Application Form - Your Life

About the application

This Application Form is part of the Product Disclosure Statement issued on 10 July 2017. You should read the Product Disclosure Statement carefully as it contains important information you should know about these products.

Before you complete and sign this Application Form, be aware that MetLife or your adviser must have provided you with a Product Disclosure Statement containing important information in relation to the product or products you are applying for. This information will help you to understand the product and to decide whether the product is appropriate to your needs.

Duty of Disclosure - Important information before you begin this application

You have a duty of disclosure when applying for insurance. If you do not comply with your duty of disclosure MetLife may avoid or vary your cover. This means you may not be able to claim your benefit or the amount you will receive will be reduced. Before answering the questions contained in this application form it is important that you carefully read the Duty of Disclosure section at the end of this form which explains what you must disclose and the effect if you don't comply with your duty of disclosure.

Privacy - Use and disclosure of personal information

Your privacy with MetLife Insurance Limited ABN 75 004 274 882 AFSL 238096 ('MetLife' and the 'Insurer')
The personal information you provide in this form is necessary for us to provide you with the products and services you have requested from us, and to manage your claims. You do not have to provide us with your personal information, but if you do not do so, we may not be able to provide you with our products or services.

MetLife Insurance Limited complies with the Privacy Act 1988 and the principles laid out in its Privacy Policy, which details information about how you may access or seek correction of your personal information, how we manage that information and our complaints process. MetLife's Privacy Policy is readily available and can be viewed at www.metlife.com.au/privacy

How to apply

- When completing the Application Form please:
  - Use a black pen
  - Use BLOCK LETTERS ONLY
  - If you make a mistake, do not use correction fluid, instead cross out the error, initial the change and be sure to date it.
- To apply, complete and sign this application form. If applying for ChildCare cover, the guardian/parent must fill out the personal statement on behalf of the child.
- Complete any questionnaires if requested to do so.
- If you intend to have your payments debited directly to your bank account, complete the attached Direct Debit Request Form (Section 18).
- If you are making your first payment by cheque, please make it payable to "MetLife Insurance Limited" for the agreed premium amount.
- Attach a copy of your quotation, Direct Debit Authority Form and or cheque to the application form.
- To lodge your application:
  - Hand it to your financial adviser or
  - Mail it to: MetLife Insurance Limited, GPO Box 3319, Sydney NSW 2001

What are you applying for?

1. Please select which policy type

☐ New Policy	☐ Change an existing policy	Policy number

2. Please select which cover type

☐ Term Life Insurance	☐ Trauma Insurance	

Issued by: MetLife Insurance Limited (MetLife)
ABN 75 004 274 882 AFSL No. 238096
Level 9, 2 Park Street, Sydney NSW 2000

Section 1. Details of the Policy Owner(s)

☐ Miss ☐ Ms ☐ Mrs ☐ Mr ☐ Dr		☐ Miss ☐ Ms ☐ Mrs ☐ Mr ☐ Dr	
Family/Company name		Family/Company name	
Given names		Given names	
Address		Address	
Suburb		Suburb	
State	Postcode	State	Postcode
Relationship to the Life Insured		Relationship to the Life Insured	

Section 2. Nomination of beneficiaries

You have the option to nominate a beneficiary or beneficiaries to receive benefits payable under the Policy. The option to nominate a beneficiary is subject to the following conditions:

- Available only where the Policy Owner is the only Life Insured under the policy;
- Not available for policies being effected for commercial purposes;
- The nomination will be void if the ownership of the Policy is assigned to another person or entity;
- Any payments to minors will be made to a parent(s) or guardian(s) of the minor to be held in trust for the benefit of the minor until the minor turns 18 years of age;
- If a nominated beneficiary cannot be located or dies before a benefit is payable, then the amount will be paid to the Policy Owner or the Policy Owner's estate;
- A maximum of five beneficiaries can be selected.

	Full name of beneficiary	**Address**	**Date of birth** *(dd/mm/yyyy)*	**Relationship to owner**	**% Split*** **Death**	**Other**
1.						
2.						
3.						
4.						
5.						
				Total:	100%	100%

* % Split is how you want to divide the sum insured amongst your beneficiaries for the death benefit and other benefits on your policy. Other benefits means TPD benefit, Trauma benefits, if applicable. The % must add up to 100%.

Section 3. Details of Life(s) Insured

First Life Insured

☐ Miss ☐ Ms ☐ Mrs ☐ Mr ☐ Dr

Surname

First name | Initial

Address

Suburb

State | Postcode

Home phone
( )

Work phone
( )

Email

Date of birth *(dd/mm/yyyy)* | Age next birthday

Country of birth

Gender
☐ Male ☐ Female

Are you a smoker
☐ Yes ☐ No

Second Life Insured

☐ Miss ☐ Ms ☐ Mrs ☐ Mr ☐ Dr

Surname

First name | Initial

Address

Suburb

State | Postcode

Home phone
( )

Work phone
( )

Email

Date of birth *(dd/mm/yyyy)* | Age next birthday

Country of birth

Gender
☐ Male ☐ Female

Are you a smoker
☐ Yes ☐ No

Section 4. Selecting your cover for Term Life Insurance

First Term Life Insurance

Please state the amount of Term Life cover required

$

Options

1. Premium options
   ☐ Guaranteed rate ☐ Variable rate

2. Total and Permanent Disability (TPD)
   ☐ TPD Double ☐ TPD Single
   Definition
   ☐ Own occupation ☐ Any occupation ☐ Home-maker

Please state the amount of TPD cover required

$

3. Tick if you require
   ☐ Guaranteed Benefit Increase ☐ ChildCare
   ☐ Premium freeze ☐ Waiver of premium (not available when selected with TPD)

Second Term Life Insurance

Please state the amount of Term Life cover required

$

Options

1. Premium options
   ☐ Guaranteed rate ☐ Variable rate

2. Total and Permanent Disability (TPD)
   ☐ TPD Double ☐ TPD Single
   Definition
   ☐ Own occupation ☐ Any occupation ☐ Home-maker

Please state the amount of TPD cover required

$

3. Tick if you require
   ☐ Guaranteed Benefit Increase ☐ ChildCare
   ☐ Premium freeze ☐ Waiver of premium (not available when selected with TPD)

Section 5. Selecting your cover for LifeCare Trauma Insurance

First LifeCare Trauma Insurance

Please state the amount of LifeCare Trauma cover required

$

Options

1. Term Life $

2. Term Life buy-back (only available with Term Life option) ☐

3. Total and Permanent Disability (TPD) – cover required

$

Definition

☐ Own occupation ☐ Any occupation ☐ Home-maker

4. Tick if you require

☐ Premium freeze ☐ Childcare

Second LifeCare Trauma Insurance

Please state the amount of LifeCare Trauma cover required

$

Options

1. Term Life $

2. Term Life buy-back (only available with Term Life option) ☐

3. Total and Permanent Disability (TPD) – cover required

$

Definition

☐ Own occupation ☐ Any occupation ☐ Home-maker

4. Tick if you require

☐ Premium freeze ☐ Childcare

Section 6. Personal statement

First Life Insured

What is your current occupation? Please describe exact nature of your duties

Are you contemplating a change in your occupation?

☐ Yes ☐ No If Yes, please give details

What is the name and address of your employer or business?

Name

Address

Suburb

State Postcode

What is your annual earned income from personal exertion (net of business expenses) but before tax?

Currently $ per annum

Average over the last three years

$ per annum

Are you a citizen or permanent resident of Australia?

☐ Yes ☐ No If No, please provide details

Second Life Insured

What is your current occupation? Please describe exact nature of your duties

Are you contemplating a change in your occupation?

☐ Yes ☐ No If Yes, please give details

What is the name and address of your employer or business?

Name

Address

Suburb

State Postcode

What is your annual earned income from personal exertion (net of business expenses) but before tax?

Currently $ per annum

Average over the last three years

$ per annum

Are you a citizen or permanent resident of Australia?

☐ Yes ☐ No If No, please provide details

Section 7. Health questions

First Life Insured

1. What is your height? cm | What is your weight? kg

2. In the last **3 years** have you experienced, suffered from, been diagnosed with or sought medical advice or treatment for any of the following illness(es), injury(ies) or condition(s)? Please tick all boxes that apply.

☐ Headache or migraine (e.g. tension or cluster headaches or migraines)	☐ Lung or breathing difficulties, conditions or disorders (e.g. asthma, sleep apnoea)	☐ Any disease, disorder or abnormality of the eye/s or eyesight (does not incl. contact lenses or glasses for near or far sightedness)
☐ Ear or hearing conditions (e.g. hearing loss, tinnitus or swimmer's ear)	☐ Any disease, disorder or abnormality in function of the muscles, tendons, ligaments or other connective tissue/s	☐ Trapped nerves (e.g. carpal tunnel syndrome, pinched nerve, tennis elbow)
☐ Infectious diseases (excl. cold & flu)	☐ Arthritis (incl. gout)	☐ **None of these conditions**

If you have selected any of the above conditions in question 2, please give details of the specific condition disclosed including any treatment received, date of diagnosis etc

3. In the last **5 years** have you experienced, suffered from, been diagnosed with or sought medical advice or treatment for any of the following? Please tick all boxes that apply

☐ High blood pressure	☐ High cholesterol	☐ Chronic fatigue/fibromyalgia	☐ **None of these conditions**

If you have selected any of the above conditions in question 3, please give details of the specific condition disclosed including any treatment received, date of diagnosis etc

4. Have you **ever** experienced, suffered from, been diagnosed with or sought medical advice or treatment for any of the following illness(es), injury(ies) or condition(s)? Please tick all boxes that apply

☐ Bone, joint (incl. surrounding structures) or, limb conditions	☐ Back pain or neck pain	☐ Digestive conditions
☐ Brain, nerve or nervous system conditions (incl. stroke)	☐ Mental or psychological conditions	☐ Cancer, cyst, growth, lump, polyps or tumour
☐ Thyroid conditions (incl. abnormal thyroid function results)	☐ Skin conditions	☐ Genito-urinary or gender-specific conditions (incl. any abnormal findings)
☐ Autoimmune conditions	☐ Heart related conditions	☐ Any condition, disease, disorder or abnormal function of the kidney or liver
☐ Diabetes	☐ Conditions of the blood or circulatory system, incl. anaemia	☐ Congenital or genetic diseases or disorders
☐ **None of these conditions**		

If you have selected any of the above conditions in question 4, please give details of the specific condition disclosed including any treatment received, date of diagnosis etc

5. Are you currently pregnant? ☐ Yes ☐ No

Section 7. Health questions (continued)

6. Do you have a usual doctor or medical centre you regularly visit for any medical condition listed in the 'Health questions' section? ☐ Not applicable ☐ Yes ☐ No

If Yes, please provide details of your usual doctor below

Name	Contact number

Address

Second Life Insured

1. What is your height? cm | What is your weight? kg

2. In the last **3 years** have you experienced, suffered from, been diagnosed with or sought medical advice or treatment for any of the following illness(es), injury(ies) or condition(s)? Please tick all boxes that apply.

☐ Headache or migraine (e.g. tension or cluster headaches or migraines)	☐ Lung or breathing difficulties, conditions or disorders (e.g. asthma, sleep apnoea)	☐ Any disease, disorder or abnormality of the eye/s or eyesight (does not incl. contact lenses or glasses for near or far sightedness)
☐ Ear or hearing conditions (e.g. hearing loss, tinnitus or swimmer's ear)	☐ Any disease, disorder or abnormality in function of the muscles, tendons, ligaments or other connective tissue/s	☐ Trapped nerves (e.g. carpal tunnel syndrome, pinched nerve, tennis elbow)
☐ Infectious diseases (excl. cold & flu)	☐ Arthritis (incl. gout)	☐ **None of these conditions**

If you have selected any of the above conditions in question 2, please give details of the specific condition disclosed including any treatment received, date of diagnosis etc

3. In the last **5 years** have you experienced, suffered from, been diagnosed with or sought medical advice or treatment for any of the following? Please tick all boxes that apply

☐ High blood pressure	☐ High cholesterol	☐ Chronic fatigue/fibromyalgia	☐ **None of these conditions**

If you have selected any of the above conditions in question 3, please give details of the specific condition disclosed including any treatment received, date of diagnosis etc

4. Have you **ever** experienced, suffered from, been diagnosed with or sought medical advice or treatment for any of the following illness(es), injury(ies) or condition(s)? Please tick all boxes that apply

☐ Bone, joint (incl. surrounding structures) or, limb conditions	☐ Back pain or neck pain	☐ Digestive conditions
☐ Brain, nerve or nervous system conditions (incl. stroke)	☐ Mental or psychological conditions	☐ Cancer, cyst, growth, lump, polyps or tumour
☐ Thyroid conditions (incl. abnormal thyroid function results)	☐ Skin conditions	☐ Genito-urinary or gender-specific conditions (incl. any abnormal findings)
☐ Autoimmune conditions	☐ Heart related conditions	☐ Any condition, disease, disorder or abnormal function of the kidney or liver
☐ Diabetes	☐ Conditions of the blood or circulatory system, incl. anaemia	☐ Congenital or genetic diseases or disorders
☐ **None of these conditions**		

Section 7. Health questions (continued)

If you have selected any of the above conditions in question 4, please give details of the specific condition disclosed including any treatment received, date of diagnosis etc

5. Are you currently pregnant? ☐ Yes ☐ No

6. Do you have a usual doctor or medical centre you regularly visit for any medical condition listed in the 'Health questions' section? ☐ Not applicable ☐ Yes ☐ No

If Yes, please provide details of your usual doctor below

Name	Contact number

Address

Section 8. Family history

First Life Insured

Has any parent, brother, sister or grandparent living or deceased had diabetes, heart condition, high blood pressure, kidney condition, cancer, haemophilia, Huntington's Chorea, mental or psychological condition, committed suicide, or any other condition that you may be aware of? ☐ Yes ☐ No ☐ Unknown

If Yes, please provide details below

Relationship to proposed insured	Age at diagnosis	Specific condition(s)

Second Life Insured

Has any parent, brother, sister or grandparent living or deceased had diabetes, heart condition, high blood pressure, kidney condition, cancer, haemophilia, Huntington's Chorea, mental or psychological condition, committed suicide, or any other condition that you may be aware of? ☐ Yes ☐ No ☐ Unknown

If Yes, please provide details below

Relationship to proposed insured	Age at diagnosis	Specific condition(s)

Section 9. Other life insurance policies

First Life Insured

Has an application for life, trauma or disability insurance on your life ever been declined, deferred or withdrawn from any company, or accepted with a loading or exclusion or any other special conditions or terms? ☐ Yes ☐ No

If Yes, please provide details below

Are you contemplating or have you ever made a claim for or received sickness, accident or disability benefits, Workers' Compensation, or any other form of compensation due to illness or injury? ☐ Yes ☐ No

Do you have any life, trauma or disability insurance policies in force with this or any other company? ☐ Yes ☐ No

Is this application replacing existing cover with this company or any other company? ☐ Yes ☐ No

Is an application for life, trauma or disability insurance being made to this or any other company? ☐ Yes ☐ No

If you have answered Yes to any of the above questions, please give details

Insurer name	Type of cover	Sum insured or monthly benefit	Are you replacing existing cover?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

Important Notice: If this application for insurance is intended to replace the existing policy or policies indicated in the table above, when MetLife notifies you that we have accepted your application for insurance, you must cancel such policies. If you do not cancel the existing policy or policies indicated in the table above, the MetLife policy will be void and no claim will be payable.

Second Life Insured

Has an application for life, trauma or disability insurance on your life ever been declined, deferred or withdrawn from any company, or accepted with a loading or exclusion or any other special conditions or terms? ☐ Yes ☐ No

If Yes, please provide details below

Are you contemplating or have you ever made a claim for or received sickness, accident or disability benefits, Workers' Compensation, or any other form of compensation due to illness or injury? ☐ Yes ☐ No

Do you have any life, trauma or disability insurance policies in force with this or any other company? ☐ Yes ☐ No

Is this application replacing existing cover with this company or any other company? ☐ Yes ☐ No

Is an application for life, trauma or disability insurance being made to this or any other company? ☐ Yes ☐ No

If you have answered Yes to any of the above questions, please give details

Insurer name	Type of cover	Sum insured or monthly benefit	Are you replacing existing cover?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

Important Notice: If this application for insurance is intended to replace the existing policy or policies indicated in the table above, when MetLife notifies you that we have accepted your application for insurance, you must cancel such policies. If you do not cancel the existing policy or policies indicated in the table above, the MetLife policy will be void and no claim will be payable.

Section 10. Lifestyle questions

First Life Insured

1. Do you have firm plans to travel or reside in another country other than NZ, the United States of America, Canada, the United Kingdom or the European Union? ☐ Yes ☐ No
   If Yes, please give details in the table below

Country	Length of stay	Country	Length of stay

2. Do you regularly engage in or intend to engage in any of the following hazardous activities (not already disclosed in your occupation)? Please tick all boxes that apply ☐ Yes ☐ No

☐ Water Sports (e.g. underwater diving, rock fishing)	☐ Motor Sports (e.g. motorcycle, auto, motor boat)	☐ Sky Sports (e.g. skydiving, hang gliding, parachuting, ballooning)
☐ Aviation or aerial pursuits (other than as a fare paying passenger on a commercial airline)	☐ Horse Sports (e.g. polo, horse riding, rodeo, dressage, jumping)	☐ Combat Sports or Martial Arts (e.g. Taekwondo, martial arts, boxing, fencing)
☐ Field Sports (e.g. hockey or football including tag, touch or soccer)	☐ Hunting (of any kind)	☐ Any other hazardous activity not mentioned (e.g. base jumping, caving, outdoor rock climbing)
☐ **None of these activities**		

Please provide details for any activities you have selected above (i.e. certification, amateur, competitively)

Activity	Details

3. Have you smoked in the past 12 months? ☐ Yes ☐ No

4. Have you within the last 5 years used any drugs that were not prescribed to you (other than those drugs available over the counter) or have you exceeded the recommended dosage for any medication? ☐ Yes ☐ No

5. On average, in the last 12 months, how many standard alcoholic drinks do you consume each week (a standard drink is equivalent to either a 125ml glass of wine, a schooner of light beer, a middy/pot of full strength beer or a 30ml shot of spirits)? _____ per week

6. Have you ever been advised by a health professional to reduce your alcohol consumption? ☐ Yes ☐ No

7. Are you infected with HIV (Human Immunodeficiency Virus), the virus which can cause/lead to AIDS (Acquired Immune Deficiency Syndrome)? ☐ Yes ☐ No
   If No, have you been referred for, or are you waiting on a HIV test result and/or are you taking preventative medication? ☐ Yes ☐ No

Section 10. Lifestyle questions (continued)

Second Life Insured

1. Do you have firm plans to travel or reside in another country other than NZ, the United States of America, Canada, the United Kingdom or the European Union? ☐ Yes ☐ No
If Yes, please give details in the table below

Country	Length of stay	Country	Length of stay

2. Do you regularly engage in or intend to engage in any of the following hazardous activities (not already disclosed in your occupation)? Please tick all boxes that apply ☐ Yes ☐ No

☐ Water Sports (e.g. underwater diving, rock fishing)	☐ Motor Sports (e.g. motorcycle, auto, motor boat)	☐ Sky Sports (e.g. skydiving, hang gliding, parachuting, ballooning)
☐ Aviation or aerial pursuits (other than as a fare paying passenger on a commercial airline)	☐ Horse Sports (e.g. polo, horse riding, rodeo, dressage, jumping)	☐ Combat Sports or Martial Arts (e.g. Taekwondo, martial arts, boxing, fencing)
☐ Field Sports (e.g. hockey or football including tag, touch or soccer)	☐ Hunting (of any kind)	☐ Any other hazardous activity not mentioned (e.g. base jumping, caving, outdoor rock climbing)
☐ **None of these activities**		

Please provide details for any activities you have selected above (i.e. certification, amateur, competitively)

Activity	Details

3. Have you smoked in the past 12 months? ☐ Yes ☐ No

4. Have you within the last 5 years used any drugs that were not prescribed to you (other than those drugs available over the counter) or have you exceeded the recommended dosage for any medication? ☐ Yes ☐ No

5. On average, in the last 12 months,, how many standard alcoholic drinks do you consume each week (a standard drink is equivalent to either a 125ml glass of wine, a schooner of light beer, a middy/pot of full strength beer or a 30ml shot of spirits)? _____ per week

6. Have you ever been advised by a health professional to reduce your alcohol consumption? ☐ Yes ☐ No

7. Are you infected with HIV (Human Immunodeficiency Virus), the virus which can cause/lead to AIDS (Acquired Immune Deficiency Syndrome)? ☐ Yes ☐ No
If No, have you been referred for, or are you waiting on a HIV test result and/or are you taking preventative medication? ☐ Yes ☐ No

Section 11. Application for ChildCare Option

Family name	Given names

Name of Insured (Parent or Guardian of the ChildCare Life Insured)

ChildCare Option Life/Lives Insured (Max. 4 per policy)

1.

Family name		Given names	
Date of birth *(dd/mm/yyyy)*	Age next birthday	Date of birth *(dd/mm/yyyy)*	Age next birthday

2.

Family name		Given names	
Date of birth *(dd/mm/yyyy)*	Age next birthday	Date of birth *(dd/mm/yyyy)*	Age next birthday

3.

Family name		Given names	
Date of birth *(dd/mm/yyyy)*	Age next birthday	Date of birth *(dd/mm/yyyy)*	Age next birthday

4.

Family name		Given names	
Date of birth *(dd/mm/yyyy)*	Age next birthday	Date of birth *(dd/mm/yyyy)*	Age next birthday

Section 12. Declaration of health – ChildCare Option

Has any ChildCare Life Insured ever had any of the following?

1.	High blood pressure?	☐ Yes	☐ No
2.	Pain in the chest?	☐ Yes	☐ No
3.	Rheumatic fever or any heart complaint?	☐ Yes	☐ No
4.	Asthma, tuberculosis, or any other lung condition, disease or disorder?	☐ Yes	☐ No
5.	Indigestion, gastric or duodenal ulcer?	☐ Yes	☐ No
6.	Bowel, liver or gallbladder disease or disorder including Coeliac disease?	☐ Yes	☐ No
7.	Epilepsy, fainting attacks or fits of any kind?	☐ Yes	☐ No
8.	Diabetes, cancer or tumour of any type?	☐ Yes	☐ No
9.	Kidney or bladder disease, including renal colic or stone, pyelitis or cystitis?	☐ Yes	☐ No
10.	Coughing of blood, passing of blood from the bowel or in the urine?	☐ Yes	☐ No
11.	Any other medical condition, illness, injury or operation?	☐ Yes	☐ No
12.	Advice to have an operation or contemplate surgery in the future?	☐ Yes	☐ No
13.	Any physical defects, impaired sight or hearing?	☐ Yes	☐ No
14.	AIDS or any AIDS related disease or condition?	☐ Yes	☐ No
15.	An Injection with any substance not prescribed by a medical practitioner?	☐ Yes	☐ No
16.	Taken steroids, anti-hypertensive drugs or any other drugs?	☐ Yes	☐ No

Section 12. Declaration of health – ChildCare Option (continued)

If the answer was Yes to any of the previous questions, please provide date, name of ChildCare Life Insured and address of your usual medical practitioner (if any), full particulars, including duration

1. Condition type	Date it occurred *(dd/mm/yyyy)*	**2. Condition type**	Date it occurred *(dd/mm/yyyy)*
Child's name		Child's name	
Medical practitioner's name		Medical practitioner's name	
Medical practitioner's address		Medical practitioner's address	
Suburb		Suburb	
State	Postcode	State	Postcode
Full particulars (including duration)		Full particulars (including duration)	

3. Condition type	Date it occurred *(dd/mm/yyyy)*	**4. Condition type**	Date it occurred *(dd/mm/yyyy)*
Child's name		Child's name	
Medical practitioner's name		Medical practitioner's name	
Medical practitioner's address		Medical practitioner's address	
Suburb		Suburb	
State	Postcode	State	Postcode
Full particulars (including duration)		Full particulars (including duration)	

During the last 5 years has any ChildCare Life Insured had any medical examination, advice, treatment, or been in hospital (medical includes Chiropractor, Naturopath, or any other form of alternative medicine)? ☐ Yes ☐ No

If Yes, please give particulars of each instance including X-Ray, Electrocardiogram or other special tests

Section 13. Declaration of Insurance Policy – ChildCare Option

I/We are not aware of any other circumstances which might render the life of any ChildCare Life to be insured to have shortened longevity or suffer a serious health problem. I apply for the ChildCare Option to be issued in accordance with this application.

I hereby declare that the information contained in this application is true and correct.

Signature of Policy Owner ▶ | Date *(dd/mm/yyyy)*

Full name

Section 14. Declaration of of parent/guardian

I hereby declare that the information contained in this application is true and correct, and further, that I am not aware of any other circumstances which might be relevant to the insurer's decision whether to accept the risk and, if so, on what terms or any other circumstances which might render me or the ChildCare Life to be insured likely to require any medical treatment or to have a shortened longevity or to suffer a serious health problem.

I hereby declare that the information contained in this application is true and correct.

Signature of Policy Owner ▶ | Date *(dd/mm/yyyy)*

Full name

Section 15. Medical authority

I authorise any health practitioner, hospital, physician or other person who I have consulted to furnish MetLife Insurance Limited or its representatives, with any and all information with respect to any sickness or injury, medical history, consultation, prescriptions, treatment, and copies of all hospital or medical records.

A photocopy of this declaration shall be as valid an authority as the original.

First Life Insured

Signature of First Life Insured ▶ | Date *(dd/mm/yyyy)*

Family/Company name | Given names | Gender ☐ Male ☐ Female

Address

Suburb | State | Postcode

Second Life Insured

Signature of Second Life Insured ▶ | Date *(dd/mm/yyyy)*

Family/Company name | Given names | Gender ☐ Male ☐ Female

Address

Suburb | State | Postcode

Section 16. ChildCare Option medical authority

I authorise any health practitioner, hospital, physician or other person who the children named below have consulted to furnish MetLife Insurance Limited or its representatives, with any and all information with respect to any sickness or injury, medical history, consultation, prescriptions, treatment, and copies of all hospital or medical records.

A photocopy of this declaration shall be as valid an authority as the original.

Signature of parent/guardian ▶

Date *(dd/mm/yyyy)*

Name(s) of children to be insured

Date of birth *(dd/mm/yyyy)*

1.

2.

3.

4.

Address

Suburb

State

Postcode

Section 17. Payment method

Payment options ☐ Cheque ☐ Direct debit ☐ Credit card

Payment frequency ☐ Annual ☐ Half yearly ☐ Monthly

Section 18. Your authority to MetLife Insurance

I/We

(Surname or company business name)

(Given names or ABN/ARBN)

(Surname or company business name)

(Given names or ABN/ARBN)

authorise MetLife Insurance Limited (the User) (User ID No. 11238) to instruct the Financial Institution described below to debit my/our account, as described in The Schedule, any amount which the User may charge me/us in accordance with the Application Form.

Customer address

Suburb

State

Postcode

Signature ▶

Date *(dd/mm/yyyy)*

Name of bank/financial Institution

Suburb

State

Postcode

Signature ▶

Date *(dd/mm/yyyy)*

Section 19. The payment schedule

Full name of account

Address

Suburb | State | Postcode

Account type

☐ Cheque ☐ Non-passbook savings

Bank/State/Branch number

__ __ __ – __ __ __ __ __ __

Card number __ __ __ __ – __ __ __ __ – __ __ __ __ – __ __ __ __

Account member number

OR

Payment by credit card

I authorise the debit of my premiums from my ☐ Visa ☐ Mastercard ☐ American Express ☐ Diners

Cardholder's name

Card number __ __ __ __ – __ __ __ __ – __ __ __ __ – __ __ __ __

Expiry date *(mm/yyyy)* __ __ / __ __ __ __

Signature of cardholder ▶ | Date *(dd/mm/yyyy)*

Section 20. Marketing opt-out

MetLife may keep you informed about other products, services and special offers from MetLife companies and selected 3rd parties that may be of interest to you.

However, if you do not wish us to communicate these offers to you, please indicate below

First Life Insured

☐ Do not mail ☐ Do not phone

Second Life Insured

☐ Do not mail ☐ Do not phone

Section 21. Application declaration

Duty of Disclosure

Before you enter into or become insured under a life insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, that may affect our decision to provide the insurance and the terms of that insurance. For the purposes of this 'Duty of Disclosure' section, 'You' includes both the policy owner and the life to be insured.

You have this duty until we agree to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do 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 will be the policy owner but the insurance is for the life of another person who does not tell us everything he or she should have, this may be treated as a failure by you to tell us something that you must tell us.

If you do 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.

Section 21. Application declaration (continued)

If you do not tell us anything you are required to, and we would not have insured you if you 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 you had told us everything you 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 you had told us everything you 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.

Declaration of Policy Owner(s) / Life Insured(s)

- I/We have received a copy of the Your Life Product Disclosure Statement dated 10 July 2017;
- I/We have read and understand the Duty of Disclosure that that this duty applies until formal notification of acceptance.
- My/Our answers to the questions in this application are true and complete, and I/we have not deliberately withheld any information material to the proposed insurance. If any answer is not in my handwriting, I declare that it has been correctly written down at my dictation.
- I/We acknowledge that if this application for insurance is intended to replace any existing policy or policies as specified in this application, when MetLife notifies me/us that my/our application for insurance has been accepted, I/we must cancel such policies. I/We acknowledge that if when MetLife notifies me/us that my/our application for insurance has been accepted and I/we do not cancel any existing policy or policies specified in this application, the insurance applied for and accepted by MetLife will be ineffective and any claim made will be rejected.
- I/We consent to the collection, use and disclosure of personal (including sensitive) information to assess my/our application and any insurance claim.
- I/We have read the MetLife Privacy Policy available at www.metlife.com.au/privacy and I/We consent to the collection, use and disclosure of my/our personal (including sensitive) information by MetLife and their service providers in accordance with this Privacy Policy. I/We also agree that if I/we provide information about another person in this application (e.g. beneficiaries), I/we are required to inform the person concerned that I/we have done so and direct them to the information in the Privacy Policy.
- I/We understand that cover under any policy accepted does not begin until acceptance by MetLife of which I/we will be notified in writing.
- By providing your email address you agree to receive promotional material via email from us. If you do not want to receive promotional material from us, but you want us to retain your email address on your account records for contact purposes, please call **1300 65 18 65**.

Signed at

Suburb	State	Postcode

Signature of First Life Insured ▶	Signature of Second Life Insured ▶
Date *(dd/mm/yyyy)*	Date *(dd/mm/yyyy)*
Signature of First Policy Owner ▶	Signature of Second Policy Owner ▶
Full name	Full name
Date *(dd/mm/yyyy)*	Date *(dd/mm/yyyy)*

Section 22. Life insurance adviser details

Name of authorised representative

MetLife number	Name of AFSL

Signature ▶	Date *(dd/mm/yyyy)*

Contact details

Home number ( )	Work number ( )

Email ( )

Section 23. Commission option

Standard

S1	☐
S2	☐
S3	☐
S4	☐
S5	☐
L1	☐

Level

Would you like one of our underwriters to phone your client if necessary to clarify any information? ☐ Yes ☐ No

Please provide phone number	Preferred time to call (between 8.00am and 6.00pm AEST Mon–Fri).

Checklist for advisers

Before sending this application to MetLife, please check that the following have been completed

- ☐ All relevant questions/sections have been answered
- ☐ The Application Form has been signed and dated by the Life(s) to be Insured and the Policy Owner(s)
- ☐ Premium Illustration attached
- ☐ If paying by cheque, a cheque made payable to MetLife Insurance Limited marked non-negotiable is attached
- ☐ Direct Debit Form or Payment Schedule completed (if required)

Please return completed form to
MetLife Insurance Limited, GPO Box 3319, Sydney NSW 2001 or auservices@metlife.com

metlife.com.au