



# AMP Firstcare Term Life Insurance

## Customer Information Brochure

*A simple and convenient way to protect yourself and your family's future*



**Issue 7d – Issue 1 January 2002. Expires 30 June 2002.**

You should read the following material carefully, especially the Key Features Statement. This contains the important information you should know about this product. Issued by AMP Life Limited ABN 84 079 300 379



## About AMP Life Limited

In January 1998, the 149 year old AMP Society demutualised and also changed its name to AMP Life Limited. Its ultimate holding company is AMP Limited.

For over 150 years, AMP has helped generations of Australian families, individuals and business enterprises safeguard and build their financial future.

The directors of AMP Life Limited are:

P J Batchelor (Chairman)

A M Mohl

P D Leaming

P G Traill

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# key features statement

This Key Features Statement follows guidelines set by the Australian Securities & Investments Commission (ASIC). It will help you to decide whether this plan meets your needs and to compare the plan with others.

**IMPORTANT NOTICE:** The plan is not a savings plan. If you end the plan at any time, you will not get anything back. Its primary purpose is to pay you a lump sum if you become terminally ill, or die.

## Purpose of this insurance

- AMP Firstcare Term Life Insurance is an inexpensive and easy way to protect yourself, your family, business and assets against the financial burden caused by terminal illness or death.
- It offers financial protection to cover debts (eg home loan, personal loan) and future living expenses, 24 hours a day, anywhere in the world.
- The plan is designed for clients (and their spouses) aged 24 to 54. The maximum cover you can apply for is \$300,000.
- No medical examination is required to apply.
- The plan will pay a lump sum benefit in the event you die or suffer a terminal illness up until age 84 and are diagnosed with having less than 12 months to live.
- As long as you pay the premiums, we guarantee to renew your plan until age 84 even if your health or pastimes change.

**Note:** If you apply for this plan, there are many other benefits that you can apply for subsequently, if you wish to. Those benefits will be fully described in the Plan Rules we will send you. If you decide to apply for these other benefits later, we will give you a Customer Information Brochure which describes them. You may need to fill out a medical questionnaire to apply for these benefits.

## Premiums

- You can calculate the cost of your monthly premiums by referring to the 'Premium Calculator' on pages 4 and 5.
- Our premium rates generally increase as you get older. Because we increase the amount of cover under this plan each year by the CPI, the premium also increases each year.
- We will deduct the premium each month from your bank account or credit card.
- If you don't pay your premium within 30 days of it being due, we will take steps to end the plan.
- Premiums rates cannot increase for your plan unless premium rates increase for all plans in your risk group. We will give three months notice if the premium rates increase.

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# key features statement

## Benefits

- **When we pay.** We pay a cash lump sum to your estate if you die. The death cover is provided right up until you turn age 84.
- **In built terminal illness cover.** We pay your death cover if you are diagnosed as having less than 12 months to live. We call this terminal illness cover. It is included automatically and it is designed to help you organise your affairs.
- **FREE Interim Cover – Adults.** While your application for AMP Firstcare Term Life Insurance is being considered, we will provide you with interim accident cover.

This benefit is included at no extra cost.

While we are considering your application, if the insured person dies solely as a result of an accidental injury, we will pay the benefit the insured person has applied for, to a maximum of \$300,000.

Interim accident cover will be limited to a maximum of 90 days.

We will only pay this benefit once.

Conditions and limitations apply to this offer. These are fully set out on page 8.

- **Keeping pace with inflation.** Each year, we increase the death cover by any increase in the CPI. If you don't want the annual CPI increase in full or in part, you need to tell us. If you do that for 2 years in a row, you lose the right to any more automatic increases.
- **When we won't pay.** If you die, or become terminally ill (directly or indirectly), by your own hand within one year and 30 days after the date your death cover starts, or restarts (if it has lapsed).

## What are the charges?

All the charges of the plan are fully described in this section. AMP Life will not apply any other charges without your specific consent.

Plan charges

- The monthly plan fee is \$5.80 for the first insured person, and a further \$1.16 for each other person you include in the plan. The fee will increase by the CPI each year.
- The monthly plan fee has already been included in the attached 'Premium Calculator' on pages 4 and 5.

## Taxation

We will keep you informed of any changes that could affect your plan.

Our general understanding of current taxation law as at 1 July 2000 and the way it is interpreted for this cover is:

- the premiums you pay are not tax deductible; and
- the amount we pay you is not usually assessable for income tax or capital gains tax. If, when we pay, you are no longer the plan owner, capital gains tax may have to be paid on amounts we pay.

How the law applies to you depends on your circumstances. The legislation and its interpretation could change in future.

## Cooling off period

If you are not happy with your plan, you can tell us to cancel it within 14 days and we will refund everything you have paid us.

## Secured by our Australian No.1 Statutory Fund

Your plan is backed by our Australian No.1 Statutory Fund. The market value of the assets of this fund are \$25.9 billion as at 30 September 2001.

## Information on your insurance

When your cover begins, we will send you a Certificate and Plan Rules showing full details of your cover. This is your plan. Please read it carefully to make sure the plan suits your needs.

## Annual Statement

Each year, we will send you an Annual Statement telling you about your insurance, fees and your premium for the next year. It will also tell you of any material changes to your plan.

## If you need assistance

If you have any enquiries or complaints after we have issued your plan, our address is:

**Mailing address** AMP Customer Service  
AMP Life Limited  
PO Box 300  
Parramatta NSW 2124

**Telephone** 131 267  
Mon-Fri 8am-8pm EST

All enquiries and complaints will be answered as soon as possible within the 45 days required by ASIC.

If you are not satisfied with our response then you can raise the matter with the **Financial Industry Complaints Service (FICS), PO Box 579 Collins Street West, Melbourne, VIC 8007**. Their telephone number is **(03) 9629 7050** or **1800 335 405**. This industry sponsored body was set up to help clients with problems they can't resolve. FICS is independent and impartial.

## Insurance Overview

### Why do I need term life insurance?

Few people like to think about fatal accidents, premature death, or serious and terminal illnesses. But they are facts of life. When they occur life insurance comes into its own. That's because life insurance is about one thing - protection. Whether it's protection for you, your partner, your family, or

your business, you will have the peace of mind knowing that you are protected.

### Uses for this insurance

AMP Firstcare Term Life Insurance can meet a variety of private, family and business needs. In many situations cash is needed so that people can carry on with life.

Consider these questions. If you were terminally ill:

- what extra expenses would you have to face?
- would the family have enough income to live on?

Or if you were to die:

- what would happen to the mortgage or debt?
- what would happen to plans to educate my children?
- where would my family get money to live on?

AMP Firstcare Term Life Insurance can help solve the money problems these questions pose.

Firstcare Term Insurance can also meet a variety of business needs, such as Guaranteeing Loans and Business Continuation arrangements.

## AMP Firstcare Term Life Insurance

*'the easy and inexpensive way to peace of mind'*

All you need to do is fill out the application form and answer seven easy questions. There is NO medical exam or extensive questionnaires to complete. Comprehensive protection without all the hassles.

If you wish to complete a paper application form, please use the form attached. If you are reading this document electronically please print and complete.

If you wish to complete and transmit to us an online application form, please go to the Buy Direct application form for AMP Firstcare Term Life Insurance at [www.amp.com.au](http://www.amp.com.au).

# premium calculator

## Firstcare Term Life Insurance (monthly premiums) Females aged 24-54

Amount of cover	\$100,000		\$150,000		\$200,000		\$250,000		\$300,000	
	Current age	Non smoker	Smoker	Non smoker						
24	\$12.70	\$18.81	\$15.21	\$23.54	\$18.35	\$29.46	\$19.13	\$30.93	\$21.80	\$35.96
25	\$12.50	\$18.22	\$14.67	\$22.74	\$17.63	\$28.38	\$18.37	\$29.79	\$20.88	\$34.59
26	\$12.50	\$18.02	\$14.67	\$22.47	\$17.63	\$28.02	\$18.37	\$29.41	\$20.88	\$34.13
27	\$12.50	\$18.02	\$14.67	\$22.47	\$17.63	\$28.02	\$18.37	\$29.41	\$20.88	\$34.13
28	\$12.50	\$18.32	\$14.81	\$22.87	\$17.81	\$28.56	\$18.56	\$29.98	\$21.11	\$34.82
29	\$12.50	\$18.42	\$14.94	\$23.00	\$17.99	\$28.74	\$18.75	\$30.17	\$21.34	\$35.05
30	\$12.70	\$19.01	\$15.21	\$23.81	\$18.35	\$29.81	\$19.13	\$31.32	\$21.80	\$36.42
31	\$12.90	\$19.40	\$15.48	\$24.35	\$18.70	\$30.53	\$19.51	\$32.08	\$22.25	\$37.33
32	\$12.90	\$19.40	\$15.48	\$24.35	\$18.70	\$30.53	\$19.51	\$32.08	\$22.25	\$37.33
33	\$13.00	\$19.40	\$15.61	\$24.35	\$18.88	\$30.53	\$19.70	\$32.08	\$22.48	\$37.33
34	\$13.00	\$19.40	\$15.61	\$24.35	\$18.88	\$30.53	\$19.70	\$32.08	\$22.48	\$37.33
35	\$13.10	\$19.50	\$15.75	\$24.48	\$19.06	\$30.71	\$19.89	\$32.27	\$22.71	\$37.56
36	\$13.29	\$19.70	\$16.02	\$24.75	\$19.42	\$31.07	\$20.27	\$32.65	\$23.17	\$38.02
37	\$13.29	\$19.80	\$16.02	\$24.89	\$19.42	\$31.25	\$20.27	\$32.84	\$23.17	\$38.25
38	\$13.29	\$19.80	\$16.02	\$24.89	\$19.42	\$31.25	\$20.27	\$32.84	\$23.17	\$38.25
39	\$13.29	\$19.90	\$16.02	\$25.02	\$19.42	\$31.43	\$20.27	\$33.03	\$23.17	\$38.47
40	\$13.49	\$20.39	\$16.28	\$25.69	\$19.78	\$32.32	\$20.65	\$33.98	\$23.62	\$39.62
41	\$14.08	\$22.26	\$17.09	\$28.25	\$20.85	\$35.73	\$21.80	\$37.60	\$24.99	\$43.96
42	\$14.97	\$23.64	\$18.30	\$30.13	\$22.47	\$38.24	\$23.51	\$40.26	\$27.05	\$47.16
43	\$15.85	\$25.32	\$19.51	\$32.41	\$24.08	\$41.28	\$25.22	\$43.50	\$29.11	\$51.04
44	\$16.74	\$27.09	\$20.72	\$34.83	\$25.69	\$44.51	\$26.94	\$46.93	\$31.16	\$55.15
45	\$17.73	\$28.96	\$22.06	\$37.39	\$27.48	\$47.91	\$28.84	\$50.55	\$33.45	\$59.49
46	\$18.81	\$31.03	\$23.54	\$40.21	\$29.46	\$51.68	\$30.93	\$54.54	\$35.96	\$64.29
47	\$20.19	\$33.20	\$25.42	\$43.16	\$31.96	\$55.62	\$33.60	\$58.73	\$39.16	\$69.32
48	\$21.57	\$35.67	\$27.31	\$46.52	\$34.47	\$60.10	\$36.27	\$63.49	\$42.36	\$75.03
49	\$23.05	\$38.23	\$29.32	\$50.02	\$37.16	\$64.76	\$39.12	\$68.44	\$45.79	\$80.97
50	\$24.53	\$40.69	\$31.34	\$53.38	\$39.85	\$69.24	\$41.98	\$73.20	\$49.21	\$86.68
51	\$25.91	\$42.86	\$33.22	\$56.34	\$42.36	\$73.18	\$44.64	\$77.39	\$52.41	\$91.71
52	\$27.48	\$45.52	\$35.37	\$59.96	\$45.23	\$78.02	\$47.69	\$82.53	\$56.07	\$97.88
53	\$29.26	\$48.38	\$37.79	\$63.86	\$48.45	\$83.22	\$51.12	\$88.05	\$60.18	\$104.50
54	\$31.13	\$51.24	\$40.34	\$67.76	\$51.86	\$88.41	\$54.73	\$93.58	\$64.52	\$111.13

A discount of \$4.64 per month applies if two insured persons are included in the plan. Simply deduct \$4.64 from the combined premium of the two insured persons.

# premium calculator

## Firstcare Term Life Insurance (monthly premiums) Males aged 24-54

Amount of cover	\$100,000		\$150,000		\$200,000		\$250,000		\$300,000	
	Non smoker	Smoker	Non smoker	Smoker	Non smoker	Smoker	Non smoker	Smoker	Non smoker	Smoker
24	\$17.43	\$25.51	\$21.66	\$32.68	\$26.95	\$41.64	\$28.27	\$43.88	\$32.76	\$51.50
25	\$17.14	\$25.02	\$21.26	\$32.01	\$26.41	\$40.75	\$27.70	\$42.93	\$32.08	\$50.36
26	\$16.64	\$24.23	\$20.59	\$30.93	\$25.51	\$39.31	\$26.75	\$41.41	\$30.93	\$48.53
27	\$15.95	\$23.15	\$19.64	\$29.46	\$24.26	\$37.34	\$25.41	\$39.31	\$29.34	\$46.01
28	\$15.36	\$22.36	\$18.84	\$28.38	\$23.18	\$35.91	\$24.27	\$37.79	\$27.96	\$44.19
29	\$15.07	\$21.57	\$18.44	\$27.31	\$22.65	\$34.47	\$23.70	\$36.27	\$27.28	\$42.36
30	\$14.67	\$20.88	\$17.90	\$26.36	\$21.93	\$33.22	\$22.94	\$34.93	\$26.36	\$40.76
31	\$14.47	\$20.68	\$17.63	\$26.10	\$21.57	\$32.86	\$22.56	\$34.55	\$25.91	\$40.30
32	\$14.38	\$20.59	\$17.49	\$25.96	\$21.39	\$32.68	\$22.37	\$34.36	\$25.68	\$40.07
33	\$14.28	\$21.08	\$17.36	\$26.63	\$21.21	\$33.58	\$22.18	\$35.31	\$25.45	\$41.22
34	\$14.08	\$21.28	\$17.09	\$26.90	\$20.85	\$33.94	\$21.80	\$35.69	\$24.99	\$41.67
35	\$14.28	\$21.77	\$17.36	\$27.57	\$21.21	\$34.83	\$22.18	\$36.65	\$25.45	\$42.82
36	\$14.38	\$22.36	\$17.49	\$28.38	\$21.39	\$35.91	\$22.37	\$37.79	\$25.68	\$44.19
37	\$14.67	\$23.25	\$17.90	\$29.59	\$21.93	\$37.52	\$22.94	\$39.50	\$26.36	\$46.24
38	\$15.07	\$24.33	\$18.44	\$31.07	\$22.65	\$39.49	\$23.70	\$41.60	\$27.28	\$48.76
39	\$15.36	\$25.32	\$18.84	\$32.41	\$23.18	\$41.28	\$24.27	\$43.50	\$27.96	\$51.04
40	\$15.95	\$26.70	\$19.64	\$34.29	\$24.26	\$43.79	\$25.41	\$46.17	\$29.34	\$54.24
41	\$16.54	\$28.37	\$20.45	\$36.58	\$25.33	\$46.84	\$26.56	\$49.40	\$30.71	\$58.12
42	\$17.14	\$29.95	\$21.26	\$38.73	\$26.41	\$49.71	\$27.70	\$52.45	\$32.08	\$61.78
43	\$17.83	\$31.92	\$22.20	\$41.42	\$27.66	\$53.29	\$29.03	\$56.26	\$33.68	\$66.35
44	\$18.81	\$34.38	\$23.54	\$44.78	\$29.46	\$57.77	\$30.93	\$61.02	\$35.96	\$72.06
45	\$19.70	\$36.95	\$24.75	\$48.27	\$31.07	\$62.43	\$32.65	\$65.97	\$38.02	\$78.00
46	\$20.98	\$40.30	\$26.50	\$52.84	\$33.40	\$68.52	\$35.12	\$72.44	\$40.99	\$85.77
47	\$22.56	\$44.04	\$28.65	\$57.95	\$36.27	\$75.33	\$38.17	\$79.68	\$44.64	\$94.45
48	\$24.13	\$48.38	\$30.80	\$63.86	\$39.13	\$83.22	\$41.22	\$88.05	\$48.30	\$104.50
49	\$26.30	\$53.60	\$33.76	\$70.99	\$43.08	\$92.71	\$45.40	\$98.15	\$53.33	\$116.61
50	\$28.77	\$59.91	\$37.12	\$79.59	\$47.56	\$104.18	\$50.16	\$110.33	\$59.04	\$131.24
51	\$31.62	\$66.91	\$41.01	\$89.13	\$52.75	\$116.91	\$55.69	\$123.85	\$65.66	\$147.46
52	\$34.88	\$74.30	\$45.45	\$99.21	\$58.67	\$130.35	\$61.97	\$138.13	\$73.20	\$164.60
53	\$38.62	\$82.48	\$50.56	\$110.36	\$65.48	\$145.22	\$69.20	\$153.93	\$81.89	\$183.56
54	\$43.06	\$91.84	\$56.60	\$123.13	\$73.54	\$162.24	\$77.77	\$172.02	\$92.17	\$205.26

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# direct debit request service agreement

## The following provided more information about direct debit and how it works

1. Before you complete the direct debit request form, you must check that the account you want to nominate can have direct debit (eg some passbook savings accounts and credit cards cannot have direct debit). To find out if we can debit from your account, contact your financial institution or our Customer Service area by:
  - phone 131 267 (local call fee)
  - fax 1300 301 267
  - email polinfo@amp.com.au
  - mail AMP Life Limited, PO Box 300, Parramatta NSW 2124
2. When you complete the form, please double-check the account details are correct by comparing them with a recent statement from your financial institution.
3. This agreement allows AMP Life Customer Service Division to deduct from your nominated account the amount and frequency shown on the Policy Document, or the amount as modified annually due to CPI increases.
4. If we want to change this agreement, we will notify you 14 days in advance. If you disagree with this change, please notify us within these 14 days.
5. AMP will keep your financial institution account details confidential. However, we will disclose these details:
  - If you give permission.
  - If a court order applies.
  - To settle a claim.
  - If our financial institution needs information.

6. If the due date is on a weekend or public holiday, we will process your payment on the next business day.
7. You should make sure that sufficient cleared funds are available in your account on the due date for payment. If there are not sufficient funds and your financial institution dishonours the payment, any charges incurred by:
  - your financial institution may be debited from your account.
  - AMP may be debited from your plan.
8. If you want to change or cancel this agreement or dispute a debit, contact our Customer Service area (the contact details are listed in point 1).

In particular, if you want to:

- Change this agreement, eg the amount you pay, how often you pay, account number, deferring payment due to unforeseen circumstances. You need to contact us at least 3 days before the due date.
- Cancel this agreement or an individual payment. You need to contact us at least 3 days before the due date.
- Dispute a debit that has been made from your account. AMP will respond to your initial dispute within 5 business days.

Note: In this agreement, we refer to AMP Life Customer Service Division as 'AMP Life Customer Service Division', 'we', 'us' and 'our'.

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# privacy

Your privacy is important to AMP.

Our primary purpose in collecting personal information from you is to enable us to establish and manage this product – one of AMP's broad range of financial services.

The information may be used for related purposes, such as to provide you with ongoing information about the range of financial services that may be useful for your financial needs. These may include investment, retirement, financial planning, banking, credit, life and general insurance products and enhanced customer services that may be made available by us, other members of the AMP Group, or by your financial planner.

We need this information in order to establish and manage this product and, if you choose not to provide the information necessary to process your application, we may not be able to process it.

We usually disclose information of this kind to:

- other companies in the AMP Group;
- your employer if you are part of an employer sponsored plan;
- the financial planner or broker responsible for the plan, (if any);
- the owner of your plan;
- external service suppliers who supply administrative, financial or other services to assist the AMP Group in providing AMP financial services;
- anyone you have authorised.

When health information is collected, additional restrictions apply. Our primary purpose for obtaining this information is to assess the application for new or additional insurance from AMP. We may also use this information for directly related purposes such as deciding whether we need more information; arranging reinsurance; assessing future

applications for new or altered insurance; and assessing and administering claims.

We will generally collect health information from someone else, such as a doctor, with consent. We need this information to assess the insurance application and, if consent is not provided, we may not be able to process the application.

We may disclose this type of health information to:

- if your insurance is part of a superannuation fund, the trustee of that fund,
- the financial planner or broker responsible for the plan, (if any);
- AMP's reinsurers;
- medical practitioners;
- any person AMP considers necessary to assist in either the assessment of claims under your plan or the resolution of complaints;
- anyone you have authorised.

Aspects of your health information may be provided to the owner of your plan in resolving terms of acceptance or if the standard Plan Rules are varied.

The AMP Privacy Policy Statement will set out the AMP Group's policies on management of personal information. This will be available from December 2001 and a copy may be obtained after that date from AMP, your AMP financial planner or our website.

Under the National Privacy Principles, you may access personal information about you held by the AMP Group and you may let us know if you think any of it is inaccurate, incomplete or out of date. There are some limited situations, that are set out in the National Privacy Principles, where you will not have this right.

You can contact us by calling 131 267.

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# interim accident cover

While your application is being considered, we will provide **you** with interim **accident** cover. This interim cover is different to the principal insurance being applied for, and is subject to the terms and conditions below.

This cover will commence when we receive **your** completed application form and the first premium payment at an AMP registered office. Cover is subject to the premium payment not being dishonoured.

Interim Cover is not available if **you** or the insured person have ever:

- withdrawn an application; or
- applied for a similar type of policy, and had the application declined; or
- **you** are currently applying for similar cover outside of AMP

Interim Cover will cease on the earliest of:

- 90 days from the date this interim cover starts; or
- the date **your** application is approved, declined, withdrawn; or
- the date we advise of cancellation of **your** Interim Cover.

During consideration of **your** application, we may choose to modify the cover we offer. If this occurs, Interim Cover will also be adjusted to incorporate the changed terms, including any adjustments to the premium.

## Important note

When assessing **your** application for insurance, we will take into account any claims the insured person has made on this Interim Cover which result in a change in the insured's state of health.

We may impose special conditions or decline **your** application for insurance under these circumstances.

## When we won't pay

We will not pay any benefits if the application is one which we would not normally accept under our standard underwriting rules and exclusions.

Also, we will not pay when death or disablement is caused by:

- Intentional self-inflicted injury or suicide; or
- any physical condition relating to the insured person's health for which the insured has had any symptoms, or received advice or treatment for, prior to applying for this cover; or
- engaging in any sport, pastime or occupation which would not normally be covered under our standard terms.

**Accident** refers to bodily injury caused directly and solely by violent, external and visible means and independent of all other causes.

**You** or **Your** refers to the person(s) applying for insurance.

## Firstcare Term Life Insurance

### If the insured person dies

We will pay if the insured has applied for death cover and dies solely as a result of an accident during the Interim Cover period.

### How much we pay

We will only pay once for Interim Cover under Firstcare Term Life. We will pay the sum insured applied for, up to a maximum of \$300,000.

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# how to apply now

If you wish to complete and send us a paper application, please use the attached application form.

Before sending your paper-based application to AMP Life Limited, please ensure you have:

**1** Answered all questions on the application form. 

**2** Signed and dated the application declaration. 

**3** Completed the 'Direct debit request' form. 

**4** Sent both forms to the reply paid address below. 

**Send completed forms to:**

**AMP Direct  
Reply Paid 4134  
Sydney NSW 2001**

If you wish to complete an on-line application form and transmit it to us electronically, please go to the Buy Direct application form for AMP Firstcare Term Life Insurance at AMP's website [www.amp.com.au](http://www.amp.com.au)





# AMP Firstcare Term Life Insurance Application

Before you sign this application, be aware that AMP Life or your Adviser/Financial Planner is obliged to have provided you with a brochure containing a summary of the important information in relation to this product. This information will help you to understand the product and to decide whether it is appropriate to your needs.

**This special offer is limited to one application per person.**

**Note: This application forms part of the AMP Firstcare Term Life Insurance Customer Information Brochure Issue 7d. It expires on 31 December 2002. Applications received after this date will be declined.**

## A. Personal details of insured person(s)

<b>Owner</b> The owner of this plan must be the insured person. Where there are two insured people, the plan will be owned by them as joint tenants.	<i>1st insured person</i>	
	Title	Mr/Mrs/Ms/Miss/Other
	Surname	Given names
	Address for notices	
	Postcode	
	The insured person's date of birth is	and sex is <input type="checkbox"/> M <input type="checkbox"/> F and country of birth is
	<b>Please complete in all cases</b>	
	Have you smoked any substance in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you either a citizen or hold a permanent residency in Australia or New Zealand?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If we need to talk to you to confirm any details can we contact you by phone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Phone: ( )	Preferred time to call:
	<i>2nd insured person</i>	
	Title	Mr/Mrs/Ms/Miss/Other
	Surname	Given names
The insured person's date of birth is	and sex is <input type="checkbox"/> M <input type="checkbox"/> F and country of birth is	
<b>Please complete in all cases</b>		
Have you smoked any substance in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you either a citizen or hold a permanent residency in Australia or New Zealand?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If we need to talk to you to confirm any details can we contact you by phone?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone: ( )	Preferred time to call:	
<b>Other details</b>		
Do you currently have an Adviser or Financial Planner looking after your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please name the Adviser (if known)		

## B. Select desired cover

<i>1st insured person</i>	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$200,000	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$300,000
	Premium payable = <input type="text"/> per month (refer to 'Premium Calculator')				
<i>2nd insured person</i>	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$200,000	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$300,000
	Premium payable = <input type="text"/> per month (refer to 'Premium Calculator')				
	Total premium = <input type="text"/> per month (please deduct \$4.64 if applying for a 2nd insured person)				

## C. Duty of Disclosure

You must answer all of the questions in the Concise Personal Statement (Part D) completely and accurately. You must also tell us anything else you think may be relevant to our decision about insuring you, or anything a reasonable person in the circumstances could be expected to know would be relevant to our decision - Part E of this form is provided for this purpose. The information you provide helps us to decide whether to provide the insurance, how much to charge and whether any special rules should apply.

This duty continues until we advise you that we have accepted your insurance. Therefore, you must tell us about any change in your health, pastimes or any other relevant matter which happens after this application has been completed up until the time you are advised that we have accepted the insurance.

If you don't tell us what we need to know to complete our assessment of the risk, we may be able to treat the plan as if it never existed and pay nothing, or keep the plan going but reduce the amount we pay.

## D. Concise Personal Statement of the insured person(s)

	1st insured person	2nd insured person
1. Do you take part, or do you have definite plans to take part, in a hazardous: <ul style="list-style-type: none"> <li>- activity such as parachuting, hang gliding, underwater diving, motor sport, abseiling, etc. and/or flying other than as a fare paying passenger on a licensed public service, or</li> <li>- occupation such as working at heights, underwater, underground, with explosives, on an offshore platform, etc?</li> </ul>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>If YES, please provide details in Part E of the activity and your involvement in it (or complete the questionnaire which we can provide).</b>		
2. Have you applied for any similar insurance in the last 12 months or has any insurer ever indicated they would not insure you, or would modify your insurance terms in any way?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>If YES, please provide details in Part E including the date, terms offered (eg decline, extra premium, term limited, exclusion, etc.) and the reason.</b>		
3. Have you ever had, or been told you had, or received advice or treatment for, an illness, medical disorder, medical condition, alcohol use or a drug related condition? Examples include - any breathing, heart, urinary, gastro-intestinal, brain, nerve, blood, reproductive, cancer or other physical or mental condition. (Don't include long or short sightedness, colds or flu, from which you have recovered quickly.)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>If YES, please provide details in Part E of the condition, date it first started, date of last symptom, number of occurrences, time off work, symptoms, any complications and/or ongoing effects and the name and address of the treating doctor or hospital.</b>		
4. In the last 3 years, have you taken any medication or have you had or are you considering seeking any medical advice, procedure, investigation, operation or test? (Don't include the contraceptive pill or medication for colds, flu or occasional headaches.)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>If YES, please provide details in Part E of the condition, date it first started, date of last symptom, number of occurrences, time off work, symptoms, any complications and/or ongoing effects and the name and address of the treating doctor or hospital.</b>		
5. Do you or any of your current or previous sexual partners have HIV/AIDS or Hepatitis, or any sign of HIV or Hepatitis infection, or are you aware of any HIV or Hepatitis risk situation to which you or any of your sexual partners may have been exposed?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>If YES, please advise in Part E which of the above situations apply and give details.</b>		
6. Please refer to the Height and Weight Table in Part E. Select the range for your actual height and check the corresponding weight range. Is your actual weight outside the range shown for your height?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>If YES, please advise in Part E your height and weight without shoes.</b>		
7. Has your mother, father or any brother or sister suffered from Huntington's Chorea, polycystic kidney disease, cystic fibrosis, haemochromatosis or any condition which may be inheritable?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>If YES, please advise in Part E which relative, the condition they suffer/ed, their age at diagnosis and their current age if still alive or age at death.</b>		

## E. Additional Information which we should know

If you answered 'yes' to any question in Part D, or have further relevant information you need to disclose in accordance with your Duty of Disclosure (Part C), please use the space provided below.

For medical conditions/illnesses the details should include the condition name, date first started, when was the last episode or attack, how often did it or does it happen and how was it treated. If you are or were taking medication, what was it. For hazardous sports activities, give details of involvement.

### 1st Insured person's further statement


### 2nd Insured person's further statement


### Height and Weight Table

Centimetres	Height	Feet and Inches	Kilograms	Weight	Stones and Pounds
142cm – 149cm		4' 8" – 4' 10"	36kg – 73kg		5st 9lbs – 11st 7lbs
150cm – 156cm		4' 11" – 5' 1"	39kg – 78kg		6st 1lb – 12st 5lbs
157cm – 164cm		5' 2" – 5' 4"	42kg – 84kg		6st 8lbs – 13st 4lbs
165cm – 172cm		5' 5" – 5' 7"	47kg – 91kg		7st 5lbs – 14st 5lbs
173cm – 179cm		5' 8" – 5' 10"	51kg – 98kg		8st 1lb – 15st 6lbs
180cm – 187cm		5' 11" – 6' 1"	57kg – 104kg		8st 13lbs – 16st 6lbs
188cm – 195cm		6' 2" – 6' 4"	63kg – 110kg		9st 12lbs – 17st 5lbs
196cm – 200cm		6' 5" – 6' 6"	68kg – 114kg		10st 10lbs – 17st 13lbs

## F. Agreement and Declaration

- I agree that**
- I have been given access to and reviewed the AMP Firstcare Term Life Insurance Customer Information Brochure Issue 7d dated 1 January 2002.
  - I have been informed of my Duty of Disclosure (Part C) and acknowledge that this new plan is issued on the basis that I complied with my Duty of Disclosure to AMP Life Limited ABN 84 079 300 379.
  - All the information provided in this form is complete and correct and I accept full responsibility for this information.
  - This is my first and only application for AMP Firstcare Term Life Insurance.
  - I authorise any doctor, hospital or other health service provider that I have or may attend to release details of my personal medical history, including referrals to or treatment by other practitioners, to AMP. The purpose is to allow AMP to assess my application for new/additional/reinstated insurance (as applicable) and assess any claim that might arise. I understand that, under Government Privacy legislation, I may access a copy of these reports from AMP. I have been advised by AMP of the ways this information may be used, and to whom it may be disclosed, and approve those purposes.
  - I did not seek or obtain any advice from AMP Life or its Advisers/Financial Planners in relation to this plan or my decision to purchase it. I understand that therefore there is a risk that this life plan may not be appropriate to my needs and objectives. I am aware that if I want more information on products or if I want to have my needs analysed I should speak to my Adviser/Financial Planner or call AMP Life on 133 888.

<b>Signature of</b>		(1st insured person)	Date	/	/
<b>Signature of</b>		(2nd insured person)	Date	/	/

### Office use only

Plan Number		WF No.	
Application		Client No.	

<b>Assessment</b>	Sum insured (1)		Sum insured (2)		Assessment (1)		(2)	
	Smoker's rates (1)	<input type="checkbox"/> yes <input type="checkbox"/> no	Smoker's rates (2)	<input type="checkbox"/> yes <input type="checkbox"/> no	Underwriter's name			

Name	Adviser number
Direct	RSK01-Z

### Sales within previous 24 hours

The ISC Code of Practice restricts "same day sales" to "related" parties. If you have sold a plan(s) on this basis in the past 24 hours please complete the table below. If none, write NIL.

Applicant	Date, place and time signed	Relationship to applicant



# Direct debit request form

(Firstcare Term Life Insurance)

## A: Debit information

Amount	Frequency	Deduction date*
\$ <input type="text"/>	Monthly <input type="text"/>	<input type="text"/>
\$ <input type="text"/>	Monthly <input type="text"/>	<input type="text"/>

\*Deduction dates are fixed in line with your premium due date, unless you indicate a specific date for deductions to occur.

Credit card account deduction - Please complete section B.

Bank, credit union or building society deduction - Please complete section C. **You must complete either section B or C.**

## B: Visa Card Mastercard Bankcard American Express debit request

Select type of credit card  Visa  Mastercard  Bankcard  American Express

Card number  -  -  Expiry /

Name on card

Credit card deductions are only available on specific dates. Please select the appropriate date:

7th  14th  22nd  28th

- I/We
- Request AMP to debit the above card account any amounts that the AMP Life may debit or charge me/us through the direct debit system.
  - Understand that AMP Life or I/we may terminate this request at any time by notice in writing.

Signature of cardholder(s)

Date / /

## C: New direct debit request

Authority number

Form of request for debiting amounts to accounts by the direct debit system - DDR

Name, branch address and postcode of your *financial institution* (eg. bank, credit union)



Office use only  
Authority number

Schedule

Account in name of:

Bank/Credit Union/Financial institution number (BSB)

Account number

**Note:** Direct debiting is not available on the full range of accounts. If in doubt please refer to your bank/financial institution.

I/We,

Surname

Given names

Address

Town/Suburb  Postcode  Phone ( )

- Request AMP Life Limited (user ID000103), until further notice in writing to debit my/our account, as outlined above, any amounts which they may debit or charge me/us through the direct debit system.
- Have read and agree to the terms of the direct debit service agreement.

Account holder signature(s)

Date / /







1

visit our website or email us



[www.amp.com.au](http://www.amp.com.au)  
[info@amp.com.au](mailto:info@amp.com.au)

2

or call us on



133 888  
Monday to Friday 8am to 8pm EST  
Saturday 9am to 5pm EST

3

contact your Adviser or  
Financial planner

