

TOWER Australian Superannuation Limited  
ABN 69 003 059 407 AFSL Number 237851  
80 Alfred Street Milsons Point NSW 2061

E-App Reference No:

## 1. CHILD'S CRISIS OPTION DECLARATION

This should be completed if the Child's Crisis Option is required.

I/We have read the Duty of Disclosure and declare that the information in the Application Form concerning the child/children to be insured is true to the best of my/our knowledge and belief. I/We consent to the information provided being used for the insurance purpose described.

Signature (Policy owner)

X

Date

/ /

Parent

Guardian

\* Please note that if this policy is jointly owned, BOTH policy owners must sign.

## 2. THIRD PARTY OWNERSHIP DECLARATION

**THIS MUST BE COMPLETED IF THE INCOME PROTECTION PLAN OR THE BUSINESS EXPENSE PLAN ARE TO HAVE A POLICY OWNER OTHER THAN THE LIFE INSURED.**

I request that the following special provision should apply to my policy:

"If a claim becomes payable under the Income Protection Plan or the Business Expense Plan, I (the policy owner) request that the payment be made to the life insured on my behalf."

Signature of life to be insured

X

Date

/ /

Signature of Policy owner

X

Date

/ /

## 3. AUTHORITY TO DISCLOSE INFORMATION TO FINANCIAL ADVISER

In the event that TOWER determines not to accept my application at standard rates, I hereby authorise TOWER to inform my financial adviser of the reasons for that decision, including disclosing personal medical information and "sensitive information" (as defined in the Privacy Act). I understand that TOWER will not provide copies of medical or other reports to my financial adviser without first obtaining my specific consent.

No  Yes

I understand that TOWER may accept information by telephone, facsimile or e-mail from me and that TOWER will rely on any such information in deciding whether or not to accept my application. I also understand that TOWER may accept information by telephone, facsimile or e-mail from me or my financial adviser in relation to matters of administration once this application has been accepted by TOWER. I hereby appoint my financial adviser as my agent for the purpose of providing any such information to TOWER by telephone, facsimile or e-mail. Matters of administration will include such examples as notifying a change of address or altering the frequency payment.

No  Yes

Signature of life to be insured

X

Date

/ /

## 4. MEDICAL EVIDENCE AUTHORITY (TO BE COMPLETED IN ALL INSTANCES)

Barcode No.

R

Name

Date of Birth

/ /

Dear Doctor,

I have applied to TOWER Australia Limited (TOWER) for insurance and a medical report from your practice is required. Until this report is received by TOWER my application for insurance cannot proceed. I have agreed that any Medical Practitioner or any other person who has been or may be consulted by me at any time in the future whether named by me or not shall be and is hereby authorised and directed by me to divulge to TOWER, any legal tribunal or any third party engaged by TOWER all medical or surgical information acquired with regard to myself. A photocopy or facsimile of this authority shall be considered as valid as the original. I would be grateful if you could attend to this matter as soon as possible.

Signature of life to be insured

X

Date

/ /

## 5. PRIVACY

Personal information is collected from or in respect of you to enable TOWER to provide or arrange for the provision of the product or service requested. Further personal information may be requested from you at a later time, such as if you want to make alterations to the policy or at claim time. If you do not supply the required information, we may not be able to provide the product or service requested or pay the claim.

In processing and administering your insurance (including at the time of claim) we may disclose your personal information (excluding health information) to a number of parties or such organisations to whom we outsource our mailing and information technology, the Insurance Reference Service, Government regulatory bodies, and other companies within the TOWER group and accountants (if applicable).

We may also disclose your personal information (including health information) to other bodies such as the reinsurers, your adviser, health professionals, investigators, the administrator, lawyers, the trustee of any superannuation fund through which the policy is effected, external complaints resolution bodies and as required by law.

By signing the Application Form you are agreeing to our collection, use and disclosure of your personal information.

We would also like to provide you with information about other products and services that we or other companies within the TOWER group offer. To do so we need to disclose personal information (excluding health information) to companies within the TOWER group, authorised TOWER advisers or financial planners and the distributors and suppliers who are commissioned by us to perform certain tasks such as market research.

If you do not want to be informed of other products or services, please notify our Customer Service Centre on 1800 226 364.

You may also be entitled to gain access to personal information we may have on file in respect of you. If you wish to obtain access please make your request to our Customer Service Centre on 1800 226 364.

## 6. POLICY DECLARATION — PLEASE COMPLETE IN ALL INSTANCES

- I/We have received a copy of and read and understood the Product Disclosure Statement dated 17 November 2008 and relevant Supplementary PDS, relating to the insurance for which I/We am/are applying any my/our decision to apply for this insurance is based on my/our understanding of the content of the PDS and relevant SPDS
- I/We have read all questions contained in the Application Form and all other forms, including questionnaires 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 financial adviser or any other person connected with the financial 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 understood 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;
- I/We understand that the Duty of Disclosure also applies to Interim Cover;
- If TOWER fails to issue a notice of acceptance for the Plans applied for in the Application Form within 90 days of the date shown below, the Application shall be deemed to be declined;
- 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 the Privacy Section in this document 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 life to be insured	<input type="text" value="X"/>	Date	<input type="text" value="/"/>	<input type="text" value="/"/>
Signature of Policy owner 1	<input type="text" value="X"/>	Date	<input type="text" value="/"/>	<input type="text" value="/"/>
Signature of Policy owner 2	<input type="text" value="X"/>	Date	<input type="text" value="/"/>	<input type="text" value="/"/>

\* Please note that if this policy is jointly owned, BOTH policy owners must sign.