

Suncorp MyStyle Life Insurance Policy Alteration Form

Please select your cover type(s):

- Income Protection (IP) Cover
 Death Cover
 Serious Illness Cover

Please select your reason for this application:

- Apply for an increase
- Increased monthly payment amount (IP Cover)
Amount \$
- Increased sum insured (Death Cover)
Amount \$
- Increased sum insured (Serious Illness Cover)
Amount \$
- Alter your status from smoker to non-smoker
 Alter your non-payment period from 90 days to 30 days
 Alter your maximum payment period to:
 5 years
 To age 70
 Review of premium loading/exclusion

Policy number	<input type="text"/>
Title	<input type="text"/>
Given name	<input type="text"/>
Surname	<input type="text"/>
Date of birth	<input type="text" value="DD / MM / YYYY"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address	<input type="text"/>
	<input type="text" value="State"/> <input type="text" value="Postcode"/>

Contact Details

Home	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		
Preferred contact number	<input type="checkbox"/> Home <input type="checkbox"/> Mobile	Preferred contact time	<input type="checkbox"/> Morning (9am - 12 noon) <input type="checkbox"/> Afternoon (12 noon - 4.30pm)

Please note: completion of this form does not guarantee your application will be accepted

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 to vary your policy is accepted, the policy will be treated as a consumer insurance contract to the extent of the variation.

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, please check every answer (and if necessary, make any corrections) before the application is submitted.

If you need help

It's important that you understand this information and the questions we ask. Ask us 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.

Privacy Statement

TAL Life Limited (TAL Life) is subject to the Privacy Act 1988 and has a Privacy Statement that explains how we handle the information we collect about you. A copy of the current TAL Life privacy policy is available at www.tal.com.au/privacy-policy, and is free of charge on request.

TAL Life Limited ABN 70 050 109 450 AFSL 237848 (TAL Life) is part of the TAL Dai-ichi Life Australia Pty Limited ABN 97 150 070 483 group of companies (TAL). The different entities of TAL and the Suncorp Group Limited ABN 66 145 290 124 group of companies are not responsible for, or liable in respect of, products and services provided by the other. TAL companies are not part of the Suncorp Group. TAL Life uses the Suncorp brand under licence from the Suncorp Group.



Brief Personal Statement and Declaration of Health

To be completed by the insured person listed on the policy schedule.

Any changes made to this questionnaire are to be initialled by the insured person listed on the policy schedule.

Please answer all questions to the best of your ability as omissions may delay issue of your cover. If there is insufficient space, please attach an extra sheet of paper.

Your Personal Details

To apply for an alteration of your status from smoker to non-smoker please only answer questions 1 and 2 and complete the declaration

1. Have you smoked tobacco and/or any other substance in the last 12 months? Yes No
2. Have you given up smoking due to medical advice or a medical condition? (For example, but not limited to emphysema or other breathing problems, heart attack, heart disease, vascular disease, stroke or cancer.) Yes No

To apply for an increase, alter the maximum payment period or non-payment period or review a premium loading/exclusion, please answer the following questions and complete the declaration

3. What is your height? cm ft
4. What is your weight? kg lb
5. Since you first applied for your MyStyle Life Insurance policy, have you:
- a. smoked tobacco or any other substance in the last 12 months? Yes No
 - b. given up smoking due to medical advice or a medical condition? (For example, but not limited to emphysema or other breathing problems, heart attack, heart disease, vascular disease, stroke or cancer.) Yes No
 - c. been diagnosed with, or sought treatment or advice for:
 - i. brain, nerve, heart, lung, digestive, kidney, liver, thyroid, joint, muscle, bone, skin, sight, hearing, genital or urinary conditions? Yes No
 - ii. cancer, cysts, growths, polyps, tumours? Yes No
 - iii. diabetes, blood disorders, auto immune or infectious diseases? Yes No
 - iv. a mental health condition or symptoms? Yes No
 - d. been diagnosed with, sought or intend to seek treatment or advice for any symptom, condition, injury or illness Yes No

If you answered 'Yes' to above question 5 (a), (b), (c) or (d), please provide details below.

6. **For Income Protection Cover only**, what is your total pre-tax income over the past 12 months? (Please include superannuation, regular bonuses and/or commissions.)

Declaration

I agree that:

- a. The original application form for this policy, as varied by this application and the Brief Personal Statement and Declaration of Health (Statement), shall form the basis of the contract with TAL Life for an alteration to this policy.
- b. If this application is accepted, acceptance will be based on the truth of the answers made in the Statement.

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. I also understand that if this duty is not met it can have serious impacts on my insurance.

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 in deciding whether to accept an alteration 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 have read and understood the current TAL Life privacy policy, which is available at www.tal.com.au/privacy-policy, and is free of charge on request.

I consent to TAL Life using my personal information for the purposes outlined in that privacy statement and to TAL Life disclosing my personal information to (and obtaining information from) other parties including the parties mentioned in that statement, for the disclosed purposes.

I understand that the insurance application, where applied for, will not become effective until my application is accepted by the insurer in writing.

Signature of the person whose life is to be insured

Date

Name

Please return this form to Life Customer Service:

Fax: 1300 552 345
Email: customerservice@suncorplifeinsurance.com.au
Mail: GPO Box 68, Sydney NSW 2001

If you have any queries, please call us on 1800 604 689.