# APPLICATION FOR INCREASE OR ALTERATION



#### Please use this form to request:

- › An increase in cover or addition to an existing plan
- > Any alteration that requires underwriting (e.g. a reduction of waiting period)
- A review of a loading/exclusion.

If your plan is less than six months old, or your request is to review an exclusion only, please contact NEOS to discuss faster ways of assessing your alteration.

#### How to complete this form

The form is writable, so you can save a copy to your computer, type in your responses and email the completed form to **customer@futuraprotect.com.au** 

Important: The form must be emailed to NEOS from the insured person's email address or be signed by the insured person.

If the form is being sent by a financial adviser, the person insured and plan owner must sign the declarations and a scanned copy should be emailed to **customer@futuraprotect.com.au** 

#### Questions?

We're here to help. If you have any questions in relation to this form, please contact us on **1300 407 349** or email us at **customer@futuraprotect.com.au**. Alternatively, please contact your financial adviser.

#### Duty to take reasonable care

Note: In this section "we", "us" and "our" refers to NobleOak Life Limited.

When applying for insurance, you are agreeing that you will take reasonable care not to make a misrepresentation to us before we issue your contract of insurance.

The duty to take reasonable care also applies when extending, amending or making changes to existing insurance, and when reinstating insurance, up until your application, amendment or reinstatement is accepted and the cover is issued.

#### What is a misrepresentation?

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

### If you do not meet your duty to take reasonable care

If you do not take reasonable care not to make a misrepresentation, this can have serious impacts on your insurance. Your plan and/or cover could be cancelled and/or avoided (treated as if it never existed), or its terms may be changed. This could involve your sum insured being reduced or your cover being varied in such a way as to put us in the position we would have been in had the duty been met. It may also result in a claim being declined or a benefit being reduced.

There may also be circumstances where we later investigate whether the information given to us was true, for example when a claim is made.



### Guidance for answering our questions

You are responsible for the information provided to us. 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 that we ask you.
- > 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 (for example, your financial adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.
- > Do not assume that we will contact your doctor for any medical information. If you are unsure about whether you should include information or not, please include it.

### Changes before your cover starts

Before your cover starts, we may ask any changes that mean you would have answered our questions differently.

As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

The full duty to take reasonable care is set out in the PDS.

#### **Privacy statement**

By completing this form, you consent to any personal information we may collect about you in the normal course of our business being used as outlined in our privacy policy. Our policy, which is designed to protect your interests and is consistent with the Privacy Act, can be found on our website at www.futuraprotect.com.au/privacy-policy

# 1. Plan details Plan number/s Insured person Adviser name Adviser code If further information is needed to assess your application, can we call you to collect this information over the phone? Yes No **Application details** Please select one or more boxes as required Increase benefit amount Review of loading Review of occupation category Increase benefit period Reduce waiting period Add option Additional benefit Other alteration (please specify) Increase or addition **Current benefit amount** Proposed benefit amount Cover type Life Cover **TPD** Cover Critical Illness Cover \$ Income Protection Cover Change of waiting period or benefit period for Income Protection Cover Current waiting period

Current waiting period	nt waiting period Current benefit period				
New waiting period	w waiting period New benefit period				
Please provide any further details to assist us with the assessment of your alteration					
		·			

# 3. Contact details (if changed)

3.1	Phone and	d email address			
Mobi	le number				
Land	line number				
Emai	address				
		Please note that sensitive/personal information	on may be sent to your email add	ress.	
3.2	Residenti	al address			
Stree	t address				
		Suburb		State	Postcode
3.3	Postal ad	dress			
Stree	t/PO Box	Suburb		State	Postcode
4.	Existir	ng insurance details			
4.1	Do you ho	ave any existing life, total and permanent	disability (TPD), critical illne	ess/trauma or inc	come
	protectio	n insurance with another insurance comp	any or via a group arrangemo	ent with your em	ployer?
	Yes	No			
	If <b>YES</b> , plea	ase confirm your total level of cover across all c			
			Total cover (inclusive of the Futura Processor type being applied for	tection	being replaced?
	Life Cove	r	\$	Yes	No
	TPD Cove	er	\$	Yes	No
	Critical III	ness Cover	\$	Yes	No
	Income Pr	rotection Cover WP BP	\$	Yes	No

# Occupation and income 5. Occupation Employer name / business name / industry type 5.1 Which of the following best describes your employment situation? Employee – permanent full-time or part-time, or employed contractor Self-employed – via a partnership/company/trust structure or sole trader or self-employed contractor Casual worker. If selected, have you been working for the same employer for the last two years? Retired or unemployed 5.2 If you are self-employed how much did you personally earn in the LAST full financial year? For self-employed individuals. This is your share of the gross annual income generated by the business, or professional practice, as a result of your personal exertion less your share of the allowable business expenses necessarily incurred in generating that income. \$ 5.3 If you are an employee what is your current annual income before tax? For employed individuals (those who have no direct or indirect ownership in the business they're employed in) - this is your gross annual income earned from personal exertion by way of total remuneration package including salary, regular overtime, salary sacrifice amounts, bonuses, commissions, share of profits and other fringe benefits. Bonuses, commissions, share of profits and other similar payments should only be included if they are reliably recurrent. Compulsory superannuation payments should not be included here (salary sacrificed superannuation can be included). \$ PLEASE ONLY COMPLETE QUESTIONS 5.4 TO 5.17 IF YOU ARE APPLYING FOR OR INCREASING TPD OR INCOME PROTECTION COVER 5.4 If you are self-employed how much did you personally earn in the PREVIOUS full financial year? \$ 5.5 If you are an employee how much did you personally earn in the LAST full financial year? \$

6	If you are self-employed do you expect to earn at least as much in this financial year as you did last financial year? (i.e. the amount you entered into question 5.2)?
	Answer <b>NO</b> if your earnings reduced down since the end of the last financial year to now.
	Yes No
	If <b>NO</b> , please explain why your earnings have reduced from the LAST full financial year to now
7	How many hours do you work in a typical working week?
	If you work more than 50 hours per week, please provide full details of your working pattern and hours worked over the last four weeks
8	Are you currently off work, working reduced hours or have you altered your work duties due to illness or injury?  Yes No  If YES, please confirm the reason and provide full details
9	Do you have any definite plans to change your occupation, work duties, working hours or employment status or are you aware of any future change that may impact this?
	This includes any plans to start your own business, change industry, take extended leave or parental leave, within the next 12 months.
	Yes No
	If <b>YES</b> , please describe the intended change in detail including any change in your occupation/duties, the number of hours worked or employment status

	Do you have another occupation?
	Yes No
	If <b>YES</b> , do you spend more than 10% of your total working hours performing the duties of your second occupation?
	Yes No
	Have you included any income from your second occupation in the income amounts you provided above for the last full financial year and the previous full financial year?
	Yes No
	If <b>YES</b> , please provide full details of your second occupation and your duties as well as the income being included from each occupation (if any at all)
5.11	If you are self-employed has your business been trading profitably for each of the last two full financial years?  Yes No
	If <b>NO</b> , please provide full details of the reason why
	TO BE COMPLETED FOR INCOME PROTECTION COVER ONLY
5.12	Have you been continuously working in your occupation, trade or profession for the last two years?
	Yes No
	Yes No  If <b>NO</b> , please explain the reason and provide a description of your previous occupation
5.13	
5.13	If NO, please explain the reason and provide a description of your previous occupation  If you are an employee do you receive any variable income (for example commission or bonuses) that would make
5.13	If NO, please explain the reason and provide a description of your previous occupation  If you are an employee do you receive any variable income (for example commission or bonuses) that would make up more than 30% of your base salary?
5.13	If NO, please explain the reason and provide a description of your previous occupation  If you are an employee do you receive any variable income (for example commission or bonuses) that would make up more than 30% of your base salary?  Yes No  If YES, please provide further details where this income is derived from, and the amount received for each of the last 2 years and
5.13	If NO, please explain the reason and provide a description of your previous occupation  If you are an employee do you receive any variable income (for example commission or bonuses) that would make up more than 30% of your base salary?  Yes No  If YES, please provide further details where this income is derived from, and the amount received for each of the last 2 years and
5.13	If NO, please explain the reason and provide a description of your previous occupation  If you are an employee do you receive any variable income (for example commission or bonuses) that would make up more than 30% of your base salary?  Yes No  If YES, please provide further details where this income is derived from, and the amount received for each of the last 2 years and

	Only required where the total monthly benefit is over \$10,000
5.14	Would your business continue if you were unable to work in the business?
	Yes No
	If <b>YES</b> , would your business continue to operate for over 90 days if you were unable to work in the business?
	Yes No Unsure
	If <b>YES</b> , would you continue to receive 30% or more of your regular income in the event of your disablement?
	Yes No Unsure
	If YES or UNSURE, please provide the following information:
	What is your percentage ownership interest in the business?
	What would happen in the event of your disablement i.e., how much income would you be entitled to receive, what is the nature of the income (i.e. how is it generated), and for how long would it continue?
	Occupation titles / roles and duties of all employees (also confirm which, if any, are other owners in the business.)
	Please complete if the total industry monthly benefit including any superannuation contribution option exceeds \$20,000.
5.15	Do you have net assets (excluding the personal residence/family home and superannuation) exceeding \$5 million and/or net investment or unearned annual income exceeding \$250,000 or 30% of your regular income?
	This includes assets you either have an ownership interest in or control over (directly or indirectly) including those held in your spouse's name in trusts or other entities owned by trusts or any other entity that you have had control over

If YES, please provide further information on what this includes, the amount for each asset and whether they are personal or a simple content of the provided further information on what this includes, the amount for each asset and whether they are personal or the provided further information on what this includes, the amount for each asset and whether they are personal or the provided further information on what this includes, the amount for each asset and whether they are personal or the provided further information on what this includes, the amount for each asset and whether they are personal or the provided further information on what this includes is a simple content of the provided further information or the provided further infor

Yes

business related

\_ No

	Are you or any business you are associated with contemplating voluntary administration, or ever been made pankrupt, placed in receivership, involuntary liquidation or under administration?  Yes No
lf	f YES, please provide full details including the date, the circumstances that led to this and whether it's been discharged
Ī	
1	TO BE COMPLETED FOR ALL COVER
F	For occupation categories white collar (WCA) and white collar professionals (WCP) only
	Do your occupation duties include any manual work or hazardous duties?
	Yes No
	This includes but is not limited to regular lifting, driving heavy machinery and / or working at heights, working underground, workin offshore, working with explosives or underwater diving
	f <b>YES,</b> please advise what percentage of time is spent performing these duties, the type of duties performed and whether the are considered normal for the occupation you have been quoted
	Please note that for white collar (WCA) and white collar professionals (WCP), the manual duties question will only be asked for PD and Income Protection, whereas the hazardous duties question will be asked for all benefits.
F	For occupation categories WCM, LBC, BC, HB, SRA, SRB, SRC, IC, UI only
	Do your occupation duties include working at heights above 10 meters, working underground, working offshore, working with explosives or underwater diving?
	Yes No
	f <b>YES</b> to working at heights, please advise how many hours are worked at heights 10-20 metres, above 20 metres, whether th nvolves working outside of a fixed structure, average and maximum heights worked, and duties being performed
	f <b>YES</b> to working underground, please advise percentage of weekly working hours spent underground and the type of duties being performed
	f <b>YES</b> to working offshore, please advise percentage of weekly working hours spent offshore and the type of duties being performed
	f <b>YES</b> to working with explosives, please advise percentage of weekly working hours spent working with explosives, duties performed, details of safety measures in place and environment worked in
	f <b>YES</b> to underwater diving, please advise average depths dived at, maximum depths dived at, duties performed whilst underwater diving, percentage of weekly work spent underwater diving, whether in local Australian waters only and whether

TO BE COMPLETED FOR ALL COVER

# Purpose of cover What is your purpose for applying for life insurance with Futura Protection? 6.1 Business / key person insurance Combination of personal and business If the purpose of your insurance is to provide buy/sell cover, please explain how your business has been valued and by whom. If the purpose is for loan protection cover, please provide details of all current loan facilities and drawn down amounts. If the purpose is for key person cover, please provide an overview of the key person's duties, skills, remuneration package and any other relevant background information. Personal details 7.1 What is your height? Please state your height in meters and centimetres e.g. 1.75 7.2 What is your weight? Please state your weight in kilograms. If you're currently pregnant, please tell us your weight immediately before your pregnancy Tobacco usage history 8. 8.1 Which of the following are you? Non-smoker (Life-long) Ex-smoker (please complete 8.2) Smoker (please complete 8.3) Very occasional smoker (please complete 8.3) User of e-cigarettes or vape pens in the last year (please complete 8.3) User of other nicotine replacement products in the last year (please complete 8.3) 8.2 If you've ticked the ex-smoker box, please confirm the date you last smoked. 8.3 If you've ticked the smoker box, please confirm what you smoke and the daily quantity.

# 9. Family history

suffe	don't need to indicate (tick) anything if your family member was 65 or older when they were first diagnosed, or they first ered symptoms.
	Heart disease, heart attack, angina or stroke
	Diabetes (If <b>YES</b> , have you ever had a routine blood test for this condition and if so, results?)
	Bowel cancer or familial bowel polyps
	(If <b>YES</b> , have you been advised to have a colonoscopy, if so how often, date of last test and results if known)
	Cancer of the breast or ovaries
	Other cancer
L	Muscular dystrophy, Huntington's disease or motor neurone disease
	Polycystic kidney disease
	Cardiomyopathy
	Parkinson's disease, Alzheimer's disease or multiple sclerosis
	Any other neurological or inherited disorder not already listed above
	No contact with family members/don't know
	The contact with family filefibers, don't know
	None of the above
If yo	
	None of the above
	None of the above bu've ticked any of the boxes above with the exception of the last two check boxes, please confirm how many
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M(	None of the above buve ticked any of the boxes above with the exception of the last two check boxes, please confirm how many buily members are/were affected, the condition and the age of each family member at diagnosis  edical history  VE YEARS  he last five years have you had any of these? Please tick all applicable boxes.  Raised blood pressure or cholesterol
M(	None of the above buve ticked any of the boxes above with the exception of the last two check boxes, please confirm how many any and the age of each family member at diagnosis  edical history  VE YEARS  he last five years have you had any of these? Please tick all applicable boxes.  Raised blood pressure or cholesterol  Diabetes or raised blood sugar
M(	None of the above buve ticked any of the boxes above with the exception of the last two check boxes, please confirm how many buily members are/were affected, the condition and the age of each family member at diagnosis  edical history  VE YEARS  he last five years have you had any of these? Please tick all applicable boxes.  Raised blood pressure or cholesterol

10.2	In t	the last five years have you had any of these? Please tick all applicable boxes.						
		Asthma, sleep apnoea, C	OVID-19 or anythi	ng else affecting yo	ur lungs or breathin	g		
		Crohn's, colitis, IBS or any	thing else affecting	g your stomach, bo	wel or digestive syste	em		
		Kidney stones, urinary inf	ection or anything e	else affecting your k	idneys, bladder or ur	rine (or prostate for males)		
		Anything affecting your I	iver or pancreas					
		Hypothyroidism, hyperth	yroidism or any syn	nptoms or conditior	related to your thy	roid or glands		
		None of the above						
10.3	In t	he last five years have y	ou had any of the	ese? Please tick a	ll applicable boxes	5.		
		Tinnitus, labyrinthitis or c	anything else affect	ing your ears or ba	ance			
		Impaired vision, optic new or long-sightedness corre			es (you do not need	to disclose short-sightedness		
		Numbness, pins and need coordination or any othe			mor, muscle weakne	ss, difficulty with balance or		
		Persistent or recurrent m	igraines or headacl	hes, or any migraine	e with aura			
		Growths, lumps or cysts						
		Mole(s) for which you hav	ve sought advice or	been advised to ha	ve treatment for			
		None of the above						
	TC	BE COMPLETED	FOR TPD ANI	D INCOME PR	OTECTION C	OVER ONLY		
10.4		he last five years have y						
		Any pain, symptoms or co	•		.,,			
		7	-					
		Any pain, symptoms or co		-				
			tigue or tiredness, c	hronic fatigue syndr	ome, chronic pain, m	nyalgic encephalomyelitis, or fibromy	algia	
		None of the above						
		ticked any of the boxes ab						
Secti 10.1- 10.4		Condition/symptoms	Date started	Date of last symptoms	Time off work	Please provide full details		

# LIFETIME

\$500,000, Critor over \$4,000 per	ROTECTION Coxes.  urgery k example, medication codes	COVER ONLY  Counselling, physio) for more than  Please provide full details
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symptoms	Time on work	rieuse provide fuil details
the additional ir  Date of last	Time off work	Please provide full details
andra and december 12	. C. l l l.	
losing spondylitis	s, lupus or any other o	autoimmune condition
	-	sidering having such a test
	•	sidorina havina oveh a tost
smear (females a	unly)	
logical condition		
or surgery to you	ır brain	
hrenia, Post-trau	matic stress disorde	r, severe or manic depression, or an eating
eat, heart surger	y or anything else af	fecting your heart
	tumour	
	at, heart surger	ise or any other tumour at, heart surgery or anything else af renia, Post-traumatic stress disorde

## **RECENT HEALTH**

### 10.8 Have any of these applied to you in the last two years? Please tick all applicable boxes.

You don't need to indicate (tick) any of the below options if you've already told us about it/them as part of your answer to the
preceding questions and your completed medical questionnaire.

The foll	lowina	should	not	be	inclu	ıded:

- Antibiotics for one-off chest infections
- Infertility treatments; and

Details related to pregnancy and/or preg	nancy termination (females only)
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	I've been prescribed or have received treatment for four weeks or more
	I have seen either a Chiropractor, Physiotherapist or Osteopath for treatment

	(Please also provide any contact information for the treating practitioner)

\_\_\_\_ I've been asked to attend follow-ups with a medical practice, specialist, hospital or clinic

I've been referred to a specialist or advised to have tests or investigations

None of the above

If you have ticked any of the boxes above, please complete the additional info box below

Section 10.8	Condition/symptoms	Date started	Date of last symptoms	Time off work	Please provide full details

### Have you had any of these in the last three months? Please tick all applicable boxes.

You don't need to indicate (tick) any of the below options if you've already told us about it/them as part of your answer to the
preceding questions and your completed medical questionnaire.

	Persistent cough lasting more than three weeks
	Onset of fits or seizures
	A mole or skin lesion/blemish which has changed in appearance
	Bleeding from the bowels or change in bowel habits
	A lump or growth including swelling or hardening of any kind

None of the above

If you have ticked any of the boxes above, please complete the additional info box below

Section 10.9	Condition/symptoms	Date started	Date of last symptoms	Time off work	Please provide full details

10.10 Are you currently pregnant (females only)?  Yes No  If YES, please advise how many weeks you're into your pregnancy and whether you've had any complications or if you're wait on any investigations outside routine pre-natal screenings  11. Insurance and claims history  11.1 Have you ever had an application for Life, TPD, Critical Illness (Trauma) or Income Protection (Disability Income Insurance) declined or accepted on modified/revised terms?  Yes No  If YES, please provide details of the reason for the decline or for the modified/revised terms, including the name of the insurance company, cover type, date declined/revised and details of any premium loading or exclusion(s) applied  TO BE COMPLETED FOR TPD, CRITICAL ILLNESS AND INCOME PROTECTION COVE ONLY	
on any investigations outside routine pre-natal screenings  11. Insurance and claims history  11.1 Have you ever had an application for Life, TPD, Critical Illness (Trauma) or Income Protection (Disability Income Insurance) declined or accepted on modified/revised terms?  Yes No  If YES, please provide details of the reason for the decline or for the modified/revised terms, including the name of the insurance company, cover type, date declined/revised and details of any premium loading or exclusion(s) applied  TO BE COMPLETED FOR TPD, CRITICAL ILLNESS AND INCOME PROTECTION COVE	
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Insurance) declined or accepted on modified/revised terms?  Yes No  If YES, please provide details of the reason for the decline or for the modified/revised terms, including the name of the insurance company, cover type, date declined/revised and details of any premium loading or exclusion(s) applied  TO BE COMPLETED FOR TPD, CRITICAL ILLNESS AND INCOME PROTECTION COVE	
company, cover type, date declined/revised and details of any premium loading or exclusion(s) applied  TO BE COMPLETED FOR TPD, CRITICAL ILLNESS AND INCOME PROTECTION COVE	
	:e
	R
11.2 Have you ever made a claim for any type of accident, illness or injury?  Yes No	
If <b>YES</b> , please tell us the condition you claimed for, the type of claim you made (for example, an accident, illness or injury, or workers compensation claim), the date you applied for the claim and how long you received claim payments for (if applicable)	e)

# 12. Lifestyle details

## TRAVEL AND RESIDENCY

2.1	Do you have any definite plans to travel outside of Australia within the next 12 months?  Yes No
	If <b>YES</b> , please list the countries/regions you intend to travel to and when this is expected to occur and the duration of travel
.2	Do you intend to live outside of Australia?
	Yes No
	If <b>YES</b> , please provide full details including whether this is for employment purposes, whether you've an employment contract in place, where you'll be residing and whether you intend to return to Australia in the next five years.
	If you're applying for Income Protection Cover, please also confirm whether you'll be employed full-time in the same occupation and earning equal to or greater than your current salary
.3	Are you a citizen or permanent resident of Australia?
	Yes No
	If <b>NO</b> , please advise how long you've been in Australia, your future intentions and whether you've applied for permanent residence

### **ACTIVITIES**

### 12.4 Do you participate in any of the following activities?

The following should  $\underline{not}$  be included:

- > flying as a fare-paying passenger or cabin crew on a scheduled or charter aircraft
- > recreational skiing or snowboarding within ski resort boundaries
- 'track' or 'experience' days
- › a one-off parachute jump
- › a one-off scuba dive

		Australian defence force reserve
		Scuba diving
		Private flying, gliding, parachuting or ballooning
		Emergency aviation/flying services e.g. evacuation, rescue, medical/CareFlight, firefighting etc
		Motor car or motorcycle sport
		Sailing at sea or powerboat racing
		Martial arts or combat sports
		Competitive horse riding
		Football (any code)
		Professional or semi-professional sport
		Extreme sports such as base jumping, rock climbing or mountaineering etc
		None of the above
	-	<b>u've ticked any of the boxes above</b> , please provide full details of the activities you participate in, how often you do them where
ALC	ОН	OL OL
2.5	Ho	w many standard drinks do you consume in a typical week?
	1 stc	andard drink = 375ml mid-strength beer, 100ml serve of wine, 1 nip of a spirit
	1 scl	nooner of full strength beer = 1.5 standard drinks

### **RECREATIONAL DRUGS**

12.6	Have you used recreational drugs in the last 10 years?						
	Recreational drugs include: cannabis, ecstasy, cocaine, ice, heroin, amphetamines and anabolic steroids						
	Yes No						
	If <b>YES</b> please confirm which drugs you've taken, whether you've injected them, when you last took each of them and the quantity taken.						
	If you smoke cannabis, please also confirm whether you use tobacco products.						
12.7	Have you ever been advised by a medical professional to reduce, stop or seek s consumption?	support for any dru	g or alcohol				
	Yes No						
	If <b>YES</b> , please confirm the type of advice received and the first and last date you received	any treatment and/o	r advice				
	11 123, please committee type of davice received and the mist and last date you received	any treatment ana/or	davice				
13.							
	General practitioner details						
	Name of general practitioner						
	Street address						
		7					
	Suburb	State	Postcode				
	Telephone number						
14.	Any other practitioner details						
	Name of general practitioner						
	Street address						
		7[_					
	Suburb	State	Postcode				
	Telephone number						

### 15. Plan declaration

### Declaration and Authority for the plan owner (where they are an individual) and the insured person (if they are not the plan owner)

You must carefully read the following declarations.

Note: By selecting "I/we Agree" to each declaration, you have indicated your consent to the Declaration and Authority. By selecting "Yes, I/we Agree" you have indicated your acceptance to all the terms and conditions as set out in the PDS.

I/we declare that I/we have read the following statements and I/we agree and acknowledge that:

- > I/we have been provided with a copy of the Futura Protection Product Disclosure Statement (PDS) by my adviser and I/we have read and understood the important information about the product contained in the PDS, including the privacy information, and situations when the insurer won't pay claims. My/our decision to increase/alter my/our plan is based on the information in the PDS. I/we understand that subject to specific terms and conditions, changes to my/our plan will not commence until my/our increase/ alteration application is accepted and a Plan Schedule is issued.
- I/we have read and understood the duty to take reasonable care and understand the consequences of misrepresentation.
- I/we have read and understood the section in the PDS headed "Your Privacy". I/we consent to the collection, use and disclosure of my/our personal information in accordance with that section.
- > I/we understand that the email address(es) provided is for the purpose of receiving communication from NEOS. I/we acknowledge my/our personal and sensitive information may be sent to that email address.
- > In relation to any tax returns submitted in support of this application, I/we confirm that these tax returns were submitted to the Australian Taxation Office and no subsequent adjustments have been made or are expected.

### Additional Declaration and Authority for the Plan Owner

- > I understand that my financial adviser is my agent and is not the agent of the insurer.
- I understand that NEOS, on behalf of the insurer, may accept information from my financial adviser, or their representative, and that NEOS will rely on any such information in deciding whether or not to accept my increase/alteration application and in relation to all matters of administration.
- > I consent to NEOS, on behalf of the insurer, disclosing or discussing with my financial adviser any matter relevant to the assessment of my application for insurance increase/alteration including financial, medical and other matters, whether disclosed in this application, obtained from third parties such as doctors and accountants, or otherwise discovered as part of the assessment process. NEOS will not provide copies of medical reports to my financial adviser, or their business, without first obtaining my consent (and the insured person's consent if they are different to the plan owner).
- > In the event my increase/alteration application is not accepted on standard terms:
  - I authorise NEOS to inform my financial adviser, or their representative, of the reasons for that decision.
  - I understand that NEOS will not provide copies of medical or other reports to my financial adviser, or their business, without first obtaining my consent (and the insured person's consent if they are different to the plan owner); and
  - I authorise my financial adviser, or their representative, to communicate to NEOS my acceptance of any revised terms on my behalf.

I declare that the answers to the preceding questions are true and complete and I have not withheld any material information from this increase/alteration application.

Yes, I agree as insured person	Yes, I agree as plan owner
Insured person	Plan owner
Signature	Signature
Date / / / / / / / / / / / / / / / / / / /	Date / / / / / / / / / / / / / / / / / / /

