



GROUP SALARY CONTINUANCE APPLICATION FORM

Company Details

Policy Name

Policy Owner

<input type="text"/>	ABN
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Address

State	Post Code	Phone Number	Fax Number
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Contact Name	Position
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Policy Details

Risk Commencement Date

Annual Review Date

Earned Income Definition: Definition 1 Definition 2 Definition 3

Category	Description	Waiting Period	Benefit Period	Insured % of Salary	Super %
1.					
2.					
3.					

Eligibility (e.g. All employees on commencement)

Category 1
Category 2
Category 3

Adviser Details

Adviser Name

Adviser Number

Phone Number	Fax Number	E-mail
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Takeover Details

Previous Insurer

Contact	Phone Number	Fax Number
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Previous Policy Number	Policy Name
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Payment Frequency: Yearly Monthly **Payment Method:** Cheque PDC

Plan Type: Ordinary Super **Profit Share:** Yes No **GASP Broker ID:** _____

Application and Disclosure Declaration

To be completed, executed and dated by the proposed Owner, before being sent to PrefSure Life Limited.

I hereby apply to PrefSure Life Limited for the insurance described in the Sample Policy Document and the Quotation provided to me. If PrefSure Life Limited accepts this Application, I acknowledge that I will be bound by the terms & conditions of the Quotation and the Policy issued pursuant to this Application.

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 be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose to the insurer before you extend, vary or reinstate a contract of life insurance. Your duty does not require disclosure of a matter that diminishes the risk to be undertaken by the insurer; that is common knowledge; that your insurer knows or in the ordinary course of business ought to know; or as to which compliance with your duty is waived by the insurer.

Non-Disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered in the contract on any terms if the failure had not occurred, the insurer may avoid the contract within 3 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 3 years of entering into it, elect not to avoid it but to reduce the sum insured 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.

Signature section for companies

Companies Executing without using a Common Seal

Executed as a deed

Executed by

By being signed by:

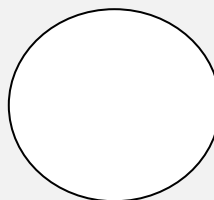
Signature
Full name (BLOCK LETTERS)
Title
Date

Signature
Full name (BLOCK LETTERS)
Title
Date

Companies Executing by using a Common Seal

Executed as a deed

The Common Seal of



Was affixed in the presence of:

Signature
Full name (BLOCK LETTERS)
Title
Date

Signature
Full name (BLOCK LETTERS)
Title
Date