Accelerated Protection

Data Capture Form

SAVE PRINT

This form applies to insurance cover structured:

- outside of superannuation; and
- through superannuation (where the policy is owned by the Trustee of the fund).

Reference number

Life to be insured name

IMPORTANT INFORMATION

Product Disclosure Statement (PDS)

Before you apply for new insurance cover, you should read the Accelerated Protection Combined Product Disclosure Statement (PDS) and Policy Document dated 12 December 2024 and if your cover is to be structured through TAL Super, the Accelerated Protection through TAL Super PDS dated 12 December 2024, which TAL or a financial adviser must have provided you with prior to you submitting your application.

Target Market Determination of the product (where applicable) is available on our website www.tal.com.au. Alternatively you may contact your financial adviser or call us on 1300 209 088 to obtain a copy.

Completing this form

Please complete all relevant sections. If you do not provide the required information, your adviser will not be able to lodge your application.

Your financial adviser must submit an electronic application to TAL.

Please complete in black ink, using BLOCK letters. Use X in boxes.

PRIVACY

In this section, the words 'we' and 'our' refer to both TAL and the Trustee.

The way in which we collect, secure, hold, use and disclose personal and sensitive information (your information) is explained in the 'Your Privacy' section of the PDS and in our privacy policies. These policies can be obtained online at www.tal.com.au/privacy-policy (all policies) and www.mercer.com.au/privacy.html (TAL Super policies only) or by contacting us.

If you have any questions about the way in which your information is managed, or would like a paper copy of our privacy policies, please contact us by phone on 1300 209 088 or by email to customerservice@tal.com.au.

TAL Life Limited ABN 70 050 109 450 | AFSL 237848
TAL Super – a plan within the Retail Division in the Mercer Super Trust
ABN 19 905 422 981
Trustee: Mercer Superannuation (Australia) Limited
ABN 79 004 717 533 | AFSL 235906

TAL Life Limited ABN 70 050 109 450 | AFSL 237848

This form was prepared on 7 May 2025
TALR0153/0525

DUTY TO TAKE REASONABLE CARE NOT TO MAKE A MISREPRESENTATION

About this application

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 for what premium.

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.

If your application is for a new policy and your application is accepted, the policy will be a consumer insurance contract.

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.

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

If the duty is not met

If the duty is not met, 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 applying for insurance. When answering our questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- 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.

Changes before your cover starts

Before your cover starts, we may ask you whether the answers to the questions that you have given when applying for insurance remain accurate or whether there has been a change to any of your circumstances. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

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 have difficulty understanding the process of applying for life insurance or answering our questions.

If you're having difficulty due to a disability, language, or for any other reason, please let us know - we're here to help and can provide additional support.

1. PERSONAL DETAILS

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

First name

Middle name

Last name

Previous last name

Date of birth DD / MM / YYYY

Sex ☐ Male ☐ Female

Tax file number *

Only provide this if you are applying for cover through TAL Super.

*** Important** Please refer to Section PROVIDING YOUR TAX FILE NUMBER for further information.

If the life to be insured has been pre-assessed for this application and a Pre-assessment Reference Number was provided, please enter below. Do not include phone call pre-assessments.

Pre-assessment Reference Number 1

Pre-assessment Reference Number 2

1. PERSONAL DETAILS (continued)

Residential address

Do not enter a PO Box in this field. If your mailing address is different to your residential address, please complete your residential address details and then provide your mailing address in Section 2.

Street address

Suburb State Postcode

Country

2. CONTACT DETAILS

Email

Preferred email

We will use email for some of the information we need to send you about your policy, rather than sending paper copies. However, if you'd prefer to receive information by post, please indicate by writing X in the box on the right. ☐

Phone

Preferred contact number 1 Home ☐ Business ☐ Mobile ☐

Preferred contact number 2 Home ☐ Business ☐ Mobile ☐

Mailing address

If your mailing address is different to the residential address provided in Section 1, please provide details.

Address

Suburb State Postcode

Country

3. EMPLOYMENT DETAILS

To be completed for:
- **TPD (except Home Duties)**
- **Income Protection benefits**
- **Life cover that exceeds $6 million.**

Questions 1 to 3 must be completed when:
- **Critical Illness cover exceeds $1 million and**
- **Life cover is between $2,500,001 and $6 million.**

1. Are you self-employed?

☐ No → Go to next section. ☐ Yes → Go to Question 2.

You must select self-employed if you directly or indirectly own all or part of the business in which your work is performed (i.e. you are a sole trader, shareholder, partner, beneficiary, trustee or unit holder of a trust). This includes where the business operates under a company structure (ignoring shares in publicly listed companies).

2. What is your share of the business? %

3. How many other owners/shareholders are there in the business?

Questions 4 to 12 are required for Income Protection applications only.
For other benefits go to section 4.

4. If there is only one other business owner, is this your spouse?

☐ Yes → Go to Question 5. ☐ No → Go to Question 9.

5. Does your spouse work in the business?

☐ Yes → Go to Question 6. ☐ No → Go to Question 9.

6. Does your spouse perform administration tasks only for the business?

☐ Yes → Go to Question 7. ☐ No → Go to Question 9.

3. EMPLOYMENT DETAILS (continued)

7. Is your spouse being paid a wage consistent with the hours and work they perform (that is, a market rate)?

☐ Yes → Go to Question 8. ☐ No → Go to Question 9.

8. Please tell us about your spouse's role in the business, their duties, wage, working hours and whether they are applying for insurance cover.

9. How many employees do you have? Please include any contractors or sub-contractors.

10. How many business entities do you have an ownership interest in or are entitled to profit share from either directly or indirectly? Please answer this question only when automatic financial evidence is required to support the monthly benefit requested.

11. What percentage of your work is done from home? %

12. If more than 50% of work is done from home, what percentage of this time involves face to face meetings with clients (coming to your residence or you visiting theirs)? %

4. EMPLOYMENT HISTORY

1. Name of current employer or your business name.

2. How long have you been working in your current occupation? years months

If less than two years, please go to Question 3. Otherwise, go to Question 7.

3. In the last two years, have you had any period of unemployment longer than two months?

☐ No ☐ Yes → Please provide an employment history for the last three years.

PREVIOUS OCCUPATION	PREVIOUS EMPLOYER	DATE FROM	DATE TO
		DD / MM / YYYY	DD / MM / YYYY
		DD / MM / YYYY	DD / MM / YYYY
		DD / MM / YYYY	DD / MM / YYYY

4. If **self-employed**, did you establish your business within the last 12 months? ☐ Yes ☐ No

   a) **If yes,** are you contracting back to your previous employer? ☐ Yes ☐ No

   b) **If no,** please advise the date you became self-employed or established this business, whether you have purchased an existing business or franchise, how you source business, the terms and conditions of any contracts in place and any other information that will assist us in underwriting this application.

5. If not self-employed, how long have you been working for your current employer?

years months

6. If less than 12 months, are you doing the same type of work, in the same industry as your previous occupation?

☐ Yes → Go to Question 7. ☐ No → Please provide your employment history for the last three years.

PREVIOUS OCCUPATION	PREVIOUS EMPLOYER	DATE FROM	DATE TO
		DD / MM / YYYY	DD / MM / YYYY
		DD / MM / YYYY	DD / MM / YYYY
		DD / MM / YYYY	DD / MM / YYYY

4. EMPLOYMENT HISTORY (continued)

7. In the next 12 months, do you have definite plans for any of the following:
   - Take parental leave
   - Subcontract back to your current employer
   - Buy or start a business
   - Start a new job, or change your employer
   - Change your work duties or hours
   - Take a redundancy
   - Other changes to your work circumstances?

☐ No → Go to next section. ☐ Yes → Please provide details including dates.

5. OCCUPATION DETAILS

To be completed for all cover.

1. What is your occupation?
2. What industry do you work in?
3. Does the occupation name you selected reflect your current role?

☐ Yes ☐ No → Please select which statement is a reasonable representation of the general nature of your duties.

	Occupation description	Occupation category
	Professional | Medical | Legal | Administration | White Collar	
☐	I am a white-collar professional (not a health or medical practitioner) and I don't perform any manual work. I also have at least ONE of the following: • a university qualification that is relevant to the job I'm performing, • an annual income from this occupation that is $120,000 or more and I have been working in a management role for at least two years.	AAA
☐	I am a health or medical professional, with: • a university qualification that is relevant to the job I'm performing, AND • membership of a professional or government body that is required to practise, e.g. Medical Board for doctors and surgeons, Dentist Board for dentists.	AA+
☐	I am in an office-based occupation, or my job is performed indoors, with no physical or manual duties. OR	AA
☐	I am a qualified health professional, and undertake light physical work. OR	
☐	I am a classroom teacher, not teaching manual arts or physical education.	
	Supervisory | Trades | Light Manual | Heavy Manual | Driving	
☐	I am working in an occupation that is not purely office-based, which may include performing some LIGHT physical duties or occasional site visits. Examples include sales manager/person, jeweller, physical education teacher and building foreman. This category also caters to trade supervisors where there is consistently less than 10% manual work performed.	A
☐	One of the following applies to me: • I am trade / TAFE qualified, working in an occupation typically spending more than 10% of the time performing manual duties but not using heavy machinery. • I am a trade-qualified business owner where a degree of manual work may be required from time to time. • I work in an occupation that requires me to perform light physical/manual duties more than 10% of the time. Examples include chef, cafe owner, park ranger and child care worker.	BBB
☐	I am either trade qualified or experienced and performing moderate to heavy manual duties including the use of machinery, driving or lifting. I am not involved in any work at heights over 10 metres. Examples include local bus driver, cafe employee, plasterer and farm manager.	BB
☐	I perform heavy manual duties, including the use of machinery, driving or heavy lifting. I am not involved in any work at heights over 20 metres. Examples include long-distance drivers, local furniture removalists, lawn-mowing contractors and forklift drivers.	B
☐	My occupation doesn't satisfy the criteria in the other occupation categories, is unqualified or involves specific hazards or risks. Examples include labourer, uber driver, sawmill worker and airport baggage handler.	SRA

5. OCCUPATION DETAILS (continued)

	Occupation description	Occupation category
	Home Duties | Unemployed	
☐	My occupation is Home Duties.	Home Duties
☐	I am not working in paid employment – I am a retiree, a pensioner, a student or unemployed.	Not working
☐	**Other**	

To be completed when applying for:

- **TPD (except for Home Duties)**
- **Income Protection benefits**
- **Life cover that exceeds $6 million.**

4. Please select the term that best describes your occupation status.

☐ Permanent full-time ☐ Permanent part-time ☐ Casual ☐ Contractor

- Permanent full-time means you are employed on a permanent basis and work a minimum of 30 hours and five days per week.
- Permanent part-time means you are employed on a permanent basis and work less than 30 hours and/or five days per week.
- Casual means you are not employed on a permanent basis and do not have an employment contract.
- Contractor means you have a contractual agreement to provide services for a specific period of time or task.

5. How many hours do you work per week? hours

6. How many days do you work per week? days

7. How many weeks do you work per year? weeks

8. Do you have any professional or trade qualifications?

☐ No → Go to Question 12. ☐ Yes → Complete Questions 9, 10 and 11.

9. What type of qualification do you have? If more than one, please select the highest level achieved.

☐ Certificate I – II
☐ Certificate III – IV (Trade Certificate)
☐ Diploma, Advanced Diploma or Associate Degree
☐ Bachelor Degree or Honours Degree
☐ Graduate Certificate or Graduate Diploma
☐ Master's Degree
☐ Doctoral Degree or Higher Doctoral Degree

10. Did you become registered or licensed within the last 3 years? ☐ Yes ☐ No

11. Are you applying for the New Professionals Offer? (See Flyer on the TAL Adviser Centre for details). ☐ Yes ☐ No

12. Do you have any other occupation?

☐ No → Go to next section. ☐ Yes → Go to next question.

13. Are you employed on the same basis as your main occupation? i.e. employed or self-employed? ☐ Yes ☐ No

14. Do you work in the same occupation and industry as your main occupation?

☐ Yes ☐ No → Please provide details.

a) What is your other occupation?

b) Name of your employer.

c) How many hours per week do you work in this other occupation? hours

d) How long have you been doing this other occupation? years months

e) What is your annual income from this other occupation? $

6. INCOME DETAILS

You will need to complete the questions relevant to your application and employment status.

Your application	Employed	Self employed
Life up to $1.5m and CI up to $500,000	Question 2	Question 2
TPD up to $1.5m	Questions 2 and 3	Questions 2 and 3
More than $1.5m Life and TPD or $500,000 CI	Questions 1, 2 and 3	Questions 1, 2 and 3
More than $2.5m Life or $2m TPD	Questions 1, 2, 3, 4 and 5	Questions 1, 3, 4, 5, 9 and 10
Income Protection with a monthly benefit under $20,000	Questions 2, 3, 6, 7 and 8	Questions 3, 9 and 10
Income Protection with a monthly benefit of $20,000 or more	Questions 2, 3, 6, 7, 8 and 11	Questions 3, 9, 10 and 11

1. If applying for Life, TPD or Critical Illness insurance, what is the purpose of the cover being applied for?

☐ Key person ☐ Partnership/Share purchase ☐ Loan cover ☐ Personal ☐ Combination

2. What is your current annual earned income before tax? $
   This means before tax annual earned income for the current tax year. For self-employed, refers to your share of the total of all net profits and all net losses generated or accrued in the normal conduct of the business or businesses, after excluding business expenses. It does not include investment income. For employed, refers to salary, wages, regular bonuses, and any other income considered part of your remuneration package (excluding any employer superannuation contributions).

3. In the last five years, have you been either declared bankrupt or put under any form of personal insolvency administration or if you've been a business owner, has your business ever been insolvent or placed into any form of insolvency or external administration (such as liquidation, receivership or administration)?

☐ No ☐ Yes → Please answer a), b) and c).

   a) Has your bankruptcy been discharged or company liquidation, receivership or administration been finalised?

   ☐ No ☐ Yes

   If yes, how long ago did the discharge or finalisation occur? years months

   b) Have any of the above events occurred more than once? ☐ Yes ☐ No

   c) Please advise the circumstances, the date(s) when this commenced and the date(s) of discharge.

4. Assets and debts

Please provide an estimate of your share of assets and debts that you own or have control of directly or otherwise, including the value of any shares in private (Pty Ltd) or public (Limited) companies. This information helps us understand your current financial situation, in the context of the amount of insurance you are requesting.

Assets - Your share of what you own		**Debts - Your share of what you owe**	
Description	**Value**	**Description**	**Value**
Your share of the value of your home	$	Your share of the mortgage on your home	$
Your share of the value of your motor vehicle, boat, etc.	$	Your share of the amount owed on your motor vehicle, boat etc.	$
Your share of the value of any investment properties or land	$	Your share of the amount owed on investment properties or land	$
Current value of other investments or shares etc.	$	Your share of any investment loans	$
Your share of the value in any business you have ownership in	$	Your share of any business loans	$
Total	**$**	**Total**	**$**

5. Do you have any dependants?

☐ No ☐ Yes → Please provide the age of each dependant and their relationship to you.

6. INCOME DETAILS (continued)

Questions for Employees (arms-length)

6. Employer superannuation contribution amount? $

7. Income excluding employer superannuation contribution amount? $

8. Does your remuneration package include a bonus or commission component of more than 30%?

☐ No ☐ Yes → Complete the table below.

	CURRENT TAX YEAR	LAST TAX YEAR	PREVIOUS TAX YEAR
SALARY/WAGE EXCLUDING SUPER	$	$	$
BONUS	$	$	$
OTHER BENEFITS EXCLUDING SUPER	$	$	$
TOTAL	$	$	$

Questions for Self-Employed

9. Please complete income details here if you are a business owner, sole trader, an employee of a company you have a shareholding in either directly or indirectly, a beneficiary or trustee or unit holder of a trust, or are in a partnership. If newly self-employed refer to the Adviser Guide for instructions to assist completing this section.

	Last tax year	**Previous tax year**
A. Gross business income (turnover) This is the total revenue figure for your business excluding any passive income (e.g. interest, rent, dividends).	$	$
B. Business expenses This is the total expenses figure for your business, including all add back and non-add back items.	$	$
C. Total net business income before tax (net profit) This figure is derived by deducting business expenses from gross business income.	$	$
D. Share of net business income? This figure is derived by multiplying net business income by your share of the business as stated in the Occupation Details section.	$	$

Please enter the following income items that were paid to you (as shown in your Profit and Loss account):

Add back items	**Last tax year**	**Previous tax year**
E. Salary/Wages	$	$
F. Superannuation	$	$
G. Other benefits	$	$
Total income (D+E+F+G)	$	$

10. If a figure is entered at Question 9G (Other benefits), please advise what has been included.

Do not add back drawings, dividends or any salary/wage paid from the business if you are a sole trader or in partnership.

6. INCOME DETAILS (continued)

To be completed for Income Protection only, If the monthly benefit exceeds $20,000 in total.

11. Do you have net assets (excluding the personal residence/family home and superannuation) exceeding $5 million and/or net investment or unearned annual income exceeding $250,000?

This includes assets and investments you have either an ownership interest in or control over (directly or indirectly) including those held in your spouse's name, in trusts or other entities owned by trusts or any other entity that you have control over.

☐ No ☐ Yes → Please provide details here. If you answer yes to this question, cover may be restricted.

7. OTHER INSURANCE DETAILS

To be completed for Life, TPD and Critical Illness insurance applications.

1. Apart from this application, do you have or are you applying for any other Life, TPD or Critical Illness insurance (including cover held under superannuation)?

☐ No → Go to Question 3. ☐ Yes → Complete Question 2.

2. Is this other insurance being completely replaced by this application?

☐ Yes ☐ No → What will be the total amount of cover in force on your life (including this application)?

Note Please include any TPD benefits under Critical Illness type contracts. Financial evidence may be required if total combined cover exceeds our financial underwriting limits.

Life $ TPD $ Critical Illness $

To be completed for Income Protection applications.

3. Apart from this application, do you have or are you applying for any other Income Protection insurance (including cover held under superannuation)?

☐ No → Go to next section. ☐ Yes → Complete Question 4.

4. Is this cover held with TAL or an associated company?

☐ No → Go to Question 6. ☐ Yes → Go to Question 5.

5. If this application is accepted, will you cancel the existing cover in full?

☐ No → Complete Question 7.

☐ Yes → To cancel the existing insurance you must send your instructions via email to accelerateservice@tal.com.au or contact us at 1300 209 088. Please include this application reference and the relevant policy number that you wish to cancel.

Do not cancel any existing insurance coverage until we have confirmed that your application has been accepted and provided you with the specific terms. More information can be found under 'Replacing Existing Insurance' section of the application summary.

6. Is this other insurance being completely replaced by this application?

☐ No → Complete Question 7. ☐ Yes → Go to next section.

7. Please tell us what action should be taken with the existing cover, including the benefit period, waiting period and monthly benefit, and whether you would like an insurance offset applied.

8. HEALTH AND LIFESTYLE DETAILS

1. Height and weight

Height ☐ cm or ☐ feet ☐ inches

Weight ☐ kg or ☐ stone ☐ pounds

2. In the last 12 months have you lost more than 10kgs?

☐ No → Go to next question. ☐ Yes → Complete the following:

a) How many kilograms did you lose? kg ☐

b) Have you undergone surgery to reduce your weight?

☐ No → Go to next question. ☐ Yes → Complete the following:

Weight Loss Questionnaire

i) When was this surgery performed? DD / MM / YYYY

ii) Have you fully recovered without complications such as haemorrhage, obstruction, band erosion, etc.?

☐ Yes ☐ No → Please provide full details of complications, treatment, time off work, percentage of recovery and date.

iii) How many kilograms did you lose? kg ☐

iv) Does your GP have the details of this surgery?

☐ Yes ☐ No → Please provide details of the Doctor who has records.

3. When was the last time you used any tobacco, e-cigarettes or products containing nicotine, including patches?

☐ Currently or in the last 12 months

a) Which of the following nicotine products do/did you use?

☐ Cigarettes ☐ quantity per ☐ day ☐ or week ☐ or month

☐ Cigars/pipe tobacco

☐ E-cigarettes or ☐ vaping

☐ Nicotine replacement e.g. patches or gum

☐ Other – please provide details:

☐ More than 12 months ago

☐ Never

8. HEALTH AND LIFESTYLE DETAILS (continued)

4. Do you drink alcohol?

☐ No → Go to Question 6. ☐ Yes → Complete the following.

When you drink alcohol, how often would you drink more than 5 drinks in a day?
(1 alcoholic drink = 1 glass of wine, 1 full-strength beer, 1 nip of spirits).

☐ Never → Go to Question 6

☐ Once or twice a week → Go to Question 5

☐ Three days a week or more → Go to Question 6

☐ Once or twice a fortnight → Go to Question 5

☐ No more than once a month → Go to Question 6

☐ Infrequently (e.g. 2 or 3 times a year) → Go to Question 6

5. When you do consume more than five standard drinks in a day how many do you have?

6. In the last 10 years, have you smoked, injected or otherwise used recreational or illegal drugs?

☐ No → Go to next question. ☐ Yes → Please obtain and complete the Drugs Use questionnaire. Your adviser can download this for you from the TAL Adviser Centre and submit your completed questionnaire with your application.

7. In the last 10 years have you attended a health professional or support group or received medical advice, counselling or treatment about any type of dependency, addiction or substance abuse?
This includes but is not limited to alcohol, prescription drugs, gaming or gambling.

☐ No ☐ Yes → Please provide details.

9. RESIDENCY

1. Are you currently residing in Australia, and one of the following:

- an Australian citizen
- an Australian permanent resident
- a New Zealand citizen?

☐ Yes → Go to next section. ☐ No → Complete Questions 2 to 7.

2. Are you currently residing in Australia? ☐ Yes ☐ No

3. How long have you lived in Australia? years months

4. What are your plans for obtaining permanent residency and when is this likely to be granted?

5. Visa

a) What type of visa do you have?

b) When does it expire? DD / MM / YYYY

6. In what country were you born?

7. What is your nationality or what other countries do you have residency/citizenship rights in?

10. TRAVEL PLANS

1. In the next 12 months do you have definite plans to travel or live anywhere other than: ☐ Yes ☐ No

- Australia or New Zealand
- Asia Pacific: Bali, Japan, China, Singapore, Hong Kong or Fiji
- North America: Canada or USA
- Europe: European Union countries or the UK
- South Africa?

10. TRAVEL PLANS (continued)

2. Will you be overseas for more than three months in total? ☐ Yes ☐ No

If yes to Question 1 or 2, please complete questions 3 to 5.

3. Please advise the destinations (city and country) you will be travelling to or visit most frequently (if regular businesses travel).

4. Please advise departure date, the frequency of travel, the duration of visit and the purpose of each trip.

5. If you live, or are planning to live overseas, please provide full details of where, the length of time and purpose of being there.

11. PURSUITS AND ACTIVITIES

Do you currently participate in, or do you have any intention of participating in any sports or hazardous activities including but not limited to:

- Aviation except as a fare paying passenger on a commercial airline
- Football
- Scuba diving
- Motor sports including car, motorbike, trail bike, boat
- Horse activities such as equestrian, dressage, polo, etc.
- Rock climbing

A hazardous activity refers to a recreational or occupational activity that has an increased risk of injury when performed.

☐ No ☐ Yes → Complete the relevant questionnaire(s) in Sections 12 to 15.

12. AVIATION QUESTIONNAIRE

If you work for a major commercial (non-charter or private company) airline, please do not complete this questionnaire. Refer to the TAL Occupation List for eligibility guidelines.

1. Do you hold a current pilot's licence? ☐ Yes ☐ No
2. Do you intend to change the scope of your present licence? ☐ Yes ☐ No
3. Do your occupation duties include flying? ☐ Yes ☐ No
4. If you fly as part of your occupation, do you fly charter flights or private company aircraft or participate in aerial photography and surveys? ☐ Yes ☐ No ☐ Not applicable
5. Are you a flying instructor? ☐ Yes ☐ No
6. Does your flying incorporate any special risks such as agricultural flying, flying to oil rigs, record attempts, display flights, aerobatics, or flying outside Australia? ☐ Yes ☐ No
7. Do you fly microlights, ultralights or powered hang-gliders? ☐ Yes ☐ No
8. Have you ever had an accident or been charged with a violation of Department of Transport regulations? ☐ Yes ☐ No
9. Do you land at unauthorised aerodromes, airports or landing areas? ☐ Yes ☐ No
10. How many hours do you fly per annum? hours ☐
11. If you have answered yes to any of the questions above, please describe the scope of your aviation activities including the type and purpose of flying, and aircraft and specific information in relation to the question.

13. SCUBA QUESTIONNAIRE

1. Are you a current certified diver? ☐ Yes ☐ No
2. Do you work as a diving instructor? ☐ Yes ☐ No
3. Do you participate in decompression diving and/or use explosives while diving? ☐ Yes ☐ No
4. Do you participate in abalone diving? ☐ Yes ☐ No
5. Do you do any solo diving? ☐ Yes ☐ No
6. Do you dive in wrecks, pits, caves or potholes? ☐ Yes ☐ No
7. Do you dive at night? ☐ Yes ☐ No
8. Do you intend to change the scope of your diving activities? ☐ Yes ☐ No
9. What is the maximum depth you dive to (in metres)?
10. If you answered yes to any of the questions above, please provide any further information you think may assist in underwriting your application.

14. MOTORSPORTS QUESTIONNAIRE (car, bike, boat)

1. Please specify the type of motorsport activities, and type of vehicle and licence held.

   a) Engine size

   b) Times per annum

   c) Maximum speed

   d) Years participated in sport

   e) Type ☐ Social (non-competition) ☐ Racing (competition) ☐ Professional

2. Please specify the type of events and categories of racing.

3. Do you take part in international events?

☐ No ☐ Yes → Please provide any further information you think may assist in underwriting your application.

15. OTHER ACTIVITIES (for example, but not limited to, football, rock climbing, abseiling, caving, bungee jumping)

1. Please specify the type of activities and events participated in.

2. If relevant please specify:

   a) Times participated in per year

   b) Location (e.g. indoor, outdoor, overseas)

   c) Contact or non-contact (e.g. please specify for martial arts or touch football)

   d) Type of competition

   ☐ Social/Amateur ☐ Competition (match payments) ☐ Competition (semi/professional)

3. Please specify:

   a) Equipment used

   b) Heights or depths involved

4. Please provide any other information you think may assist in underwriting your application.

16. FAMILY MEDICAL HISTORY

This section is about your family medical history. If you don't know your family medical history, please answer "no".

1. Has any of your immediate family, being your mother, father, brother or sister, living or deceased, been diagnosed with any of the following conditions before the age of 65?

☐ No → Go to question 3. ☐ Yes → Please indicate against the following list.

Note Information is only required for first degree blood related family members, living or deceased.

☐ Heart disease such as angina, heart attack, or stroke

☐ Cardiomyopathy

☐ Breast, cervical and/or ovarian cancer

☐ Bowel cancer or polyposis of the colon

☐ Any other type of cancer

☐ Diabetes Please specify type ☐ Type 1 (early onset, insulin dependent) ☐ Type 2

☐ Polycystic kidney disease

☐ Alzheimer's disease

☐ Multiple sclerosis

☐ Motor neurone disease, Parkinson's disease, Huntington's disease and/or any other inherited or neurological disorder not previously listed in this section.

2. If you indicated a condition above, please advise relevant condition, number of relatives and age(s) affected.

RELATIONSHIP	MEDICAL CONDITION (e.g. breast cancer, heart attack)	AGE WHEN DIAGNOSED	AGE AT DEATH (if applicable)

Have you had any investigations performed (excluding a genetic test) as a result of your family history?

☐ No ☐ Yes → Please complete the table below.

CONDITION	TEST OR INVESTIGATION	RESULTS OR COMMENTS

Information about genetic tests

If you have had a genetic test, you only need to answer question 3 if your total insurance cover will be more than:

- $500,000 Life cover,
- $500,000 Total and Permanent Disability (or TPD) cover,
- $200,000 Critical Illness (also known as trauma) cover, or
- $4,000 per month Income Protection cover, salary continuance or business expenses cover.

These amounts apply to all insurance held by you (including held through a superannuation fund) or other life insurance companies, not just under this application.

If you have a favourable (negative) genetic test result, you can provide this information to us , if you wish, regardless of the cover amount.

You are only required to complete question 3 if your cover amount is more than any of the cover amounts specified in the box above. You may choose to disclose any favourable genetic test result (irrespective of the cover amount) if you wish.

3. Have you ever had a genetic test where you received or are awaiting an individual result, or are you planning to have a genetic test, excluding prenatal genetic screening?

☐ No → Go to next section. ☐ Yes →Please complete the following.

a) What was the reason for undertaking or considering the genetic test?

☐ Due to my family history

☐ Pregnancy / Fertility / IVF purposes → Go to Section 17

☐ To investigate symptoms → Please specify below

☐ Other → Please specify below

16. FAMILY MEDICAL HISTORY (continued)

b) What potential condition(s) was being investigated?

☐ Breast cancer ☐ Ovarian cancer ☐ Bowel cancer ☐ Cystic fibrosis

☐ Haemochromatosis ☐ Heart disease ☐ Huntington's disease ☐ Coeliac disease

☐ Muscular dystrophy ☐ Dementia ☐ Thalassaemia

☐ Other → Please specify

c) What was the result of the test? Please select the appropriate statement

☐ Negative – I don't have the gene being tested for

☐ Positive – I have the gene being tested for

☐ I am still waiting for the result /I have not had the test yet

d) Please provide details of any relevant family history (if not already disclosed).

e) Please provide the name and address of the doctor who has the details of this.

Doctor's name

Address

Contact number

17. HEALTH DETAILS

Most people, over a lifetime, will experience or develop some form of health condition or require medical investigations or treatment. In order to ensure that we can correctly assess your risk, please indicate which apply (or have applied) to you.

Even if you have a health condition under control with treatment or lifestyle changes, please tell us about it in the following sections. Please note, each section addresses different timeframes.

*Please also complete the relevant questionnaire in Sections 21 to 25.

+ Please refer to 'information about genetic tests' in section 16, Family Medical History, before answering this question.

Variations to this question based on whether male or female applicant, age and benefit type.

For all yes answers, please provide details using the Additional Medical Statement in Section 18.

This section is about whether you have EVER had or received medical advice or treatment, including surgery, from any healthcare professional for the following:

1. Any disease, disorder or condition relating to the heart including, but not limited to: ☐ Yes ☐ No
- Heart attack or chest pain
- Heart murmur
- Angina or embolism
- Palpitations or irregular heart beat?

2. Stroke, transient ischaemic attack (TIA) or brain haemorrhage? ☐ Yes ☐ No

3. Diabetes or raised blood sugar levels? ☐ Yes ☐ No

4. Any of the following: ☐ Yes ☐ No
- Cancer, leukaemia or tumour
- Melanoma
- Lump cyst or growth, either malignant or benign meaning non-malignant?

5. Any blood condition including, but not limited to: ☐ Yes ☐ No
- Anaemia
- Any blood clotting disorder
- Haemochromatosis
- Haemophilia or thrombocytopenia
- Human Immunodeficiency Virus (HV) or Acquired Immunodeficiency Syndrome (AIDS)?

6. Any of the following: ☐ Yes ☐ No
- Crohn's disease
- Ulcerative colitis
- Diverticulitis
- Pancreatitis or cirrhosis of the liver?

7. Emphysema or chronic obstructive pulmonary disease (COPD)? ☐ Yes ☐ No

8. Any autoimmune condition including, but not limited to: ☐ Yes ☐ No
- Rheumatoid arthritis
- Psoriatic arthritis
- Ankylosing spondylitis
- Lupus?

9. Any back or neck condition*# including, but not limited to: ☐ Yes ☐ No
- Back or neck pain, strain or stiffness
- Disc disorders or sciatica
- Scoliosis
- Whiplash
- Any other non-specific back or neck pain?

10. Any of the following: ☐ Yes ☐ No
- Numbness, tingling or altered sensation
- Tremor or problems with balance or co-ordination
- Any form of paralysis or neurological condition including, but not limited to multiple sclerosis, or muscular dystrophy
- Dementia or Alzheimer's disease?

11. Any of the following*: ☐ Yes ☐ No
- Attention deficit hyperactivity disorder (ADHD)
- Obsessive compulsive disorder (OCD)
- Post traumatic stress disorder (PTSD)
- Bipolar disorder or personality disorder
- An eating disorder such as anorexia nervosa or bulimia
- Psychosis or schizophrenia?

This section is about whether IN THE LAST 10 YEARS you have had or received medical advice or treatment, including surgery, from any healthcare professional for the following:

12. Been diagnosed with or had any symptoms of a mental health* illness or issue including, but not limited to: ☐ Yes ☐ No
- Depression, anxiety or adjustment disorder
- Post natal depression (PND)
- Bullying or prolonged work stress
- Stress unrelated to work
- Prolonged difficulties with grief
- Insomnia, prolonged fatigue, panic attacks
- Prolonged sadness, social withdrawal
- Any other symptoms that have impacted your mental health or resulted in counselling or a mental health care plan?

13. Any of the following*: ☐ Yes ☐ No
- High blood pressure
- High cholesterol
- Varicose veins or deep vein thrombosis (DVT)
- Aneurysm?

14. Any respiratory condition* including, but not limited to: ☐ Yes ☐ No
- Bronchitis
- Pneumonia
- Sleep apnoea
- Asthma? You don't need to tell us if your asthma is controlled by inhalers and you have not been hospitalised overnight due to asthma in the last 2 years.

17. HEALTH DETAILS (continued)

15. Any gastrointestinal condition such as liver, oesophagus, stomach, gall bladder, pancreas or bowel, including, but not limited to: ☐ Yes ☐ No
- Irritable bowel syndrome (IBS)
- Polyps
- Reflux or ulcer
- Hernia
- Hepatitis B or C?

16. Any thyroid condition including, but not limited to: ☐ Yes ☐ No
- Hypothyroidism or hyperthyroidism
- Goitre
- Thyroiditis?

17. Osteoarthritis, osteoporosis or gout? ☐ Yes ☐ No

18. Any musculoskeletal condition[#] including, but not limited to: ☐ Yes ☐ No
- Pain or disorder of a joint or joints such as wrist, elbow, shoulder, ankle, knee, hip
- Bone or muscle pain or disorder
- Fractures
- Ligament or tendon injuries
- Repetitive strain injury (RSI)?

19. Chronic fatigue syndrome, chronic pain or fibromyalgia? ☐ Yes ☐ No

20. Any of the following: ☐ Yes ☐ No
- Skin cancer
- Cyst, lesion or mole
- Basal cell carcinoma (BCC)
- Squamous cell carcinoma (SCC)? You don't need to tell us about growths or cysts that were frozen, burnt off or removed by cream, provided they were removed more than a year ago and don't require further investigations or review.

21. Any skin condition, other than acne, including but not limited to: ☐ Yes ☐ No
- Eczema
- Dermatitis
- Psoriasis?

22. Any kidney or bladder condition including, but not limited to: ☐ Yes ☐ No
- Polycystic kidney disease
- Kidney stones
- Blood or protein in the urine
- Prostate or testicular disorder[#]
- Urinary tract infections? You don't need to tell us if you've had one urinary tract infection in the last year.

23. Are you pregnant[#]? ☐ Yes ☐ No

24. Have you had a child born with congenital abnormalities[#]? ☐ Yes ☐ No

25. Any condition[#] of the: ☐ Yes ☐ No
- Cervix including abnormal pap smear or abnormal cervical screening
- Breast
- Ovary, uterus or endometrium? You don't need to tell us about a hysterectomy if it was not due to cancer and you've made a full recovery.

26. Any of the following: ☐ Yes ☐ No
- Head injury
- Epilepsy, fits or convulsions
- Fainting
- Persistent headaches or migraines needing more than 2 days off work or still requiring ongoing review?

27. Any eye condition, other than sight problems corrected by glasses, contact lenses or laser surgery, including, but not limited to: ☐ Yes ☐ No
- Cataracts or glaucoma
- Keratoconus or retinal detachment
- Optic neuritis or optic neuropathy
- Blurred or double vision or blindness?

28. Any ear condition including, but not limited to: ☐ Yes ☐ No
- Impaired hearing or deafness
- Tinnitus
- Meniere's disease or vertigo?

This section only relates to any medical condition you haven't already told us about. So if you've already provided information to us about a medical condition relating to the following questions, you don't need to tell us again, and you can answer 'no'.

29. This applies to the LAST 5 YEARS only. Have you had or received a recommendation or referral from a healthcare professional to have any of the following medical tests: ☐ Yes ☐ No
    a) an ECG or stress echocardiogram (ECHO), angiogram, coronary CT scan or other heart investigation?
    b) An arthroscopy, X-ray, CT or CAT scan, MRI, ultrasound or other imaging or radiological test?
    c) A mammogram#, colonoscopy, gastroscopy or endoscopy?
    d) A blood test+? You don't need to tell us about routine check-ups if the results were normal.

30. Do you have any ongoing symptoms or limitations to your daily activities or ability to work as a result of COVID-19?

☐ No ☐ Yes → Please advise: when you last tested positive; describe any ongoing symptoms or problems you have had as a result of COVID; results of any investigations or tests you've had, including lung function; details of any treatment you've received including intubation or ventilation; what impact COVID has had on your ability to perform your daily activities, including your ability to work.

31. Other than what you've already told us, have you been hospitalised for more than 48 hours in the LAST 5 YEARS? You don't need to tell us if the hospitalisation was only for childbirth.# ☐ Yes ☐ No

32. Other than what you've already told us, in the LAST 5 YEARS, have you been off work or unable to perform your usual duties for a period of more than five consecutive days or had any change to your usual work duties or hours because of injury or illness? You don't need to tell us about COVID-19 if you have no ongoing symptoms or limitations. ☐ Yes ☐ No

33. Other than what you've already told us, do you currently have: ☐ Yes ☐ No
    a) Signs or symptoms of an illness, an injury, or a health issue that has lasted for more than five days?
    b) A disability, impaired function or a limitation on your usual activities?

34. Apart from anything you've already told us and excluding contraceptives, do you currently take prescribed medication?

☐ No ☐ Yes → Please tell us the CONDITION this is taken for, unless we've indicated that you don't need to tell us about it in this application.

35. Other than what you've already told us, do you plan to seek, have you been advised to undertake or are you awaiting: any medical advice, test results, investigations, surgery or treatment for any symptoms, sickness, injury or health condition? ☐ Yes ☐ No

18. ADDITIONAL MEDICAL STATEMENT

For any questions to which you answered yes in Section 17 (Health details), please complete the relevant questionnaire or add details here. If more information needs to be added please submit separately.

	QUESTION NUMBER _____	QUESTION NUMBER _____	QUESTION NUMBER _____
1. What was the condition and which part of the body was affected?			
2. What was the date symptoms first started including a description of the symptoms?	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY
3. What was the medical diagnosis including results of x-rays and investigations?			
4. What was the frequency (daily, weekly, etc of attacks or symptoms?			
5. What was the severity (mild/moderate/ severe) and the duration of attacks or symptoms?			
6. For how long were you unable to work or perform your normal duties/activities?			
7. If a hospital visit was required, please provide the date and duration of your stay.	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY
8. What advice/ treatment did you receive?			
9. Are you still receiving treatment? If so, please advise the nature and the frequency of treatment.			
10. When did you last suffer from any symptoms?	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY
11. What is your degree of recovery (%)?			
12. Please supply the name and address of all doctors or hospitals consulted for this specific condition.			
13. Does your current general practitioner have records for this condition?			
14. Please provide any further information you think may assist in underwriting your application.			

19. INSURANCE DECLINED OR MODIFIED

If more than once, please provide details for all circumstances.

1. In the last 10 years, have you had any application for Life, Critical Illness, Total and Permanent Disability or Income Protection insurance refused, modified or offered on non-standard terms?

☐ No → Go to next section. ☐ Yes → Complete Questions 2 to 5.

2. How long ago were these modified terms offered? (select all that apply)

☐ Within the last 3 years ☐ Between 3 and 5 years ago ☐ More than 5 years ago

3. Please advise the type of modified terms offered (if known, select all that apply)

☐ Declined ☐ Loading/Extra premium ☐ Benefits reduced

☐ Deferred/Postponed ☐ Exclusion(s) ☐ Term of plan reduced

☐ None of the above ☐ More than one of the above ☐ Unknown

4. The modified terms were due to which of the following? (select all that apply)

☐ Medical reasons ☐ Occupation ☐ Pastime(s) ☐ Unknown

☐ Other (please specify)

5. If you have had an application for insurance refused, modified or offered on non-standard terms, has all information relevant to the reason(s) for these decisions or outcomes been disclosed in this application?

☐ Yes ☐ No→ Please include details.

20. CLAIMS

If more than once, please provide details for all circumstances. This question does not need to be answered if application is for Life cover only.

1. In the last 10 years, have you lodged a claim or are you intending to make a claim, on any insurance for an injury or illness including, but not limited to Worker's Compensation or other insurance payments, including with TAL?

☐ No → Go to next section. ☐ Yes → Complete Questions 2 to 6.

2. Has the claim been finalised?

☐ Yes ☐ No→ Please advise the details of the claim including when it was, who it is/was made against (e.g. workers compensation, an insurance company), the amount of money claimed, the condition claimed for, current status of this condition and total time off work.

3. Have you made a full and complete recovery from the condition for which you claimed?

☐ No ☐ Yes→ How long have you been fully recovered?

☐ Less than 1 year ☐ Between 1 and 2 years ☐ Between 2 and 5 years ☐ More than 5 years

4. How much time did you take off work and/or your usual daily activities due to this condition?

☐ Less than 1 month ☐ Between 1 and 3 months ☐ Between 3 and 6 months ☐ More than 6 months

5. If you haven't made a full recovery, please provide further details including the name of the condition and the nature of the ongoing impairments/symptoms.

6. Is the condition for which you've claimed disclosed in this application? ☐ Yes ☐ No

21. MENTAL HEALTH CONDITION QUESTIONNAIRE

To be completed if you have had depression, anxiety, stress, fatigue or any other mental health condition or symptoms.

1. Did you first experience symptoms within the last six months?

☐ No ☐ Yes→ Please tell us about what you think the underlying cause was/is, number and frequency of episodes, when you last experienced symptoms, treatment received, time off work required and name and address of treating doctor.

2. Has your condition or symptoms ever got to the point where you have considered or attempted suicide or self-harm?

☐ No ☐ Yes→ Please provide as much detail as you are comfortable with (e.g. how often and when this last occurred etc.)

3. In the LAST 5 YEARS have you been admitted to hospital due to your symptoms?

☐ No ☐ Yes→ Please provide details regarding how often you have been hospitalised, the duration of each stay, and the date of your last stay.

4. In the last 2 years, how many days have you had off work or been unable to carry out your usual daily activities due to this condition?

Days ☐

5. In the LAST 5 YEARS, have you been you under the care of or been referred to a psychiatrist?

☐ No ☐ Yes→ Please describe the type and frequency of treatment, including any medications taken and the dosage.
If medication, please advise when this commenced and the dates of any changes to the treatment type or dosage.
If counselling, please advise how regularly this occurs.

6. When did you last experience symptoms of this condition? DD / MM / YYYY

7. Please provide any other information you think may assist in underwriting your application, including the names and addresses of doctors or other health care professionals consulted, and the date first and last consulted.

22. BACK/NECK CONDITION QUESTIONNAIRE

To be completed if you have had a back or neck condition.

1. Do you plan to have surgery for your back/neck condition or have you had surgery in the past?

☐ No ☐ Yes→ Please advise the cause of the condition, the date symptoms were first and last experienced, the type of treatment you are receiving, the type of surgery you've had or which is to be undertaken, the section of the back affected, time off work and the degree of recovery.

2. Have you ever been diagnosed as having a bulging disc, prolapsed disc, slipped disc, disc protrusion, herniated disc or any other disc condition?

☐ No ☐ Yes→ Please advise the type and frequency of medication taken, the cause of the condition, the date symptoms were first and last experienced, the frequency and duration of episodes, the section of the back affected, time off work and whether a full recovery has been made.

3. Do you require regular painkillers/anti-inflammatories or cortisone injections?

☐ No ☐ Yes→ Please advise the type and frequency of medication taken, the cause of the condition, the date symptoms were first and last experienced, the frequency and duration of episodes, the section of the back affected, time off work and whether a full recovery has been made.

4. Have you had to modify your work duties or change your occupation as a result of this condition?

☐ No ☐ Yes→ Please advise the type and frequency of medication taken, the cause of the condition, the date symptoms were first and last experienced, the frequency and duration of episodes, the section of the back affected, time off work and whether a full recovery has been made.

5. Have you had any time off work due to this condition?

☐ No ☐ Yes→ Please advise the amount of time you've taken off work in total, and the amount of time you've taken off work in in the last five years specifically (in days).

6. How many episodes of back/neck pain have you had? ☐

7. How long ago did you last experience symptoms?

☐ Within the last year ☐ 1 to 4 years ☐ 4 to 5 years ☐ More than 5 years

8. Have you required any form of treatment for your back/neck condition? ☐ Yes ☐ No

22. BACK/NECK CONDITION QUESTIONNAIRE (continued)

9. How long ago did you last require treatment?

☐ Within the last year ☐ 1 to 4 years ☐ 4 to 5 years ☐ More than 5 years

10. On average, do/did your symptoms last more than one month? ☐ Yes ☐ No

11. Please indicate which sections of your spine were affected. (select all that apply)

☐ Upper spine only (including neck) ☐ Lower spine only ☐ Middle spine only ☐ More than one section

☐ Not sure

12. Please provide any other information you think may assist us in underwriting your application, including the name and address of medical practitioners attended.

23. ASTHMA QUESTIONNAIRE

To be completed if you have had asthma.

1. Was this childhood asthma only, with no further symptoms or treatment?

☐ Yes → No further details need to be provided in this section.

☐ No → Complete Questions 2 to 6.

2. Within the last two years, have you been admitted to hospital for more than 24 hours for treatment of this condition?

☐ No ☐ Yes→ Please provide full details including name and frequency of treatment, time off work or restriction to usual duties, whether you have an Asthma Action Plan in place and the name and address of the doctor who has records.

3. Within the last 12 months, have you required more than two courses of steroid tablets (not inhalers)?

☐ No ☐ Yes→ Please provide full details of asthma treatment, time off work or restriction to usual duties, whether you have an Asthma Action plan in place and the name and address of the doctor who has records.

4. How often would you experience symptoms (e.g. coughing, wheezing, shortness of breath or chest tightness)?

5. Do you experience symptoms at night?

☐ No ☐ Yes→ Please provide full details of this condition including date of first and last symptoms, frequency and severity of episodes, any types of treatment required, and the name and address of your treating doctor.

23. ASTHMA QUESTIONNAIRE (continued)

6. Within the last 12 months, have you had more than five consecutive days off work or been unable to carry out your normal daily activities due to asthma only?

☐ No ☐ Yes→ Please provide full details of asthma treatment, time off work or restriction to usual duties, whether you have an Asthma Action plan in place and the name and address of your treating doctor.

24. CHOLESTEROL QUESTIONNAIRE

To be completed if you have had raised cholesterol.

1. When was your raised cholesterol diagnosed? DD / MM / YYYY
2. What type of treatment are you taking for your raised cholesterol?
3. What was your latest reading?
4. Apart from the regular blood tests for your cholesterol, have you been advised to have any further cardiovascular investigations?

☐ No ☐ Yes→ Please provide information to assist in underwriting your application including details and date of latest readings (including HDL/LDL if known), details of medication, investigations and follow up and the name and address of the doctor consulted.

5. Are you currently on medication for this condition?

☐ Yes ☐ No→ Please provide details.

a) Did you cease medication for raised cholesterol on the advice of your doctor? ☐ Yes ☐ No

b) Has your cholesterol been checked since ceasing medication? ☐ Yes ☐ No

c) What was your latest reading?

6. Please provide any further information you think may assist in underwriting your application, including the name and address of the doctor who treats this condition.

25. HIGH BLOOD PRESSURE QUESTIONNAIRE

To be completed if you have had high blood pressure.

1. When was your high blood pressure diagnosed? DD / MM / YYYY

2. Have you had your blood pressure taken since being told you had high blood pressure? ☐ Yes ☐ No

3. What was your latest reading?

4. If latest reading unknown, what did your doctor advise in relation to your blood pressure reading?

5. What type of treatments are you currently undertaking?

6. If you are taking medication, how many types do you take per day to control your blood pressure?

7. How often do you attend your GP to have your prescription for blood pressure tablets renewed?

8. Apart from the initial investigations when first diagnosed, have you been advised to have or have you undergone any further cardiovascular (e.g. ECG) or urinary investigations in the last 12 months?

☐ No ☐ Yes→ Please provide any other information to assist us in underwriting your application such as medications (including previous medications and dates changed), results of tests and the names and addresses of health professionals consulted.

9. For females, was your high blood pressure diagnosed during pregnancy? ☐ Yes ☐ No ☐ Not applicable

If yes, please advise if your blood pressure has returned to normal, whether any treatment was required and whether this treatment has ceased or is required on an ongoing basis.

10. Please provide any other information you think may assist in underwriting your application including the name and address of the doctor who treats this condition.

Would you like TAL to arrange any medical exams or blood tests that may be required to complete this application?

☐ Yes ☐ No

26. DOCTOR/CLINIC DETAILS

1. Do you have a general practitioner (GP) or medical practice that you usually attend?

☐ No ☐ Yes→ Complete the following.

Name

Street address

Suburb State Postcode

Country

Contact number Contact type Business ☐ Mobile ☐

Email

2. How long ago was your last consultation with this GP or medical practice?

☐ Less than 6 months ☐ 6 to 12 months ☐ 1 to 2 years ☐ 2 to 5 years ☐ 5 years or more

3. How long have you been attending this GP or medical practice?

☐ Less than 6 months ☐ 6 to 12 months ☐ 1 to 2 years ☐ 2 to 5 years ☐ 5 years or more

4. If less than two years, or you don't currently have a GP or medical practice that you usually attend, please provide the name and contact details of your previous GP or medical practice attended.

Name

Street address

Suburb State Postcode

Country

Contact number Contact type Business ☐ Mobile ☐

Email

27. PROVIDING YOUR TAX FILE NUMBER

The *Superannuation Industry (Supervision) Act 1993* allows the trustee of a superannuation fund to collect your tax file number (TFN).

Your TFN will be used for authorised purposes only. This includes finding and identifying your superannuation benefits, calculating tax on any benefit payments and providing information to the Australian Taxation Office (ATO) or other prescribed authority. These purposes may change in the future. It is not an offence if you do not provide your TFN but if we do not hold your TFN, the following may apply:

- we may not be able to process your application;
- your insurance cover could lapse, as we are unable to accept personal contributions to pay for insurance and/or your contributions may not be enough to cover premiums due to the extra tax being applied to the contributions;
- you will not be able to make personal or spouse contributions to your superannuation;
- employer and salary sacrifice contributions will be taxed at the highest marginal tax rate plus the Medicare levy. Please refer to www.ato.gov.au for more information on income tax rates;
- for pre 1 July 2007 members, concessional contributions of up to $1,000 will be taxed at 15%. For concessional contributions in excess of $1,000, the whole amount will be taxed at the highest marginal tax rate plus the Medicare levy;
- locating all your superannuation benefits when you retire may be harder; and
- lump sum withdrawals will not be concessionally taxed.

We may also provide your TFN to another superannuation provider if your benefits are being transferred to that superannuation provider, unless you request in writing that it not be disclosed.

By completing and returning this form, you agree to provide your TFN to the Trustee of TAL Super.

28. DECLARATION

I/We declare that I/we have read the following statements, and I/we agree and acknowledge that:

- I/we have received a copy of, and read, the Accelerated Protection Combined Product Disclosure Statement (PDS) and Policy Document dated 12 December 2024 and if your cover is to be structured through TAL Super, the Accelerated Protection through TAL Super PDS dated 12 December 2024.
- I/we understand there is a duty to take reasonable care not to make a misrepresentation to the insurer before entering into a contract of insurance, extending or making changes to existing insurance, and reinstating insurance.
- I/we also understand that if this duty is not met it can have serious impacts on my/our insurance.
- I/we have understood all the questions I/we have been asked and I/we have provided TAL with true, accurate and complete answers in my/our application (including this Application Form, quotes and all other forms, questionnaires and information provided to TAL).
- To the extent that any of the questions were answered by my/our financial adviser, those answers have been checked by me/us and I/we certify that they are true, accurate and complete.
- I/we acknowledge and agree that the answers and information provided in my/our application (including this Application Form, quotes and all other forms, questionnaires and information provided to TAL) shall be relied upon by TAL in deciding whether to issue a policy and if so on what terms and for what premium. I understand that, notwithstanding any Authorities which may be provided to TAL by me/us, TAL will not necessarily seek or obtain any further information in relation to my/our application, and that any decision to seek further information is solely within TAL's discretion.
- where my/our application has been submitted electronically to TAL, I/we will review:
  - a printout of the application submitted and will notify my/our financial adviser of any answers which are incorrect, incomplete or inaccurate; or
  - a summary received by email (if I/we have provided TAL with an email address for the purpose of receiving a summary of the application by email) and will notify TAL of any answers which are incorrect, incomplete or inaccurate within five business days.
- I/we will cooperate with TAL if modifications to the Policy conditions are required because of any changes to the answers TAL are notified of.
- where I/We have not notified TAL that I/We prefer to receive communication by post, I/We agree to receive any communications relating to my/our policy/ies and TAL's products and services electronically, including by email or SMS, where this is permitted by law.
- I/we acknowledge that electronic communications may include attachments or hyperlinks to the communication, requiring the communication to be opened on a web page or using a software reader.
- I/we acknowledge that such communications may include (without limitation), personal and sensitive information (as those terms are defined in the Privacy Act 1988), Product Disclosure Statements or Financial Services Guides, policy documents, copies of application forms, and other disclosure documents and communications.
- I/we understand that it is my/our responsibility to ensure that I/We provide to TAL and keep up to date an electronic address capable of receiving these electronic communications.
- I/we understand that by signing this form, I/we consent to the collection, use and disclosure of my/our personal information in accordance with the section in the PDS headed 'Your Privacy'.
- I/we understand that my/our financial adviser is my/our agent and not the agent of TAL.
- I/we understand that TAL may accept information from my/our financial adviser or their representative, and that TAL will rely on any such information in deciding whether or not to accept my/our application and in relation to all matters of administration.
- In relation to any tax returns submitted in support of this application, I/we confirm that these are the tax returns submitted to the Australian Taxation Office and no subsequent adjustments have been made or are expected.
- I/we authorise TAL to communicate with any Authorised Representative(s) (representatives who the Policy Owner has authorised to provide information to TAL under a Third Party Authority Form) about information relating to my insurance policies, including any information which contains my personal medical information, financial information, claims, servicing and policy administration issues and/or complaints.
- In the event that TAL determines to not accept my/our application on standard terms:
  - I/we authorise TAL to inform my/our financial adviser or their representative, of the reasons for that decision;
  - I/we understand that TAL will not provide copies of medical or other reports to my financial adviser or their business without first obtaining my/our consent; and
  - I/we authorise my/our financial adviser or their representative to communicate to TAL my/our acceptance of any alternative terms on my/our behalf.
- I/we have authorised TAL to debit my/our premiums if credit card or bank account details are provided with my/our application.

Signature of life to be insured ✗ Date DD / MM / YYYY

Signature of Policy Owner 1 ✗ Date DD / MM / YYYY
(if different to the life to be insured)

Signature of Policy Owner 2 ✗ Date DD / MM / YYYY
(if different to the life to be insured)

(For adviser reference only, this form is not to be submitted for new applications)

29. ADVISER DETAILS

Principal authorised representative

TAL adviser number

Authorised representative name

Dealer group

Commission split (whole numbers) New business % Servicing %

Contact number Contact type Business ☐ Mobile ☐

Email

Shared authorised representative

TAL adviser number

Authorised representative name

Dealer group

Commission split (whole numbers) New business % Servicing %

Contact number Contact type Business ☐ Mobile ☐

Email

Note If splitting commission, new business and servicing commission must each total 100%.

30. ADVISER NOTES

SUBMITTING THIS FORM

Please return your completed form and any supporting documentation to:

TAL Life Limited
GPO Box 5380
Sydney NSW 2001

CONTACTING TAL

customerservice@tal.com.au
1300 209 088
1300 351 133
tal.com.au

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