

Your Lifestyle Event

Please indicate which event has occurred:

My second policy anniversary

I married

Date of marriage

DD / MM / YYYY

Spouse's full name

My partner or I gave birth to or adopted a child

Child's full name

Child's date of birth

DD / MM / YYYY

If adopted - the date of adoption

DD / MM / YYYY

My child started high school for the first time

Child's full name

High school that this child is attending

Date that this child commenced high school

DD / MM / YYYY

I purchased a home

Property settlement date

DD / MM / YYYY

Address of purchased property

State

Postcode

My spouse passed away

Full name of deceased spouse

Date of birth of deceased spouse

DD / MM / YYYY

Date of death of deceased spouse

DD / MM / YYYY

Once we accept your application, we will confirm your increased sum insured in writing and we will advise you of your new premium.

Please note:

- You can only increase your sum insured using this benefit up to the value of your original sum insured. For example, if your original sum insured was \$400,000, you can increase your sum insured using the Lifestyle Increase Benefit by an additional \$400,000 over the life of your policy.
- The maximum we will pay across all Life Protect policies issued by us for the same insured person is \$1,000,000 (plus indexation). This means that if your current sum insured is \$1,000,000 or more, you have reached the maximum sum insured and any application for increase will not be accepted.

Declaration

- I have understood all the questions in this form and declare that the statements made in this Statement are true and complete and agree that they shall form part of the application for insurance and shall be relied upon by TAL Life Limited in deciding whether to issue a policy including the premiums and terms to offer.
- To the extent that if the answers are not in my own handwriting they have been checked by me and I certify that they are correct to the best of my knowledge.
- I 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 also understand that if this duty is not met it can have serious impacts on my insurance.

I understand:

- the information requested is required to enable the insurer to assess my entitlement for the Lifestyle Increase Benefit under my policy;
- that if I do not give the information requested in this form, my increase may not be accepted;
- that in the event of a claim being made, further evidence of my lifestyle event may be required;
- that the increase will not become effective until my application is accepted by the insurer in writing.

Your signature

Date

DD / MM / YYYY

Print full name