

Application form

20 June 2017



Zurich Australia Limited
ABN 92 000 010 195, AFSLN 232510

Zurich Australian Superannuation Pty Limited
ABN 78 000 880 553, AFSLN 232500

5 Blue Street North Sydney NSW 2060

Customer Care
Telephone: 131 551
Email: client.service@zurich.com.au
www.zurich.com.au

Insured's duty of disclosure

A person who enters into a life insurance contract in respect of your life has a duty, before entering into the contract, to tell us anything that he or she knows, or could reasonably be expected to know, may affect our decision to provide the insurance and on what terms.

The person entering into the contract has this duty until we agree to provide the insurance.

The person entering into the contract has the same duty before he or she extends, varies or reinstates the contract.

The person entering into the contract does not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something that you know, or could reasonably be expected to know, may affect our decision to provide the insurance and on what terms, this may be treated as a failure by the person entering into the contract to tell us something that he or she must tell us.

If the person entering the contract does not tell us something

In exercising the following rights, we may consider whether different types of cover can constitute separate contracts of life insurance. If they do, we may apply the following rights separately to each type of cover.

If the person entering into the contract does not tell us anything he or she is required to, and we would not have provided the insurance if he or she had told us, we may avoid the contract within 3 years of entering into it.

If we choose not to avoid the contract, we may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if he or she had told us everything he or she should have. However, if the contract has a surrender value, or provides cover on death, we may only exercise this right within 3 years of entering into the contract.

If we choose not to avoid the contract or reduce the amount of insurance provided, we may, at any time vary the contract in a way that places us in the same position we would have been in if he or she had told us everything he or she should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If the failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Your duty of disclosure where cover is taken in superannuation and the policy owner is the trustee of a superannuation fund

Where insurance cover is taken in superannuation, the policy is issued by Zurich Australia Limited to the trustee of a superannuation fund and you are the life insured. This means that if you fail to comply with your duty of disclosure, we may exercise the rights mentioned above.

Duty of disclosure notice - During the application process

By submitting an application for a policy/ies you declare that you have read and understood the duty of disclosure. If you fail to disclose any such matters to us when completing the application and interim cover applies, we may exercise our rights specified above in relation to the interim cover.

For the policy/ies applied for, the duty also applies up until the time we decide to enter into a contract of insurance. Please contact us if any information in the application changes or to disclose further matters after it is completed, as it can affect any final cover.

Telephone contact

After you submit your application for this product, we may contact you by telephone to collect personal information regarding your health, medical history, occupation, financial position, activities and other details (this is to collect information missing from your Application Form and Life Insured's Statement). This information provided by you will be recorded and used in the assessment of your application for insurance cover.

Summary

Application summary

Application reference 4C551CD6-1B8D-4BE4-AAA5-83EDEC9F954E

Adviser number K479

Adviser name Warren Lazarus

Policy 1 - Protection Plus

Further assessment required

Policy owner R O Bisinella Nominees Pty Ltd (Trustee)

Life insured Robert Bisinella 7-Sep-1963

Life insured details

Robert Bisinella (7 September 1963)

Title Mr	Surname Bisinella		
First name Robert	Middle name		
Maiden name (if applicable)	Date of birth 7-Sep-1963	Age 53	
Gender Male	Smoker No	Annual income \$130,000	Employment status Employee (permanent or contractor)
Employer/Company name Batrics			
Principal occupation Stevedore			
No. and street (home) 12 Griffin Crescent			
Suburb/town Port Melbourne	State VIC	Postcode 3207	
Phone (h)	(w)	(m) 0411433707	
Email tba@lisagroup.com.au			

Details of existing insurance

Cover	Company	Commenced	Last UW	Insured Amt	Retained Amt	Wait period	Benefit period
Death	AIA (formerly AIG)	3-4 years	3-4 years	\$700,000	\$0	N/A	N/A

Premium ratings for Robert Bisinella

The ratings displayed in the table below are based on the assessment of the information provided. The outcomes displayed in this section apply to all covers of the same type included in this application.

Ratings by cover

Death cover

Occupation

Loadings

STD

0%

\$0.00

Key

STD Standard rates

The occupation class displayed reflects your selected occupation and has been used to determine the premium rates quoted. Your adviser can provide you with more details.

Exclusion/s or condition/s apply to your application. Please refer to the Exclusions/conditions section for more information.

The product/s and premium/s quoted in this Illustration are outside standard product criteria, are indicative only and subject to assessment and confirmation by Zurich. Availability of cover is subject to assessment by Zurich underwriting.

Details of policy ownership – external superannuation fund

This section is to be completed by the trustee of an external superannuation fund (the Fund) if the life insured is a member of that fund.

Details of superannuation fund

Fund name **Roio Bisinella Self Managed Superfund**

Australian Business Number (ABN) **43 814 961 042**

Trustee(s) of superannuation fund

1. Entity name **R O Bisinella Nominees Pty Ltd**

No. and street **Ground Floor, 40 River Boulevard**

Suburb/town **Richmond** State **VIC** Postcode **3121**

Contact name **Robert Yang** Phone **038419 9800**

Email **RYang@wilsonpateras.com.au**

Mailing address

Please specify the preferred mailing address for policy ownership if different to the above. All correspondence for this policy will be sent to this address.

Name **Robert Bisinella**

No. and street/PO Box **12 Griffin Crescent**

Suburb/town **Port Melbourne** State **VIC** Postcode **3207**

Cover details

Payment frequency **Yearly**

Cover purpose **Personal only**

Death cover

Total yearly premium **\$1,576.71**

Premium style **Stepped**

	Amount insured	Yearly premium
Death cover	\$700,000	\$1,576.71

General options:

> Indexation

Policy totals

Premium for all cover and options	\$1,576.71
Management fee	\$92.59
VIC stamp duty	\$0.00
Total yearly premium	\$1,669.30

Policy payment details

Payment method

Direct debit authorisation

Name and address of financial institution where account is held

Name of financial institution	Bank of Melbourne				
No. and street	Level 8 530 Collins Street				
Suburb/town	Melbourne	State	VIC	Postcode	3000

Details of the account to be debited

Name of account	ROIO Bisinella Superfund				
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BSB number Account number

Payor name and address (if not owner)

I/We the account holder understand and agree that:

- I/we have requested the above direct debit arrangement and I/we authorise Zurich (user ID 117) to arrange for funds to be debited from my/our account (as identified above) in accordance with this arrangement and the terms of the Direct Debit Service Request Agreement referred to in the Application Form;
- Direct debiting may not be available on all accounts. I am/we are responsible for ensuring the specified account can accept direct debits and there are sufficient cleared funds available in the account to permit payments under the Direct Debit Request on the due date for payments;
- Zurich accepts no responsibility for issues arising where incorrect details have been provided. I/we will check the account details provided to Zurich are correct. If uncertain, I/we will check with my/our financial institution.

I/We have read, understood and agree to the terms of the authority

Life Insured's Statement - Robert Bisinella



20 June 2017

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- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

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I have read and understood my duty of disclosure and understand that this duty continues until written notice has Yes No
been given that my application has been accepted or declined.

Residency and overseas travel

Residency

Are you an Australian or New Zealand citizen, or do you hold permanent residency status? Yes No

Do you currently live in Australia and have you been living here for 12 months or more? Yes No

Overseas travel

Do you intend to travel or live overseas in the next two years? Yes No

• Will this be for a duration of more than three months? Yes No

Overseas travel

Further information on your overseas travel

Select the region/s you will be travelling to:

- Africa, including South Africa
- Asia
- Central and South America
- Europe
- Middle East
- New Zealand or the Pacific Islands
- North America (USA, Canada etc)

Further information on your travel to New Zealand and the Pacific Islands

Select the country/ies you will be travelling to in New Zealand/the Pacific Islands:

- A Pacific cruise on a recognised cruise line
- Cook Islands
- Fiji
- New Caledonia
- New Zealand
- Papua New Guinea
- Samoa
- Tahiti
- Tonga
- Vanuatu
- Other Yes No

Insurance details

Insurance history

Have you ever applied for or do you currently have or are you applying for any other life, TPD, income protection/replacement, business expenses or trauma insurance with Zurich? Do not include any cover being applied for in this application Yes No

You have disclosed the following existing insurance cover (or cover under application) with other insurers:

- AIA (formerly AIG), Death - \$700,000 (current amount insured)

Other than this cover, do you currently have or are you applying for any life, TPD, income protection/replacement, business expenses or trauma insurance with any other company? This includes benefits under superannuation, business or credit insurance or benefits provided by an employer Yes No

Note: If this application for insurance is intended to replace any existing policy or policies, you must cancel the policies as soon as we have notified you that we have accepted your application for insurance. If you do not cancel your existing policy or policies, the insurance applied for and accepted by Zurich will be ineffective and any claim made to Zurich by you or any other applicable person, will be rejected.

About your occupation

Current principal occupation and employment status

You have specified you are a stevedore. Can you confirm this accurately describes your current principal occupation and you meet the following requirements: Yes No

- the usual duties you perform are those of someone working as a stevedore

You have specified you are an employee. Can you confirm you are employed by a business in which you have no ownership interest and that you work for a salary, wages or commission? Note: Ownership interest does not include employees of publicly listed companies who receive shares as part of a remuneration package, and have a minor, immaterial and non-controlling ownership interest Yes No

Hazardous duties

Does your occupation require you to perform any of the following hazardous duties: Yes No

- Using or handling explosives, chemicals, dangerous substances or asbestos? Yes No
- Working underground, offshore, underwater or at heights over 10m? Yes No
- Agricultural flying (e.g. mustering)? Yes No
- Any other hazardous duties not listed above? Yes No

Armed forces

Are you a member of the armed forces either full or part time? Yes No

Income

Income details - employed

You have specified that your current annual income is \$130,000. As an employee, this means the total remuneration paid by your employer, including superannuation and other benefits. Is this amount correct? Yes No

Additional income details

Have you: Yes No

- ever been declared bankrupt; or
- has any entity you have been associated with been placed into receivership, liquidation or administration in the last 5 years?

Activities

Hazardous activities/sports

Do you participate in, or intend to participate in, any potentially hazardous pastimes/sports? Examples include, but are not limited to, aviation (other than as a fare-paying passenger), diving, hang gliding, parachuting, motor racing, rock or mountain climbing, football, boxing, martial arts and bungy jumping Yes No

Lifestyle

Height and weight

What is your height? 179cm

What is your current weight? 105kg

Has your weight changed by more than 10kg (or 22lbs) during the last 12 months? Yes No

Lifestyle

Have you smoked tobacco, or any other substance, or used e-cigarettes or any nicotine replacement therapies within the past 12 months? Yes No

Do you drink alcohol? Yes No

• How many standard drinks do you consume per week? 10 to 20

Have you ever reduced your tobacco or alcohol consumption, or been advised to do so by a medical practitioner? Yes No

Do you have or have you ever had or received advice, counselling or treatment for an alcohol or drug dependency? Yes No

Have you ever used, injected or inhaled any recreational or illicit drugs or substances, including prescription medication that was not prescribed for you? Yes No

About your personal medical history

Your medical history

Have you ever had symptoms of, been diagnosed with, sought or are intending to seek medical advice or treatment for:

- Asthma, emphysema, chronic or recurrent bronchitis, sleep apnoea, or any other lung, respiratory or sleeping disorder? Yes No
- A heart or vascular condition (including heart attack or disease), chest pain, rheumatic fever, raised cholesterol, or high blood pressure? Yes No
 - > High blood pressure/hypertension Yes No
 - > High/raised cholesterol Yes No
 - > Chest pain Yes No
 - > Heart condition, including heart palpitations or murmur, heart attack, heart surgery, coronary artery disease (CAD) or angina Yes No
 - > Deep vein thrombosis (DVT) Yes No
 - > Other heart or vascular disorder Yes No
- Cancer, tumour or growth, including any form of skin cancer, cyst, mole or skin lesion? Yes No
- Diabetes, impaired glucose tolerance or raised blood sugar or any other metabolic condition? Yes No
- Any disease of or injury to the neck or spine, including back strain, disc disorder, whiplash, fractures, sciatica or other non-specific back pain? Yes No
- Any injury, deformity or disease of any joint or limb, including muscles, ligaments and tendons Yes No
- Any problems with your eyes or eyesight, ears or hearing, or with speech? Yes No
- Disease or disorder of the bladder, bowel, kidney or liver (including hepatitis) or any urine abnormality? Yes No
 - > Bladder, gall bladder or any urine abnormality Yes No
 - > Bowel, colon or pancreas Yes No
 - > Kidney Yes No
 - > Liver (including hepatitis) Yes No
 - > Organ transplant recipient Yes No
 - > Other condition of the bladder, bowel, colon, pancreas, liver, or kidney Yes No
- Any form of stomach or intestinal ulcer, hernia, gastro-oesophageal reflux (GORD) or indigestion Yes No
- Thyroid or prostate condition? Yes No

- Lethargy, chronic fatigue, chronic pain syndrome, glandular fever or fibromyalgia? Yes No
 - Any blood condition, including anaemia, leukaemia, haemochromatosis, or haemophilia? Yes No
 - Epilepsy, seizures or fainting attacks, or any neurological disease or disorder (e.g. stroke, transient ischaemic attack (TIA), Parkinson's disease, multiple sclerosis (MS))? Yes No
 - Dermatitis, psoriasis, eczema or any other skin condition? Yes No
 - Depression, stress, anxiety, post traumatic stress disorder (PTSD), panic attacks, behavioural disorder or other mental or nervous disorder or condition? Yes No
 - Congenital abnormality? Yes No
 - Needlestick injury? Yes No
- Have you ever tested positive for HIV (Human Immunodeficiency Virus), or are you suffering from AIDS (Acquired Immune Deficiency Syndrome) or any AIDS related conditions? Yes No

Further information about your high/raised cholesterol

- Were you first diagnosed with high/raised cholesterol within the last six months? Yes No
- Are you currently taking medication for this condition? Yes No
 - > Has your treatment (medication or dosage) changed within the last 12 months? Yes No
 - Was your most recent reading taken within the last 12 months? Yes No
 - Has your treating doctor advised you that your cholesterol is controlled and within normal limits? Yes No

Further information about your other/unspecified condition of the bladder, bowel, colon, pancreas, liver, kidney or stomach

What is the condition/s?

Ulcerative Colitis

Confirm when you were diagnosed and the date of your most recent symptoms

Diagnosed 8 years ago , but hadnt had a flare up until about 3 years ago

Describe all symptoms along with their frequency and duration

Cant control bowl movements and 2 flares ups in total since being diagnosed last one approximately 3 years ago

Provide details of all treatment

Fleximat every 8 weeks for an hour in hospital

Have you fully recovered from the condition/s? Yes No

- Provide details of your degree of recovery

100% recovered

Have you taken time off work or are your work duties or lifestyle affected or restricted due to this condition? Yes No

Provide details of your treating doctor

Dr Halliday (John) - Dr JS Halliday's Rooms
Suite 7.6 The Epworth Centre 32 Erin St, RICHMOND, VIC, 3121
Specialty: Gastroenterology

Further information about your behaviour, mental or nervous disorder or condition/s

The next questions relate to your mental or nervous disorder or condition. This includes questions that are more sensitive in nature, however this information is required for Zurich to further assess your application. If you are uncomfortable answering these questions now, you can elect to provide them to Zurich separately. Would you like to answer these questions now? (If you select 'No', a questionnaire will be raised as an outstanding requirement.) Yes No

Select the condition/s have you had symptoms of, been diagnosed with or received treatment for

- Anxiety, including generalised anxiety, panic or phobic disorder Yes No
- Depression, including major depression, dysthymia Yes No

- Alcohol or other substance abuse or addiction Yes No
- Schizophrenia or other psychotic disorder Yes No
- Eating disorder, including anorexia nervosa, bulimia Yes No
- Manic depressive illness or bipolar disorder Yes No
- Post Traumatic Stress Disorder (PTSD) Yes No
- Stress, sleeplessness, or chronic tiredness Yes No
- Attention Deficit or Hyperactivity Disorder (ADD/ADHD) Yes No
- Other Yes No

For all conditions, confirm when you first experienced symptoms

3 months ago as a side affect of the Fleximat

When did you last experience any symptoms for each condition, or when did your symptoms cease?

3 months ago once started taking medication

Has the cause of each condition been identified? Yes No

- Provide details

Side affect of medication

For all conditions, confirm when you were first diagnosed by a health professional

3 months

Are you currently undertaking, or have you ever undertaken, treatment for any condition? Yes No

- Please select the treatment/s undertaken:

> Medication Yes No

- > Provide details including types/names, dosage, date treatment commenced and date treatment ceased (if applicable)

Valadox once a day at bed time

> Counselling Yes No

> CBT Yes No

> Other Yes No

Have you ever had any recurrences of any condition or suffered from or had symptoms of a similar condition? Yes No

Have you ever been hospitalised as a result of the condition/s, or any other mental or nervous disorder or condition? Yes No

Have you ever had suicidal thoughts, and/or attempted suicide? Yes No

Have you ever had time off work, or are you limited in your ability to work or perform your daily activities as a result of the condition/s? Yes No

Who was, or is your current treating doctor for the condition/s?

Dr Lewis (Sarah) - Port Melbourne Medical
Shop 1/405 Bay St, PORT MELBOURNE, VIC, 3207
Specialty: General Practice

Have you consulted any other health professionals for the condition/s? Yes No

Hospitalisation, consultations, and prescribed medication in the last five years

Other than what you have already stated in the application, have you in the past 5 years: Yes No

- Consulted with any other health care professional, been unable to work for more than 5 consecutive days due to illness or injury, or been admitted to hospital for any condition not disclosed? Yes No

- Taken (or are now taking) any prescribed or non-prescribed medication? Yes No

Seeking advice or consultation, or awaiting treatment or test results

- Have you had symptoms for which you: Yes No
- Intend to seek medical advice or a consultation? Yes No
 - Are awaiting medical treatment (including surgery)? Yes No
 - Are awaiting the results from medical tests or investigations? Yes No

Claims and compensation

- As the result of illness or injury, have you ever made a claim for or received, or are you expecting to claim for or receive, payments from any of the following: Yes No
- income protection, TPD or trauma insurance Yes No
 - compulsory third party insurance (CTP) or workers' compensation Yes No
 - veterans affairs Yes No
 - any other benefits paid due to sickness, disability or injury, e.g. government payments, but not including health insurance Yes No

About your family medical history

Your family history

- Has any parent, brother or sister (living or deceased) had: Yes No
- Alzheimer's disease or dementia Yes No
 - Cancer Yes No
 - Cardiomyopathy Yes No
 - Diabetes Yes No
 - Heart condition or stroke (e.g. coronary artery disease, ischaemic heart disease, angina, heart attack) Yes No
 - High/raised blood pressure (hypertension) Yes No
 - High/raised cholesterol Yes No
 - Huntington's chorea Yes No
 - Mental health condition Yes No
 - Motor neuron disease Yes No
 - Multiple sclerosis Yes No
 - Muscular dystrophy Yes No
 - Parkinson's disease Yes No
 - Polycystic kidneys Yes No
 - Any other hereditary disorder? Yes No
- Have you ever had, or are you considering having, a genetic test? Yes No

Insurance history

Previous insurance applications

- Have you ever had an application on your life declined, accepted with a loading, or on terms other than as submitted? Yes No

Additional information

Usual doctor

Provide details of your usual doctor (i.e. your doctor or the doctor who holds your medical records)

Dr Lewis (Sarah) - Port Melbourne Medical
Shop 1/405 Bay St, PORT MELBOURNE, VIC, 3207
Specialty: General Practice

Additional information or clarifications

Is there any additional information you would like to provide to assist Zurich in assessing your application? This information may assist to clarify any of the responses given or provide Zurich with additional information with which to form an assessment Yes No

- Provide details

Pre-assessed with Paul at standard rates for mental health and cholesterol as well controlled with medication. Assessed with a 50% loading reduced to 0 due to being a platinum advisor subject to doctor's report for the ulcerative colitis.

Disclosure Acknowledgements

Life insured to acknowledge

I, Robert Bisinella, the life to be insured acknowledge and agree to the following: Yes No

- I have read and understood my duty of disclosure and declare that the statements and answers provided in my electronic Life Insured's Statement are true and complete.
- I confirm that I am not now receiving or considering any medical or surgical attention or treatment other than that shown in this Application.
- I understand that the policy/policies applied for will not become effective until this Application is approved by Zurich.
- I understand that my duty of disclosure continues until this Application is approved or declined by Zurich.

Exclusions/conditions

Thank you for completing your application. Further assessment of your application is required before Zurich finalises your assessment. If your application for cover is accepted, we anticipate the following exclusions/special conditions will be required to be placed on the cover you are applying for. These conditions would apply to all covers of the same type within your application. Proceeding with this application constitutes your instruction to include these conditions as part of the cover you are applying for.

The conditions identified below do not represent an offer of insurance by Zurich. The conditions are indicative and, following further assessment of your Life Insured's Statement and any additional information or requirements that are provided, your application may be declined or the conditions may be adjusted.

- Death cover will be issued on the basis it replaces the existing cover declared in this Life Insured's Statement. Failure to cancel the existing cover will render the Death cover under this application ineffective and no insured benefit will be payable in the event of a claim being made

Adviser details

Servicing adviser

Adviser number	K479
Company name	Bow Financial Pty Ltd
Name of adviser	Warren Lazarus
Phone(w)	03 9578 2318
Phone(m)	
Fax	03 8678 1180
Email	warren@lisagroup.com.au

Completing user

Name	Warren Lazarus
Email	warren@lisagroup.com.au

Declarations

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We declare that we:

- are Australian resident/s, living in Australia.
- have received and read the relevant Product Disclosure Statement (PDS) for the product I am applying for, and now apply to Zurich Australia Limited (Zurich) and/or Zurich Australian Superannuation Pty Limited for the insurance set out in this application.
- confirm that the answers to the questions set out in the Application and any annexures included with this application are true and complete;
- understand that the policy/policies applied for will become effective when this Application is accepted by Zurich;
- will inform Zurich of any relevant changes which occur before our application is accepted or declined by Zurich;
- have read and understood our duty of disclosure and understand that this duty continues until written notice has been given that the cover has been accepted or declined;
- agree that any policies issued are conditional on the life to be insured disclosing all matters known to him/her that are relevant to the insurance cover applied for (before the Application is accepted) and that the policy/policies and/or benefits may be cancelled, altered or not paid if this condition is not met;
- have read and understood the Privacy Statement under Your privacy section of the PDS and consent to the collection and use of personal information and sensitive personal information about us in the manner described;
- have obtained consents from any identified person we have provided (sensitive) personal information about and informed them of the Privacy Statement;
- agree that if we make any overpayment of premium that Zurich may retain the overpayment unless it exceeds \$5.00; and
- agree that if this application for insurance is intended to replace any existing policy or policies as referred to in this application, when Zurich notifies us that our application for insurance has been accepted, we must cancel such policy or policies. If we do not cancel any existing policy or policies as referred to in this application when notified by Zurich that our application for insurance has been accepted, the insurance applied for and accepted by Zurich will be ineffective and any claim made by us or any other applicable person to Zurich, will be rejected.

Please note: To enable processing of your application, this report must be included with all paper applications submitted to Zurich.

Life insured – Robert Bisinella (7 September 1963)

Life details	
Personal details	Mr Robert Bisinella
	Male, 7-Sep-1963, 53, VIC, Non-smoker
Annual income	\$130,000
Occupation	Stevedore
IP/TPD/Active HE	U / U / H5

Policy 1 - Protection Plus - SMSF/External Trustee

Policy 1	
Product	Zurich Wealth Protection (ZYRTN03), Protection Plus - SMSF/External Trustee
Management fee	Yes
Business insurance	No
Premium waiver	No
Commission structure	UL, Discount: 10.00%
Payment details	Direct debit, Yearly
Fund value	S - 23F
Indexation	Yes
Jumbo policy	No
Total frequency premium	\$1,669.30

COBE	Description	Sum insured	Office	BFC	S/duty	Loadings	Load	Total
31LZ	Stepped Death	\$700,000	\$1,576.71					\$1,576.71