

# Additional Life Insurance

Please complete this form to apply for additional life insurance (more than 2 units).

Note: If you are requesting more than 6 units of insurance you will be required to complete a more detailed application form.  
 Please send this form to AMIST Super Locked Bag 5390 Parramatta NSW 2124. Please call the AMIST Super Hotline 1800 808 614 for help.

## Member Details

AMIST Membership Number

Date of birth (dd/mm/yyyy)

Mr/Mrs/Ms/Miss

Surname

Given Names

Street Number / PO Box

Street Name

Suburb

State

Postcode

Telephone (Home)

Telephone (Mobile)

Email

## Personal statement

### Your Duty Of Disclosure

Before you enter into a contract of life insurance, you have a duty under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of insurance, and if so, on what terms. This duty extends beyond the time of your Application up until the time the insurer accepts the risk based on your Application and informs you of that decision. However, your duty does not require you to disclose anything that:

- diminishes the risk to be undertaken by the insurer;
- is of common knowledge;
- the insurer knows or, in the ordinary course of business, ought to know; or
- the insurer has waived your duty to disclose.

### Non-Disclosure

If you fail to comply with your Duty of Disclosure and the insurer would not offer you insurance if this matter were known, the insurer may, within three years;

- void the insurance
- reduce the sum for which you have been insured; or
- vary the terms.

If your non-disclosure is fraudulent, the insurer may void the insurance at any time.

### Please tick the appropriate box to answer each question honestly

Have you in the last ten years had any of the following:

- a) High blood pressure, heart, vein or circulatory disorder or stroke (eg. heart attack, high cholesterol, varicose veins, rheumatic fever)?
- b) Cancer, leukemia or malignant tumour of any kind?
- c) Infection with the human immunodeficiency virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related conditions?
- d) Diabetes or other pancreas disorder
- e) Kidney or Liver disease?
- f) Asthma requiring treatment at hospital, emphysema or chronic bronchitis?
- g) Epileptic fits, fainting attacks or other diseases of the central nervous system?
- h) Depression anxiety state or nervous condition requiring medical consultation?
- i) Any other disease or condition lasting more than four weeks or of an ongoing nature?

 No  Yes

 No  Yes

 No  Yes

 No  Yes

 No  Yes

 No  Yes

 No  Yes

 No  Yes

 No  Yes

Please turnover to complete and sign this form ➤

## Privacy

Please note that by sending AMIST Super personal information about yourself, you are agreeing to the following:

1. That you have read the AMIST Super Privacy Statement and understand how AMIST intends to protect your personal details, particularly in relation to the collection, storage, quality, use and disclosure (sharing) of personal information.
2. That AMIST Super can use it for the purposes of running your superannuation account.

If you have any questions about your rights under the privacy legislation, please call AMIST Super on 1800 808 614.

## Declaration

1. Any insurance benefits granted by the insurer in connection with this application will be granted on the basis of the Personal Statement completed by me.
2. All answers to the questions on the Personal Statement required to be completed by me are true, correct and complete regardless of whether or not in my own handwriting and I have kept back nothing which might cause the insurer to assess me as a greater risk to insure.
3. Any medical attendant who has been or may in the future be consulted by me is directed to divulge to the insurer or any legal tribunal any information he or she may have acquired with regard to me in respect of the assessment of insurance risk, or a subsequent claim.
4. I have read the Duty of Disclosure contained in this form and I understand that this Duty of Disclosure continues after completion of this form until the time the insurer advises in writing that it has accepted the risk.

Name of member

I have 2 units of Life Insurance cover and would like a further  units to make a total of  units.

Signature of member

Date (dd/mm/yyyy)

Sign here