



Lumley Life Limited

ABN 20 000 017 194

Application for

- LIFE INSURANCE AND/OR
- MEDICAL CATASTROPHE INSURANCE

Before you sign this application form, be aware that Lumley Life or its adviser 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 application form expires on 31st December 2003. Applications on this form received after this date will be declined.

Traditional Values ~ Innovative Ideas

LIFE INSURED DETAILS

Full Name (Dr/Mr/Mrs/Miss/Ms)

1

Surname

First Name(s) in full

Date of Birth

 / /

Age Next Birthday

Place of Birth

Are you a permanent resident of Australia?

Yes / No

Sex

Male / Female

Smoker

Yes / No

Home Address

Postcode

Occupation
(full details)

Phone Number
(Business)

 ()

Mobile Phone

 ()

Phone Number
(Home)

 ()

Fax

 ()

POLICYOWNER DETAILS (if different from above)

Full Name (Dr/Mr/Mrs/Miss/Ms)

Surname

First Name(s) in full

Relationship to Life to be Insured

Phone Number

 ()

ADDRESS FOR NOTICES

Home

☐

Business

☐

Other

☐

(give details below)

ADVISER'S DETAILS

The information shown on this application accurately and completely records information given by the Policyowner and Life Insured.

Adviser Name

Adviser Code

Percentage

NB _____%

Adviser's Signature

Ren _____%

Adviser Name

Adviser Code

Percentage

Adviser's Signature

New privacy laws protect the privacy of individuals. The way in which we collect, use, disclose and handle your information is described in the Lumley Privacy Statement. Please be aware that if you wish to provide information to us, the duty of disclosure explained in your application for insurance applies to the information you give in this form. If you fail to comply with this duty you may be in breach of it. The consequences of this are explained in your application. Please phone the Privacy Officer on 1800 221 142 or (02) 9248 1255 if you have any questions or would like to request a copy of our Privacy Policy.

ADDITIONAL LIVES INSURED

Full Name (Dr/Mr/Mrs/Miss/Ms)

2

Surname

First Name(s) in full

Date of Birth

/ /

Age Next Birthday

Place of Birth

Are you a permanent resident of Australia?

Yes / No

Sex

Male / Female

Smoker

Yes / No

Home Address

Postcode

Occupation
(full details)

Phone Number
(Business)

()

Mobile Phone

()

Phone Number
(Home)

()

Fax

()

Full Name (Dr/Mr/Mrs/Miss/Ms)

3

Surname

First Name(s) in full

Date of Birth

/ /

Age Next Birthday

Place of Birth

Sex

Male / Female

Smoker

Yes / No

Home Address

Postcode

Occupation
(full details)

Phone Number
(Business)

()

Mobile Phone

()

Phone Number
(Home)

()

Fax

()

Full Name (Dr/Mr/Mrs/Miss/Ms)

4

Surname

First Name(s) in full

Date of Birth

/ /

Age Next Birthday

Place of Birth

Sex

Male / Female

Smoker

Yes / No

Home Address

Postcode

Occupation
(full details)

Phone Number
(Business)

()

Mobile Phone

()

Phone Number
(Home)

()

Fax

()

DETAILS OF PROPOSED COVER

Is this application an increase to any existing Lumley Life policy? If "YES" Policy Number

A POLICY WILL BE ISSUED FOR EACH COMPLETED SECTION

SECTION 1 – INDIVIDUAL LIFE INSURANCE

If policy is Superannuation tick type ☐ Personal Superannuation
☐ Corporate Superannuation

	SUM INSURED
Death Cover	\$
<i>Total and Permanent Disability Cover (up to twice Death Cover amount shown above)</i>	\$

Extra Options available – Tick to apply

- ☐ Double TPD (no offset of death cover on TPD applies)
☐ Own Occupation TPD (limited class 1 occupations only)
☐ Waiver of premium on Total Disability (only applies for death cover)
☐ Child's Insurability Option (attach a Personal Statement for each child)
☐ Guaranteed Future Insurability Option

No. of Children

Total Premium \$

SECTION 2 – INDIVIDUAL MEDICAL CATASTROPHE (TRAUMA) INSURANCE

Cover is not available through the Lumley Life Personal Superannuation Fund (S & G Nominees Pty Ltd)

	SUM INSURED
Platinum Cover (trauma with equal death cover)	\$
<i>Total and Permanent Disability Cover for amount shown above</i> <input type="checkbox"/> Yes	

Extra Options Available – Tick to apply

<i>Additional Death Cover Only</i>	\$
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- ☐ Own Occupation TPD (limited class 1 occupations only)
☐ Accelerated (Death Cover) Buy Back Option
☐ Children's Medical Catastrophe (attach a Personal Statement for each child)

No. of Children

Total Premium \$

	SUM INSURED
Silver Cover (trauma with \$5000 death cover)	\$
<i>Total and Permanent Disability Cover for amount shown above</i> <input type="checkbox"/> Yes	

Extra Option Available – Tick to apply

- ☐ Own Occupation TPD (limited class 1 occupations only)

Total Premium \$

SECTION 3 – MULTIPLE LIVES LIFE INSURANCE (FIRST TO DIE)

If policy is Superannuation tick type ☐ Personal Superannuation
☐ Corporate Superannuation

	SUM INSURED
Death Cover	\$
<i>Total and Permanent Disability Cover for amount shown above</i> <input type="checkbox"/> Yes	

Extra Option available – Tick to apply

- ☐ Own Occupation TPD (limited class 1 occupations only) only if TPD is included

Total Premium \$

SECTION 4 – MULTIPLE LIVES MEDICAL CATASTROPHE (TRAUMA) INSURANCE (First to Claim)

Cover is not available through the Lumley Life Personal Superannuation Fund (S & G Nominees Pty Ltd)

	SUM INSURED
Platinum Cover (trauma with equal death cover)	\$

Total and Permanent Disability Cover for amount shown above ☐ Yes

Extra Options Available – Tick to apply

☐ Own Occupation (limited class 1 occupations only)

☐ Accelerated (Death Cover) Buy Back Option

Total Premium

\$

	SUM INSURED
Silver Cover (trauma with \$5000 death cover)	\$

Total and Permanent Disability Cover for amount shown above ☐ Yes

Extra Option Available – Tick to apply

☐ Own Occupation (limited class 1 occupations only)

Total Premium

\$

PERSONAL SUPERANNUATION (To be completed for Personal Superannuation only)

This section is only to be used for Lumley Life Personal Superannuation Fund (S & G Nominees Pty Ltd)

DECLARATION

I hereby apply for membership of the Lumley Life Personal Superannuation Fund and agree to be bound by the provisions of the Trust Deed and Rules of the Fund.

- At the date of this application, I am an Eligible Person. In the Trust Deed, "Eligible Persons" is defined to mean a person who: "Is engaged in any gainful business, trade, profession, vocation, calling, occupation, or employment."
- I will notify the Trustee in writing immediately if, at any time, I cease to be an "Eligible Person".
- I understand that the absolute owner of the Policy on my life is Security and General Nominees Pty Ltd: the Trustee of the Fund and that I cannot deal with the Policy in any way (except in special approved circumstances).

ELECTION OF NOMINATED DEPENDANT I hereby apply that the benefit payable on my death under this Policy shall be paid as specified below:

Nominated Beneficiary	Address	Relationship to Member	Proportion of Benefit

NOTES ON NOMINATION OF BENEFICIARY: The Nominated Beneficiary must be a dependant of the Nominator within the meaning of the Trust Deed.

'Dependant' Means:

- The wife, husband, widow or widower, child or children or any adopted child or children or grandchild of a Member or other persons related to the Member by blood or marriage:
- Any other person who, in the opinion of the Trustee, is or was wholly or in part dependent on the Member at the time of the happening of the event and any person defined as such under Superannuation Law.

In making this nomination, I am aware that the decision as to which dependant is to receive any benefit on my death is at the sole discretion of the Trustee and that this nomination is in no way binding upon the Trustee.

Applicants
Signature

X

Witness

X

Date

/ /

CORPORATE SUPERANNUATION (To be completed by the Trustee of a Superannuation fund other than the Lumley Life Personal Superannuation Fund)

DECLARATION

It is agreed and declared that the Trustee shall be bound by the terms and conditions of the Policy issued pursuant to this application and that the Trustee is empowered under the Trust Deed to enter into an insurance contract with Lumley Life Limited. It is further declared that the most recent statutory compliance notice confirms the Fund's complying status and that the Fund will be administered to ensure its continued compliance with superannuation legislation.

The Common Seal of:

(insert name of company Trustee)

was hereunto duly affixed in the presence of:

Director:

Director/Secretary:

COMMON
SEAL

Dated:

/ /

OR INDIVIDUAL TRUSTEES

Signature of Trustee:

X

Signature of Trustee:

X

Date:

/ /

BENEFICIARY NOMINATION (Non-Superannuation)

I hereby nominate the following individual(s) or entities to receive the specified proportion(s) of the death benefit. I understand that I can revoke or change any nomination at any time by notice in writing to Lumley Life.

Name of Nominated Beneficiary	Address	Relationship to Member	Proportion of Benefit

Other:

YOUR DUTY OF DISCLOSURE

Before you enter into a contract of life insurance with an insurer, you have a duty under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you extend, vary or reinstate a contract of life insurance. Your duty however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer
- that is of common knowledge
- that your insurer knows or, in the ordinary course of his business, ought to know
- disclosure of which is waived by the insurer.

NON-DISCLOSURE

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may within three years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

DECLARATION BY POLICYOWNER AND LIFE TO BE INSURED

- I/We acknowledge that I/we have read the notice explaining my/our duty of disclosure **and understand that this duty also applies until formal notification of acceptance.**
- I/We have read and checked any answers not completed in my/our handwriting and to the best of my/our knowledge and belief all the answers to the questions in this application and any supplementary application or personal statement which relate to me/us are true and correct and no information material to the assessment of this insurance has been withheld.
- I/We, the proposed Life Insured, authorise and direct any medical or other practitioner to divulge at any time to Lumley Life Limited or to any lawfully constituted tribunal any and all information concerning my state of health and medical history, acquired in the course of any professional attendance or consultation. To this extent, all professional confidence and privilege is waived.
- I/We acknowledge that I/we have read and understood the Customer Information Brochure relating to the Benefits proposed. I/We acknowledge that other than any interim cover applying as outlined in the Customer Information Brochure, no cover commences until this Application has been accepted by Lumley Life and the first premium or instalment of premium has been paid.
- I/We acknowledge that, in completing this application, I/We have (please tick relevant boxes):

- ☐ provided information requested by my/our Adviser through a *Fact Finder*, and decided to purchase the policy, (and benefits) recommended;
- ☐ chosen not to provide the information requested by the Adviser;
- ☐ decided to purchase a policy (and benefits) that differ from the Adviser's recommendation;
- ☐ sought no advice;
- ☐ sought advice only about a limited range of products;
- ☐ consent to personal information (including any sensitive information) being collected, used and disclosed by Lumley Life Limited and its agents.

and understand that a policy (or benefits) purchased without, or on the basis of an incomplete, *Fact Finder*, or which differs from the recommendation received, may result in a financial commitment to life insurance that may not be appropriate to my/our needs and objectives.

- In the circumstances where I/we have applied for Medical Catastrophe Silver Cover, benefits are only payable if the Life Insured survives for thirty days after the Medical Catastrophe event (as defined). If the Life Insured dies within the thirty day period, the Policy will provide a death benefit of \$5,000 only.
- Medical Catastrophe Insurance is subject to specific definitions of medical conditions defined in the Policy Document. Some of these conditions require a degree of severity before a benefit is payable.
- Signature(s) of Life(Lives) to be Insured

1		Date / /	2		Date / /
3		Date / /	4		Date / /

- Signature of Policyowner(s)

1		Date / /	2		Date / /
3		Date / /	4		Date / /



DIRECT DEBIT SERVICE AGREEMENT

1. Agreement

- 1.1. If you sign the attached Direct Debit Request ("DDR") you agree that you have read this agreement and the DDR (together referred to as the "Agreement") and that the Agreement sets out all of the terms by which you authorise Lumley Life Limited ("Lumley") to make debits to your account as described in the DDR ("your account").

2. Authority to Debit Your Account

- 2.1. If a premium falls due for payment to Lumley in accordance with the insurance policy you have agreed to purchase from Lumley ("premium(s)") Lumley may debit your account as specified in the DDR in the amount of that premium.
- 2.2. If a premium is payable on a day that the financial institution nominated in the DDR ("financial institution") is not open for business in New South Wales, the debit relating to the premium will be debited from your account on the next day that the financial institution is so open for business.
- 2.3. Lumley may make a debit to your account which apart from this clause would not be authorised, provided it is equal to the value of any returned unpaid debit(s) which at the time of the debit remain(s) unpaid.

3. Your Obligations

- 3.1. You will ensure that there are sufficient funds available in your account to allow each debit under this Agreement to be made.
- 3.2. You represent to Lumley that you are authorised to operate your account without any other person's signature or authority.
- 3.3. You represent to Lumley that the financial institution at which your account is held makes a direct debit facility available in respect of your account and you represent that the details of your account in the DDR are correct.
- 3.4. You will promptly advise Lumley in writing if any of the details of your account change.

4. Lumley's Rights

- 4.1. If a debit is not made in accordance with this Agreement, Lumley shall not be liable for any direct, indirect or consequential loss or damage you or any other person may suffer.

- 4.2. If a debit cannot be made to your account in accordance with this Agreement or is returned unpaid, you agree to pay Lumley any fee or charge that we incur or impose in connection with processing the debit or our attempt(s) to do so.

5. Termination and Variation

- 5.1. You may terminate this Agreement upon giving written notice which must be received by Lumley at least 5 days before the debit is due but you may not otherwise stop payment or suspend the operation of this Agreement without Lumley's prior written agreement.
- 5.2. Lumley may:
- terminate this Agreement without notice; or
 - vary any term of this Agreement or the value or frequency of the debit authorised by you under this Agreement upon giving you 14 days written notice.
- 5.3. Without limitation to the preceding clause, Lumley may terminate this Agreement if three or more debits are returned unpaid.

6. Confidentiality

- 6.1. Subject to Clause 6.2, Lumley will make all reasonable efforts to keep the information in the DDR secure.
- 6.2. Lumley will disclose information in the DDR when required to do so by law or in order to carry out the terms of this Agreement.

7. Dispute Resolution

If you believe that a debit to your account has been incorrectly made under this Agreement; or you wish to inquire of Lumley the reason for a proposed variation to a term of this Agreement or the value or frequency of the debit authorised by it, you may notify Lumley in writing, by letter addressed to:

The Company Secretary, Lumley Life Limited
P.O. Box Q340, Queen Victoria Building
Sydney NSW 1230

DIRECT DEBIT REQUEST

Policy number

To: **Lumley Life Limited ABN 20 000 017 194 ("Lumley")**
(User ID 15339)

I/We request that monies due in accordance with my/our payment arrangements be drawn under the Direct Debit System from my/our account with:
(insert name of financial institution)

BSB number

Account number (max. 9 digits)

Name of account to be debited

I/We acknowledge that this Direct Debit Request is governed by the terms of the Direct Debit Service Agreement above.

Customer Signature(s)

Date

Please return this form to:
Lumley Life Limited
P.O. Box Q340, Queen Victoria Building
Sydney NSW 1230

☐ Monthly (Please complete DDR Form)

☐ Half Yearly ☐ Yearly

TOTAL PREMIUM

\$

INSTALMENT

\$

CREDIT CARD PAYMENT AUTHORITY – Yearly or Half Yearly Premium Only

I authorise Lumley Life Limited to debit my:

Credit Card Type ☐ Bankcard ☐ Mastercard ☐ Visacard
☐ American Express ☐ Diners

The amount of \$

Card Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiry Date / /

Cardholder's Name

Date / /

Cardholder's Signature