BT Protection Plans
Application for Additional Benefits

GPO Box 5467, Sydney, NSW 2001, Australia
Telephone 1300 553 764
Facsimile (02) 9274 5239

Insurer: Westpac Life Insurance Services Limited ABN 31 003 149 157 AFSL 233728.

Issuer: The Insurer is the issuer of all products, except for Term Life as Superannuation and Income Protection as Superannuation.

The Issuer of Term Life as Superannuation and Income Protection as Superannuation is BT Funds Management Limited ABN 63 002 916 458 AFSL 233724 (BTFM) as trustee of Retirement Wrap ABN 39 827 542 991 (Retirement Wrap).

PLEASE READ BEFORE SIGNING THIS FORM

This application form forms part of your contract with the Insurer and should be completed by the Policy Owner. Please refer to your original policy wording for the terms and conditions that will apply to this application/increase. Please contact us if you require a further copy of your policy wording.

You will need to include a completed Personal Statement with this application.

This form is only applicable to increases to the sum insured or monthly benefit on an existing policy for reasons other than the Future Insurability Benefit or Business Cover Benefit and applies to the following products:

- BT Term Life
- BT Term Life as Superannuation
- BT Standalone Living Insurance
- BT Standalone Total and Permanent Disablement
- BT Income Protection
- BT Income Protection as Superannuation
- BT Income Protection Plus
- BT Key Person Income
- BT Business Overheads
- BT Needlestick Benefit (No Personal Statement required)
- BT Children's Benefit (No Personal Statement required)

Note: Unless otherwise indicated, the premium structure, policy ownership details and other features on the existing benefit(s) will apply to any increase applied for in this application.

YOUR DUTY OF DISCLOSURE

You have a duty, under the Insurance Contracts Act 1984, to tell us every matter that you know, or could reasonably be expected to know, is relevant to the decision whether to insure you and, if so, on what terms.

Every person to be insured under your Policy has the same duty of disclosure. If they fail to comply with their duty, their failure to disclose any relevant matter may be treated as a failure by you to comply with your duty of disclosure.

The duty does not require disclosure of any matter:

- that diminishes the risk to be undertaken by us;
- that is of common knowledge;
- that we know or, in the ordinary course of our business, ought to know; or
- as to which compliance with your duty is waived by us.

Genetic testing

You do not need to tell us about any genetic test you have previously had, or intend to have unless we specifically ask you. You are obliged to inform us of any diagnosis of a medical condition, even if the diagnosis resulted directly or indirectly from a genetic test. You may volunteer results of genetics tests where the outcome is favourable.

Non-disclosure

If you fail to comply with your duty and the Policy would not have been entered into if the failure had not occurred:

- the Policy may be varied to reduce the sum insured or to reflect the terms that would have applied if you had complied with your duty; or
- the Policy may be treated as never having existed if your non-disclosure was fraudulent or, if it is within 3 years of entering into the Policy, the insurer would not have been prepared to enter into the contract of life insurance on any terms.

DETAILS OF BENEFIT INCREASE (ONE POLICY PER SECTION)

Please tick (✔) the boxes under each section if you do not wish for the Consumer Price Index (CPI) increase to be applied to any of the Insured Person(s) under this Policy at the next review date. Please note that the Insurer will automatically index the amount of the increased benefits each year on your review date in line with increases in the CPI. If you wish to decline any future CPI increases, you may advise us in writing within 30 days of the review date.

Existing Policy Number	Existing Portfolio Number	Name of Insured Person

	Current Sum Insured	Proposed New Sum Insured
Death Benefit	$	$
TPD Benefit	$	$
Living Benefit	$	$
Income Protection/Plus (Monthly Benefit)	$	$
Key Person Income (Monthly Benefit)	$	$
Business Overheads (Monthly Benefit)	$	$
Needlestick Benefit	$	$
Children's Benefit	$	$
	Current Premium	New Premium
Premium Instalment	$	$

☐ Please tick (✔) this box if you do not wish the CPI increase to be applied to any of the Insured Person(s) under this policy at the next review date.

Existing Policy Number	Existing Portfolio Number	Name of Insured Person

	Current Sum Insured	Proposed New Sum Insured
Death Benefit	$	$
TPD Benefit	$	$
Living Benefit	$	$
Income Protection/Plus (Monthly Benefit)	$	$
Key Person Income (Monthly Benefit)	$	$
Business Overheads (Monthly Benefit)	$	$
Needlestick Benefit	$	$
Children's Benefit	$	$
	Current Premium	New Premium
Premium Instalment	$	$

☐ Please tick (✔) this box if you do not wish the CPI increase to be applied to any of the Insured Person(s) under this policy at the next review date.

Existing Policy Number

Existing Portfolio Number

Name of Insured Person

	Current Sum Insured	Proposed New Sum Insured
Death Benefit	$	$
TPD Benefit	$	$
Living Benefit	$	$
Income Protection/Plus (Monthly Benefit)	$	$
Key Person Income (Monthly Benefit)	$	$
Business Overheads (Monthly Benefit)	$	$
Needlestick Benefit	$	$
Children's Benefit	$	$
	Current Premium	New Premium
Premium Instalment	$	$

☐ Please tick (✔) this box if you do not wish the CPI increase to be applied to any of the Insured Person(s) under this policy at the next review date.

DECLARATION

I/We declare and agree that:

- I/We have read the completed application and confirm that the statements made and information contained therein is true and correct as at the date I/we signed this application.
- I/We have received and read the relevant BT Protection Plans Product Disclosure Statement and Policy Document (PDS).
- I/We have read the 'Protection of your privacy' section of the PDS and I/we agree to the various uses and disclosures of my/our personal information set out in that section.
- This application, the accompanying Personal Statement(s) and any related documents shall form the basis of any contract issued.
- I/We have read and understood the section titled 'Your Duty of Disclosure'. I/We acknowledge that I/we have complied with the duty of disclosure.
- If applying for BT Term Life as Superannuation, and/or Income Protection as Superannuation, I am still eligible to contribute to superannuation or to have contributions made to superannuation on my behalf. I agree to be bound by the terms of the Trust Deed of Retirement Wrap.
- The increase in insurance I/we have applied for will not become effective until this application is accepted by the Insurer in writing.

Individual Applications – Must be signed by Policy Owner unless the application is for Term Life as Superannuation and/or Income Protection as Superannuation, in which case the Insured Member must sign.

Name of Policy Owner/Insured Member

Signature ✗ Date (dd/mm/yy) / /

Name of Policy Owner

Signature ✗ Date (dd/mm/yy) / /

Name of Policy Owner

Signature ✗ Date (dd/mm/yy) / /

Name of Policy Owner

Signature ✗ Date (dd/mm/yy) / /

Name of Policy Owner

Signature ✗ Date (dd/mm/yy) / /

DECLARATION (CONTINUED)

Company applications - must be signed by:

- two directors of the company, or
- a director and company secretary; or
- for a company with a sole director who is also the company secretary, that director.

Name of Director/Sole Director

Signature

✗ Date (dd/mm/yy) / /

Name of Director/Company Secretary

Signature

✗ Date (dd/mm/yy) / /

MEDICAL REQUIREMENTS (INSURED PERSON TO COMPLETE)

Please complete if you are arranging for any of the below medical (Insured Person to complete) and/or blood tests.

- ☐ Medical Exam
- ☐ Specialist Medical Exam
- ☐ Blood Tests – MBA, HIV, FBC, Hep B & C
- ☐ Resting ECG
- ☐ Stress ECG

Other

Please indicate if you are arranging the medical tests with UHG. Yes ☐ No ☐

If No ➔ Please give details of the other medical provider:

DETAILS OF ADVISER (FOR FINANCIAL ADVISER USE ONLY)

Adviser Name

Adviser Number

Business Phone

( )

Mobile Phone

Signature

✗ Date (dd/mm/yy) / /