

APPLICATION

| Exercise Guaranteed Insurability Benefit |

EXISTING POLICY NO:

Please refer to your client's policy conditions to ensure that they are eligible for the Guaranteed Insurability Benefit.

YOUR DUTY OF DISCLOSURE

Before TOWER Australia Limited (ABN 70 050 109 450) advises acceptance of the increase in cover on your life, you have a duty under the Insurance Contracts Act 1984 to inform us of any matter that you or any life to be insured know, or could be reasonably expected to know, may affect our decision to grant insurance or the terms of that insurance. The same duty applies before the benefits are varied, extended or reinstated. This duty does not apply to a matter that reduces our risk, is common knowledge, that we know or ought to know in the ordinary course of our business, or of which we do not require disclosure.

The duty of disclosure applies even after this Application is completed until TOWER advises acceptance of the increase.

If you or any life to be insured do not disclose relevant matters and, if we had known about them, would not have granted the increase, we can cancel or reduce the increased amount within three years from when it was issued or at any time if that non-disclosure is fraudulent.

01	LIFE INSURED – PERSONAL DETAILS				
	Title	Surname			
	Given Names				Date of Birth
	ADDRESS	Unit No.	Street No.	Street Name	
		Suburb		State	Postcode

02	COVER DETAILS		
	Cover to be Increased under the Guaranteed Insurability Benefit on the following plans:		
	LIFE PROTECTION PLAN	TPD BENEFIT*	CRISIS PROTECTION PLAN*
	<input type="checkbox"/> GIB Personal	<input type="checkbox"/> GIB Personal	<input type="checkbox"/> GIB Personal
	<input type="checkbox"/> GIB Business	<input type="checkbox"/> GIB Business	<input type="checkbox"/> GIB Business
	*If TPD Benefit or Crisis Protection Plan selected, please provide details of ALL cover held with ALL Life Offices, including TOWER:		
	NAME OF INSURER	TYPE OF PLAN/POLICY (EG. TPD/CRISIS)	INSURED AMOUNT
			\$
			\$
			\$

03	GUARANTEED PERSONAL INSURABILITY BENEFIT (IF APPLICABLE)	
	Details of Allowable Event. Please cross (X) one box	
	<input type="checkbox"/> Birth of a child where the life insured is a parent – please see Requirement A	
	<input type="checkbox"/> Adoption of a child by the life insured – please see Requirement B	
	<input type="checkbox"/> Marriage of the life insured – please see Requirement C	
	<input type="checkbox"/> Divorce of the life insured - please see Requirement D	
	<input type="checkbox"/> Change in employment status of the life insured (salary increase of at least \$10,000 p.a.) – please see Requirement E	
	<input type="checkbox"/> Taking up or increase of a mortgage by the life insured on the purchase of the primary residence of the life insured – please see Requirement F	
	<input type="checkbox"/> A dependent child of the life insured starts secondary school – please see Requirement G	
	<input type="checkbox"/> Completion of a post graduate degree - please see Requirement H	

03	Requirements to Exercise Benefit
	We require the original Policy Certificate and Schedules, and a copy of one of the following documents (if applicable):
	A. The relevant Birth Certificate, naming the life insured as a parent
	B. The relevant Adoption Order and Birth Certificate, naming the life insured as an adoptive parent
	C. The relevant Marriage Certificate, naming the life insured as the bride/bridegroom
	D. The Divorce Order or Decree of Nullity of Marriage showing the life insured as one of the parties
	E. Letter from an authorised representative of your employer, confirming salary details
	F. The relevant Title Deed and Mortgage Summary, naming the life insured as a Title Holder/Mortgagee
	G. Written confirmation of enrolment from the school, and a copy of either the Birth Certificate or Adoption Order naming the life insured as the parent
	H. The life insured's academic transcript showing completion of the certificate, diploma or degree or the certificate awarded or received
PLEASE NOTE: we require the copy of the above to be notarised by a Justice of the Peace.	

04	GUARANTEED BUSINESS INSURABILITY BENEFIT (IF APPLICABLE)
	Details of Allowable Event. Please cross (X) one box
	<input type="checkbox"/> An increase in the life insured's value to the business, where the life insured is a key person to that business
	<input type="checkbox"/> An increase in the life insured's financial interest in the business whether as a partner, shareholder or unit holder, and the Policy forms part of a buy-sell, share purchase or business succession agreement.
	<input type="checkbox"/> An increase in the loan liability of the business and for which the life insured is the primary Guarantor.
Requirements to Exercise Benefit	
We require the original Policy Certificate and Schedules, and copies of any financial evidence available to support the increase under the Guaranteed Business Insurability Benefit.	

05	BENEFIT DETAILS		
	TERM	TOTAL AND PERMANENT DISABILITY	CRISIS
	Increase Benefit Amount by: \$	Increase Benefit Amount by: \$	Increase Benefit Amount by: \$
	Total Benefit Amount: \$ (Existing + increase amount)	Total Benefit Amount: \$ (Existing + increase amount)	Total Benefit Amount: \$ (Existing + increase amount)

06	PREMIUM DETAILS								
	LPP	TPD	CPP		METHOD	DDR	CHEQUE	C/CARD	BPAY
	\$	\$	\$		\$	Initial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TOTAL PREMIUM	\$			Ongoing	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/> *
	*N/A for monthly.								
FREQUENCY		<input type="checkbox"/> Yearly	<input type="checkbox"/> Half Yearly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly				

07	APPLICATION DECLARATION		
	<ul style="list-style-type: none"> I/We have read all questions contained in this Application Form and all other forms submitted to TOWER in relation to this Application, including but not limited to any quotation form submitted with or attached to this application form and to the best of my/our knowledge the answers and other information provided to TOWER are true, correct and complete; I/We have made no statement to the adviser or any other person connected with the adviser which in any way alters, qualifies or modifies the answers given in the Application Form and other documents relevant to this Application; If I/We have not completed the answers to these questions myself/ourselves, I/We have checked its contents to ensure they are true, correct and complete; In relation to any tax returns submitted in support of this application I/We confirm that these are the tax returns submitted to the Australian Tax Office and no subsequent adjustments have been made or are expected; I/We have read and understand the Duty of Disclosure and have not knowingly withheld any information which might affect my/our eligibility for this insurance; I/We understand the consequences of non-disclosure; If circumstances alter after completing the Application Form and before a policy has been issued I/We will advise TOWER immediately; I/We have read and understand TOWER's Privacy Policy which sets out important details of how TOWER may use my/our information and; I/We understand that by signing this form, I/We consent to TOWER's collection, use and disclosure of my/our personal information. 		
	Signature of Policy owner 1	X	Date / /
	Signature of Life Insured	X	Date / /
	Signature of Policy owner 2	X	Date / /