

ClearView LifeSolutions Quotation

Application Reference No: 519389049

29 September 2021

Prepared For: Leanne Allman

Prepared By: Bain Stenos

Date Prepared: 29 September 2021

On Behalf Of: ClearView Life Assurance Limited

Insured Details - Leanne Allman

Date of Birth:	5 June 1973	Age:	48
Smoker:	Non Smoker	Gender:	Female
State:	New South Wales	Annual Income:	\$54,700
Occupation:	Paralegal - average income <\$80000		

Sum Insured and Premium Details

	Benefit Amount	Monthly Premium	Annual Premium	Inside Super	Premium Type	Indexation Benefit
Leanne Allman						
Life Cover	\$1,000,000	\$63.44	\$704.94	Yes	Stepped	No
TPD Cover (Any) linked to Life Cover	\$800,000	\$77.53	\$861.46	Yes	Stepped	No
Income Protection Cover	\$3,500	\$292.23	\$3,246.96	Yes	Stepped	Yes
Total Quote Premium		\$433.20	\$4,813.36			

Additional Cover Details - Leanne Allman**TPD Cover (Any) linked to Life Cover**

Occupation Class: A

Income Protection Cover

Benefit Period: To Age 65

Increasing Claim Option: Yes

Super Contribution Amount: \$0

Occupation Class: A

Benefit Expiry Age:

Age 65

Benefit Type:

Indemnity 75

Waiting Period:

30 days

Commission Syndicate: Upfront 66/22**Initial Underwriting Requirements - Leanne Allman**

Life, TPD, Trauma: Personal statement

Income Protection,
Business Expense: Personal statement**Important note:**

The premium stated in this document is an indicative premium (quote) only. The actual premium payable may be different if:

- you have a birthday during the period between when this quote is provided and when the cover starts,
- premium rates have changed,
- after assessing your application ClearView Life Assurance Limited (ClearView) is only able to offer cover on varied terms which may involve a loading being applied and/or a higher premium being payable (which you agree to), or
- the stamp duty payable in relation to the policy is different from the estimate of stamp duty which is included in the indicative premium.

You should check all of the details carefully and comply with your duty of disclosure that is set out in the combined Product Disclosure Statement and Policy Document (PDS and Policy Document) for ClearView LifeSolutions and ClearView LifeSolutions Super. This quote is based on a number of variable factors. If any of the information is incorrect or does not reflect the type of cover (or any of the features) you wish to apply for, you should notify your adviser and request a new quote. The information in this document does not constitute financial product advice. Before relying on the information, speak to your financial adviser to ascertain whether or not it is appropriate for you, having regard to your personal and financial circumstances, objectives and needs.

ClearView LifeSolutions is issued by ClearView Life Assurance Limited: ABN 12 000 021 581, AFS Licence No.227682. ClearView LifeSolutions Super is issued by HTFS Nominees Pty Limited: ABN 78 000 880 553, AFSL 232500, RSE Licence No L0003216 as trustee of the HUB24 Super Fund, ABN 60 910 190 523, RSE R1074659. The PDS and Policy Document provides information about these products. You should consider the PDS and Policy Document before making any decision about whether to acquire this insurance cover. A copy of the PDS and Policy Document is available from your adviser or by contacting ClearView on 132 979.

ClearView LifeSolutions Personal Details

Application No: 519389049

29 September 2021

Status: Submitted

Insured Details

Leanne Allman

Title:	MRS	Gender:	Female
Date of Birth:	5 June 1973	Smoker:	Non Smoker
Occupation:	Paralegal - average income <\$80000	Annual Income:	\$54,700
TFN:	Not supplied	Street Number:	28
Street Name:	Hill Street	Suburb:	BULLI
State:	New South Wales	Postcode:	2516
Country:	AUSTRALIA	Phone (M):	0412077893
Email Address:	lee.allman@outlook.com	Preferred:	Mail

Trustee Details - Allman Super Fund

Trustee 1:	Nicholas Allman	Trustee 2:	Leanne Allman
Street Number:	28	Street Name:	Hill Street
Suburb:	BULLI	State:	New South Wales
Postcode:	2516	Country:	AUSTRALIA
Phone (M):	0412077893	Email Address:	lee.allman@outlook.com
Preferred:	Mail	ABN:	20202514057

Ownership Details

Non Super Ownership Details - Leanne Allman

Title:	MRS	Date of Birth:	5 June 1973
Street Number:	28	Street Name:	Hill Street
Suburb:	BULLI	State:	New South Wales
Postcode:	2516	Country:	AUSTRALIA
Phone (M):	0412077893	Email Address:	lee.allman@outlook.com
Preferred:	Mail	Ownership Type:	Individual

Beneficiary Details

Payment Details

Super Payment Details

Payment Frequency:	Yearly	Payment Method:	Direct Debit
BSB Number:	067-167	Institution Name:	COMMONWEALTH BANK OF AUSTRALIA
Address:	1 HARBOUR ST SHOP C4 DARLING WALK	Suburb:	SYDNEY
Postcode:	2000	Account Number:	XXXXXX09
Account Name:	Allman Super Fund		

I request and authorise ClearView (User identification number 022829), to debit my account at the financial institution nominated above. I confirm that I have read the 'Direct Debit Service Agreement' in the PDS and Policy Document and that I have the authority to make these payments.

☒ I have read and agree to the terms and conditions

Signed On : 29/09/2021

ClearView LifeSolutions Underwriting Details

Underwriting - Interview Details

Leanne Allman

Questions	Answers
Purpose of Cover	
What is the purpose of the cover applied for?	Personal - Family protection
Travel and Residence	
Are you a permanent resident of Australia?	Yes
Do you have definite plans to live in or work in or travel to another country within the next two years?	No
Build and Habits	
What is your height?	164cms = 5ft 5ins
What is your weight?	70kgs = 154lbs
Have you smoked any substance or used nicotine replacement products, including electronic cigarettes, in the last 12 months?	No
Please advise the number of standard alcoholic drinks you consume per week:	10
Have you had, or been recommended to have, counselling or treatment for alcohol use?	No
Medical History	
A cardiovascular condition such as: raised blood pressure, raised cholesterol, heart attack, angina, chest pain, irregular heart beat, blood clot, stroke, transient ischaemic attack (TIA) / mini stroke, a heart valve problem, heart murmur, enlarged heart, lung embolism, aneurysm, haemorrhage, blood circulation problems, varicose veins, or any other cardiovascular disease or disorder?	No
Any cancer, tumour, lump, lesion or growth (even if you have not seen a doctor) such as: a mole, sunspot, skin lesions that have changed colour, shape or size, skin cancers or cysts whether removed or not, skin conditions such as psoriasis, Marfan or Ehlers Danlos syndrome, breast lump, leukaemia, Hodgkin's disease or lymphoma, or any other cancer, tumour or unidentified lump or growth of any kind?	Yes
What is the nature of this condition?	{Basal cell carcinoma (BCC)}
Answers related to your disclosure of Basal cell carcinoma (BCC)	
Where your cyst/lump/growth was located ?	none of the above
Was the growth described as one of the following?	Non-malignant/Benign
Has it been removed?	Yes
When was the growth first discovered? (please give an approximate date)	2016
Have you required treatment by radiotherapy or chemotherapy?	No
Have any follow-up checks been required, other than to remove stitches or check wound healing?	No
Have you completed all prescribed treatment(s) for this impairment?	Yes
Medical History Continued	

Any respiratory disorder such as: asthma, chronic bronchitis, chronic obstructive airways disease (COAD), sleep apnoea, pneumonia, emphysema, cystic fibrosis, tuberculosis, or any other respiratory disease or disorder?	No
Any mental health condition, for which you have consulted a doctor, received any treatment or counselling or taken medication, such as: stress or anxiety, depression, chronic fatigue syndrome, bipolar disorder, schizophrenia, post traumatic stress syndrome, dementia, eating disorders, psychosis, or any other mental health disorder?	Yes
What is the nature of this condition?	{Stress}
Answers related to your disclosure of Stress	
Have you ever been hospitalised or had in-patient treatment for this condition?	No
Have you had any periods of time off work due to your condition?	No
Are you or have you been followed up by one of the following doctors: your treating doctor or general physician (GP), a psychologist, a psychiatrist, your GP and a psychologist or a psychiatrist, none of them	your treating doctor or general physician (GP)
When did you last experience symptoms of this condition? (please give a date with month and year)	03/2016
How many times have you suffered from this condition?	2
Are you or have you been on treatment including psychotherapy?	No
Has there been an associated abuse of medication, alcohol or drugs?	No
Has your condition been diagnosed as chronic and/or recurrent?	No
Do you have any mental disorder or stress-related symptoms?	No
Have you returned to work in your normal capacity undertaking all your usual duties?	Yes
Medical History Continued	
Any impairment of your sensory system such as: hearing, sight (other than corrected by glasses, contact lenses or corrective laser eye surgery), speech or any skin conditions: hearing, sight (other than corrected by glasses, contact lenses or corrective laser eye surgery), or speech?	No
Any musculoskeletal disorder, deformity or injury affecting the joints, bones, muscles or any pain, strain or damage to the muscles, ligament or cartilage such as: back or neck pain, disc disorder, sciatica, neck, back or joint surgery, arthritis, gout, spondylitis, carpal tunnel syndrome / repetitive strain injury (RSI), polio, lupus (SLE), amputations, or any other disorder of the muscles, joints, bones, neck or back?	No
An endocrine / glandular disorder such as: diabetes or raised blood sugar, thyroid disorder / goitre, Addison's disease, pituitary gland disorder, glandular disorder (including glandular fever), or any other endocrine disease or disorder?	No
A blood disorder (other than already disclosed) such as anaemia, haemochromatosis, thalassaemia, blood clotting disorders, polycythemia, or any other disease or disorder of the blood?	No
A neurological condition such as: epilepsy / fainting / seizures, any head injury, multiple sclerosis, optic neuritis, encephalitis, Alzheimer's disease, Parkinson's disease, genetic conditions such as Huntington's disease, paralysis of any kind, tremors, or any other disease or disorder of the nervous system?	No
Any disorder of the digestive system such as: recurrent indigestion or reflux, Barrett's oesophagus, gall bladder problems, celiac disease, Crohn's disease or ulcerative colitis, irritable bowel syndrome, hernia, blood from the bowel, disorder of the liver or pancreas, or any other disease or disorder of the digestive system?	Yes
What is the nature of this condition?	{Ulcerative colitis}

Answers related to your disclosure of Ulcerative colitis	
On what date was your condition first diagnosed?	2001
Are your symptoms best described as: no episodes and or no symptoms in the last 12 months., less than 4 bowel movements per day; presence of blood or pus less than one per day; no fever or weight loss, infrequent (no more than once a year) relapses easily controlled., more than 4 bowel movements per day; daily presence of blood or pus, minimal systemic symptoms, intermittent relapses (up to 4 per year)., continuous symptoms and or frequent and continuous oral corticosteroid treatment.	no episodes and or no symptoms in the last 12 months.
Have you had surgery for this condition?	No
Are you currently undergoing or awaiting hospital or specialist investigations?	No
Have you ever suffered from any complications such as problems digesting and absorbing food (malabsorption syndrome), vomiting, skin or oral lesions, eye inflammation, joint pain, liver disease or bile duct problems?	No
What is the extent of your condition ?	not sure about the extent
Are you currently being, or have you recently been treated with any of the following: sulphasalazine (Salazopyrin), 5-ASA agents, corticosteroids, cyclosporine, other immunomodulatory, other anti-TNF agents	corticosteroids
Medical History Continued	
A kidney, bladder, urinary tract disorder including any urinary symptoms such as: kidney infection, horseshoe kidney, kidney stones, polycystic kidney disease, or any other disease or disorder of the urinary tract	No
Have you ever tested positive for HIV or Hepatitis B or Hepatitis C, or are you awaiting the results of such a test?	No
Have you ever used, taken or injected any drugs or medications not prescribed by a medical practitioner, including recreational and designer drugs?	No
Have you ever had any gynaecological disorder (e.g. menstrual problems, endometriosis, CIS (carcinoma in situ) lesions, polycystic ovary disease, etc.) or any history of an ABNORMAL PAP smear result? NOTE: You do not need to tell us about any routine PAP smears for which the result was normal.	No
If not already disclosed, have you or have you ever had breast lumps or an abnormal breast examination?	No
Are you currently pregnant?	No
Have you ever or are you considering seeking medical advice, treatment, tests or surgery for a condition or symptom you have not told us about already? (e.g. consultation, x-ray, blood test, ECG, ultrasound)	Yes
Answers related to your disclosure of haemorrhoids	
What is the nature of this condition?	haemorrhoids
Are you currently undergoing or awaiting hospital or specialist investigations?	No
Have you fully recovered from this condition?	Yes
Has there been any recurrence of symptoms of this condition since surgery?	No
Medical History Continued	
Is the total amount of cover for this application and any other application currently being made to an insurer combined with any existing cover you already hold with ClearView and any other company, including any insurance covers in superannuation or provided by an employer, greater than: \$500,000 of lump sum death cover, \$500,000 of total and permanent disability cover (TPD), \$200,000 of trauma or critical illness cover, \$4,000 of income protection, salary continuance or business expense?	Yes
Have you ever had a genetic test where you received (or are currently awaiting) an individual result or are you planning and have provided consent to having a genetic test?	No

Existing Cover	
Has an underwriting pre-assessment been obtained for this case?	No
Other than this insurance application, do you have (or are concurrently applying for) insurance cover (life, trauma, total and permanent disability, income protection or business expense cover) with any company? This includes cover you have with ClearView, salary continuance benefits in superannuation or benefits provided by an employer.	Yes
Insurer	TAL
Type of cover	Life, TPD, Income Protection
Total Life Sum Insured:	1055325
Total Life Amount to be Replaced:	1055325 You should not cancel any existing insurance cover until this application is accepted in writing. Any existing cover which is being replaced must be cancelled once this application is accepted. If you do not cancel the other cover, we will reduce the benefits paid under this policy by the amount of the benefit paid or payable under the other policy(ies).
Total TPD Sum Insured:	1055325
Total TPD Amount to be Replaced:	1055325 You should not cancel any existing insurance cover until this application is accepted in writing. Any existing cover which is being replaced must be cancelled once this application is accepted. If you do not cancel the other cover, we will reduce the benefits paid under this policy by the amount of the benefit paid or payable under the other policy(ies).
Total Income Protection Sum Insured:	4869
Total Income Protection Amount to be Replaced:	4869 You should not cancel any existing insurance cover until this application is accepted in writing. Any existing cover which is being replaced must be cancelled once this application is accepted. If you do not cancel the other cover, we will reduce the benefits paid under this policy by the amount of the benefit paid or payable under the other policy(ies).
Please provide Policy Numbers and Commencement Dates (if you do not know the policy numbers and commencement dates, enter 'do not know'):	Policy Number 1630163 Commenced 26/08/2016
Have you ever had an application for insurance (life, trauma, total and permanent disability or income protection product including group salary continuance or business overheads cover) declined or postponed?	No
Are you in receipt of or have you ever made a claim under legislation (e.g. Worker's Compensation, Disability Pension, Veterans Affairs) or any other insurance policy providing accident or sickness benefits?	Yes

Please select the type(s) of benefit(s) you claimed under.	Workers' compensation
Have you already disclosed in this application the reason(s) or condition(s) that lead to the claim?	No
Please provide detail regarding the reason(s) or condition(s) that lead to your claim.	Detached Retina
Has the claim been finalised?	Yes
Please provide the date the claim has been finalised.	2003
Please provide the date you have made this claim.	2003
Please provide the full benefit amount that has been paid.	10000
Previously Declined Rated	
Please provide full details regarding the other type of benefit (or veteran affairs) and the reason(s) for claiming.	Detached retina at work. I was working for Mirvac homes at the time and showing clients through the project. I was holding my hard hat in my hand when I pulled my arm up to my face and hit myself in the eye causing the detached retina.
Occupation	
Have we accurately captured your occupation and duties as Paralegal - average income <\$80000? The description of your duties should accurately describe your occupational activities including; any work at heights, underground, with explosives or in relation to aviation. If you feel it does not, please select "No".	Yes
What is your employment status?	Employee
How many hours per week do you work in your main occupation?	25
How many weeks do you work per year in your main occupation?	48
What percentage of your working week is working from home?	0
How long have you been in your current occupation (in months)?	66
Do you intend to change your occupation, duties, hours worked, employment status or take extended leave within the next 12 months?	No
Do you have a second occupation?	No
In the last five years have you been made, or are you currently being assessed to be; bankrupt, placed in receivership, administration or liquidation?	No
What is your main occupation?	Paralegal - average income <\$80000
Financial	
Do you expect to earn an annual income of at least \$54700 from your main occupation in the current financial year? (This is your base salary before tax plus average annual performance bonus and commissions, fringe benefits and super contributions. It should not include income from a second occupation).	Yes
Does your bonus component contribute to more than 10% of your disclosed annual income?	No
Does your annual income include any commissions of more than 20%?	No
Last financial year:	57930
The year before last financial year:	57930
Other than your annual income, do you receive income from any other sources (such as investments, rental income or dividends)?	Yes
On average how much do you receive from these sources (investments, rental income or dividends) each year?	44200

For how many days would your income continue if you became disabled or were otherwise unable to work?	0
Your annual income seems to have fluctuated over the past 3 years. Please provide full details regarding these variations (include reason(s) e.g. change in job, extended leave, etc.).	Income for the application was incorrect. This has now been adjusted in this application to reflect current income.
Do you expect these fluctuations to continue in the future?	No
Family History	
Have any of your immediate family members (mother, father, brother, sister – living or dead) been diagnosed before the age of 60 with: cancer, heart disease (including cardiomyopathy), stroke, polycystic kidney disease, Huntington's disease, Alzheimer's or dementia, diabetes, motor neurone disease, multiple sclerosis (MS) or Parkinson's disease?	Yes
Which relation suffered from the condition?	Father
What condition did this relation suffer from?	Polycystic Kidney Disease
What was the age at onset?	42
Hazardous Pursuits	
Do you now, or do you intend to take part in any potentially hazardous pursuits or pastimes (e.g. flying, diving, martial arts, parachuting, any kind of racing or competitive sport)?	No
Doctor Details	
Doctor's name or medical centre that you have consulted:	Anna Putnis Bulli Medical Centre
Address:	Park Road Bulli NSW 2516
Phone number:	02 42844622
Date of last consultation:	10/2020
Please provide the reason(s) for your last consultation. Type "already disclosed" in the box if you have already told us about it.	Referral for the Haemorrhoids.
Please provide the result(s) for your last consultation. Type "already disclosed" in the box if you have already told us about it.	As disclosed above.
Have you been a patient of this doctor for less than two years?	No
If there is any additional information, that you wish for the underwriters to consider in the underwriting assessment of your application?	No
If any type of medical or blood tests are required, has or will the adviser arrange these?	Yes

ClearView LifeSolutions Declarations

Adviser acknowledgement

1. I certify that I have provided my client with the current ClearView LifeSolutions PDS and Policy Document, including any relevant SPDS, and ClearView LifeSolutions Super Rollover PDS (if applicable).
2. If I will be assisting with the completion of the Personal Statement for a person insured, I understand that all information must be provided by the person insured and not by any third party on his or her behalf.
3. I have made each person insured and policy owner fully aware of their duty of disclosure.

Electronically accepted on 29/09/2021

1. If required, do you give permission for ClearView to contact your client directly to clarify any matter in relation to this application?

Answered: YES on: 29/09/2021

Authority to release medical information to ClearView and your nominated doctor (person insured)

Your health information includes details about all your interactions with health providers, and may include details such as your symptoms, treatment, consultations, personal medical history and lifestyle. Health providers cannot release this information about you without your consent.

We collect and use your health information to assess your application for cover, to assess and manage your claim, or to confirm the information you gave us when you applied for cover or made a claim. This is why we need your consent.

Each time you apply for cover or make a claim, we will ask you for a fresh consent. We will respect your privacy by only asking for the information we reasonably need, and we will tell you each time we use your consent.

Even if we collect information from health providers (such as your general practitioner or their practice), before the insurance starts you must still tell us every matter (including about your health) that is relevant to our decision about whether to offer you insurance, and if so, on what terms. This is your duty of disclosure under the Insurance Contracts Act 1984 (Cth).

Please read each Authority carefully and the explanatory notes below.

Authority 1. To release any of my health information except the consultation notes held by my general practitioner/practice

With the exception of consultation notes held by any general practitioner/practice I have attended, I authorise any health provider, practitioner, practice, psychologist, dentist, allied health services provider or any hospital to access and release, in writing or verbally, any details of my health information to ClearView Life Assurance Limited, or to third parties they engage.

I agree to all the following:

- my health information can be released in the form ClearView Life Assurance Limited asks for, such as a general report, a report about a specific condition, my records in SafeScript, any hospital notes, or correspondence between health providers
- ClearView Life Assurance Limited can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles
- this Authority is valid only while ClearView Life Assurance Limited is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover, and

- a copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Electronically accepted on 29/09/2021

Authority 2. To release a copy of the full record, including consultation notes, held by my general practitioner/practice in specified circumstances

I authorise any general practitioner/practice I have attended to release a copy of my full record, including consultation notes, to ClearView Life Assurance Limited or to third parties they engage, only if ClearView Life Assurance Limited has asked them for a report on my health and either:

- the general practitioner/practice will be unable to, or did not, provide the report within four weeks; or
- the report is incomplete, or contains inconsistencies or inaccuracies.

I agree to all the following:

ClearView Life Assurance Limited can collect, use, store and disclose my personal information (including sensitive information).

Electronically accepted on 29/09/2021

Authority 1 explanatory notes

Through this Authority, with the exception of a copy of the consultation notes held by your general practitioner/practice, you are consenting to any health provider releasing any health information about you in the form we ask for. This may involve, for example:

- preparing a general report and/or a report about a specific condition
- accessing and releasing your records in SafeScript
- releasing your hospital patient notes
- releasing the results of any investigations they have done, and/or
- releasing correspondence with other health providers.

Authority 2 explanatory notes

Through this Authority, you are consenting to any general practitioner/practice you have attended releasing a copy of your full record, including consultation notes, but only if we have asked them to provide a general report and/or a report about a specific condition under Authority 1, and either:

- they will be unable to, or did not, provide the report within four weeks, or
- the report provided is incomplete, or contains inconsistencies or inaccuracies.

Your general practitioner maintains consultation notes to support quality care, your wellbeing and to meet legal and professional requirements. General practitioners/practices should only release a copy of your full record, including consultation notes, for life insurance purposes in the rare circumstances set out above.

If you choose to withhold your consent to this authority, we may not be able to process your application for cover or a claim.

Please sign this declaration if you want your medical information to be released to ClearView by certain persons and ClearView to release medical information to your nominated doctor

- I agree that a photocopy (or similar copy) of this authorisation should be considered as valid as the original.

Financial Authorities of Person Insured

1. I authorise my current accountant(s)/ financial adviser to release to ClearView all information which ClearView requests for the purpose of assessing my application for insurance
2. I agree that a copy of this authorisation should be considered as valid as the original

Electronically accepted on 29/09/2021

Declaration of the person insured and policy owner/s

1. I/We have received and read the PDS and Policy Document, including any relevant Supplementary PDS (SPDS), for the product I/we are applying for (ClearView LifeSolutions and/or ClearView LifeSolutions Super) and agree to abide by the terms of the policy.
2. I/We have read and understood my/our duty of disclosure as set out in the 'Applying for cover' section of the PDS and Policy Document, and understand that my/our duty of disclosure continues until a written contract of life insurance has been issued by ClearView.
3. The answers I/we have given in the electronic application, the personal statement made within it, and any attachments to the application are true and correct. If answers have been entered by my adviser, I have checked them and certify they are true and correct. If my financial adviser is assisting me with the personal statement, I understand that all answers must be provided and checked by me and it is my responsibility to ensure the answers are true and correct.
4. I/We understand that answers I/we provide in the personal statement may result in certain exclusions or special acceptance terms becoming applicable to me/us. I/we agree to such terms being communicated to my/our financial adviser who will explain them to me/us. I/we authorise my/our financial adviser to accept these terms on my/our behalf.
5. I/We understand that my/our insurance cover does not commence until I/we have received written notification of acceptance from ClearView and I/we have paid my/our first premium (or provided a signed Payment Authority or Rollover Authority).
6. I/We understand that if this application is to replace another life insurance policy, that I/we must cancel existing policy(ies) upon acceptance of this application. If I/we do not cancel the other policy(ies), the benefits paid under this policy will be reduced by the amount of the benefit paid or payable under the other policy(ies). Please refer to the risks described in the 'Customer satisfaction and things you need to know' section of the PDS and Policy Document for further information on the risks when replacing your existing cover.
7. I/We have read and consent to the collection, use and disclosure of my/our personal information as set out in the 'Privacy and your Personal Information' section of the PDS and Policy Document and the Privacy Policy available at clearview.com.au.
8. When I provide personal information to ClearView or the Trustee about another person, I confirm that I am authorised to provide information and will inform the person (unless doing so would pose a serious threat to life or health of any individual) of the content of this form, who ClearView or the Trustee is, how ClearView or the Trustee will use and disclose information, that they can gain access to that information, and all other matters set out in the 'Privacy and your personal information' section of the PDS and Policy Document and confirm that they have read the Privacy Policy.
9. I/We consent to the submission of this application electronically, without the need to provide a written signature.

Electronically accepted on 29/09/2021

Information for policy owners:

If the policy owner(s):

- Is/are the individual trustee(s) of a self managed super fund: this declaration is to be confirmed by all trustees or person(s) authorised to sign and enter into a contract of life insurance on behalf of the trustee(s) in accordance with the fund's trust deed and rules. Ticking this box means that each trustee or authorised person has accepted the declaration.
- Is a company: this declaration is to be confirmed by two directors, a director and company secretary, or the sole director/company secretary. Ticking this box means that each director and/or company secretary has accepted the declaration.