or reside outside Australia or New Zealand temporarily or otherwise within the next 2 years?

Yes

No

If "Yes", please give details i.e. country and length of stay.

Section 4 - Lifestyle (continued)

9. In the last 12 months, have you or do you currently engage in or intend to engage in any of the following sports or other activities:
- (a) Aviation (other than as a fare paying passenger on a commercial airline) Yes No
 - (b) Motor sports or racing (including auto, motorcycle, bike and boat)? Yes No
 - (c) Scuba/Skin Diving? Yes No
 - (d) Football of any code (including touch football or tag)? Yes No
 - (e) Any other sport or hazardous activities not mentioned (including but not limited to: parachuting, hang-gliding, caving, ocean racing, horse riding, body contact sports or recreation involving heights)? Yes No

If you have answered "Yes" to any of the above questions, please provide further details below:

Activity	Level of participation (Recreational / Recreational with Competition / Semi professional / professional)	Number of times you participated or expect to participate per annum (e.g. Hours flown, frequency, number of dives, matches)	Do you receive an income from participating in this activity
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Please provide any additional details on any activity you perform such as qualifications, average depth and maximum depth of dives, licence held, years of experience, etc.

- 11. Have you smoked in the last 12 months? Yes No
- 12. Are you infected with HIV (Human Immunodeficiency Virus), the virus which can cause/lead to AIDS (Acquired Immune Deficiency Syndrome)? Yes No
 If "No", have you been referred for or waiting on a HIV test result and/or are taking preventive medication? Yes No
- 13. Have you been injected with any drug not prescribed by a medical practitioner? Yes No
 If you answered "Yes" to any of Questions 12 -13, please give full details:

Section 5 - Nomination of Beneficiary

You have the option to nominate a beneficiary to receive benefits payable under the Policy. The option to nominate a beneficiary is subject to the following conditions:

- Any payments to minors will be made to a parent(s) or guardian(s) of the minor to be held in trust for the benefit of the minor until the minor turns 18 years of age.
- If a nominated beneficiary cannot be located or dies before a benefit is payable, then the amount will be paid to your estate.
- You may change a nominated beneficiary or revoke a previous nomination at any time prior to a claim event, but the change does not take effect until MetLife confirms the nomination in writing to you.
- Death benefits will be made on the basis of the latest nomination received, unless it has been revoked.

Name of beneficiary	Address	Date of birth	Relationship	Proportion
				100%

Section 6 - Payment method

Payment options: Direct Debit Credit Card

Payment frequency: Annually Fortnightly Monthly

Payment by Credit Card:

I authorise the debit of my premiums from my: Visa MasterCard American Express Diners

Account name: _____

Card number: _____ - _____ - _____ - _____

Expiry date: ____ / ____ (MM/YYYY)

Signature of cardholder: _____ Date: ____ / ____ / ____ (DD/MM/YYYY)

Payment by Direct Debit:

I request and authorise MetLife Insurance Limited (User ID No. 11238) to directly debit my premiums, from my account below. I confirm that I have read the Direct Debit Service Agreement in the Combined Product Disclosure Statement and Policy Document (PDS) and that I have the authority to make these payments.

Account name: _____

Name of bank: _____

BSB number: _____ - _____

Account number: _____

Signature: _____ Date: ____ / ____ / ____ (DD/MM/YYYY)

Signature: _____ Date: ____ / ____ / ____ (DD/MM/YYYY)

Section 7 - Returning your completed and signed form

Scan the form and upload to <http://www.metlife.com.au/formsupload>

OR Mail this form to MetLife Insurance Limited, GPO Box 3319, Sydney NSW 2001

OR Fax this form to (02) 8069 0689

Section 8 - Your Duty of Disclosure

Your duty of disclosure

Before you enter into a life insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If the insurance is for the life of another person and that person does not tell us everything he or she should have, this may be treated as a failure by you to tell us something that you must tell us.

If you do not tell us something

In exercising the following rights, we may consider whether different types of cover can constitute separate contracts of life insurance. If they do, we may apply the following rights separately to each type of cover.

If you do not tell us anything you are required to, and we would not have insured you if you had told us, we may avoid the contract within 3 years of entering into it.

If we choose not to avoid the contract, we may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told us everything you should have.

However, if the contract has a surrender value, or provides cover on death, we may only exercise this right within 3 years of entering into the contract.

If we choose not to avoid the contract or reduce the amount you have been insured for, we may, at any time vary the contract in a way that places us in the same position we would have been in if you had told us everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Section 9 - Declaration

- I have left my previous employment and am no longer covered by the Group Insurance Policy.
- I was employed in permanent employment when my cover ended under the Group Insurance Policy.
- I am not aware of any circumstances that may lead to a benefit being paid to me or a claim being made by me under the the Group Insurance Policy .
- I am not joining any military forces (other than the Australian Armed Forces Reserve and not on active duty outside Australia).
- I am not leaving employment directly or indirectly for reasons of injury or illness.
- I have read and understand my Duty of Disclosure and understand that this duty continues to apply to me until formal notification of acceptance.
- My answers to the questions are true and correct, and I have not deliberately withheld any information or material relevant to the proposed insurance.
- I agree to be bound by the terms and conditions set out in the Combined Product Disclosure Statement and Policy Document.
- I have read and understood the Privacy Disclosure Statement contained in the section head "Privacy." I consent to my personal information being collected, used and disclosed in accordance with the Privacy Disclosure Statement above and MetLife's Privacy Policy.
- I consent to MetLife seeking medical information from any doctor/hospital/health care professional whom I have consulted.
- I understand that cover under a policy will not begin until acceptance by MetLife, of which I will be notified in writing.
- I have read and understood the current Income Cover Combined Product Disclosure Statement and Policy Document.

Signature of applicant: _____ Date: ____ / ____ / ____ (DD/MM/YYYY)

Section 9 - Declaration (continued)

Authorised representative details

To be completed by the authorised representative who advised the applicant in connection with the policy that is being applied for.

Authorised Representative name:

MetLife number:

Name of licensee:

Licensee AFSL no.:

Commission will be payable to the above authorised representative's licensee unless otherwise instructed.

Contact number:

Email address:

I acknowledge that MetLife may contact the client directly in order to obtain information to facilitate the underwriting of this application.

Please return completed form to MetLife Insurance Limited, GPO Box 3319, Sydney NSW 2001 or scan the form and upload to www.metlife.com.au/formupload

INTERNAL USE ONLY:

GL/SCI Policy number: _____

Within eligibility period: Yes No

GSC Standard GSC Plus

Occupational rating: Professional White collar Light blue Medium blue Heavy blue

Occupational code: _____

Reinsurer: _____

Group administrator: _____ Date: ____ / ____ / ____ (DD/MM/YYYY)

MET0526 10/16