## Suncorp MyStyle Life Insurance Death Cover Future Life Event Changes Application Form

This Future Life Event Changes Application Form allows you, as the policy owner, to increase the sum insured of your Death Cover by \$100,000 without providing any medical information. You can apply for an increase if you are under the age of 60 and:

- this is your 2nd policy anniversary; or
- one of the following events occurred between the current policy anniversary and your last policy anniversary.

Lifestyle events are:

- you married
- you or your partner gave birth to or adopted a child
- your child started high school for the first time
- you purchased a home
- your spouse passed away

Your application must be made within 90 days of your policy anniversary immediately following the lifestyle event and will be offered on the same terms as your original insurance with us.

| To increase your Death Cover sum insured by \$100,000 ι   | nder the Future Life Event Changes, please complete the fo        | llowing.                    |
|---|---|-----------------------------|
| Policy Owner Details  |   |                             |
| Policy number   |   |                             |
| Title   |   |                             |
| Surname   |   |                             |
| Given name(s)   |   |                             |
| Address   |   |                             |
|   | State   | Postcode                    |
| About this application  |   |                             |
| The duty to take reasonable care<br>When applying for insurance, there is a legal duty to ta<br>of insurance is entered into. | ke reasonable care not to make a misrepresentation to the         | insurer before the contract |
| A misrepresentation is a false answer, an answer that is o  | nly partially true, or an answer which does not fairly reflect th | ie 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 the insurer later investigates whether the information given to them was true. For example, they may do this when a claim is made

| may as this mish a siam is made.          |                     |       |          |
|---|---------------------|-------|----------|
| Your Lifestyle Event                      |                     |       |          |
| Please indicate which event has occurred: |                     |       |          |
| <ul><li></li></ul>                        |                     |       |          |
| Date of marriage                          | D D / M M / Y Y Y Y |       |          |
| Spouse's full name                        |                     |       |          |
| ☐ My partner or I gave birth to or adop   | ted a child         |       |          |
| Child's full name                         |                     |       |          |
| Child's date of birth                     | D D / M M / Y Y Y Y |       |          |
| If adopted - the date of adoption         | DD/MM/YYYY          |       |          |
| $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $  | 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                  | D D / M M / Y Y Y Y |       |          |
| Address of purchased property             |                     |       |          |
|   |                     | State | Postcode |



| 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 Please note:  | confirm your increased sum insured in writing and we will advise you of your new premium.  |
| — You can only increase your sum insure  | ed using this benefit 5 times over the life of the policy.   |
| the state of the s | suncorp MyStyle Life Insurance policies issued by us for the same insured person is \$2,000,000 (plus irrent sum insured is \$2,000,000 you have reached the maximum sum insured and any application for |
| — If your application to vary your Policy i  | s accepted, the Policy will be treated as a consumer insurance contract to the extent of the variation.  |
|  | Future Life Event Changes form are true and complete and shall be relied upon by the insurer in deciding t made any false or misleading statements.  |
| If the answers are not in my own handwr I understand:  | iting they have been checked by me and I certify that they are correct to the best of my knowledge.  |
| — the information requested is required  | to enable the insurer to assess my entitlement for the Future Life Event Changes under my policy;  |
| — that if I do not give the information red  | quested in this form, my increase may not be accepted;   |
| — that in the event of a claim being mad   | e, further evidence of my lifestyle event may be required;   |
| - that the increase will not become effect   | ctive until my application is accepted by the insurer in writing.  |
| Your signature   |  |
| Date DD/I  | M M / Y Y Y Y  |

Print full name