



BT Protection Plans Alteration Request

GPO Box 5467, Sydney NSW 2001, Australia

Phone: 1300 553 764

life.insurance@btfinancialgroup.com

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

Issuer: The Issuer 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).

To be completed by the Policy Owner and/or the Insured Person if you wish to make changes to an existing policy.

1. DETAILS OF POLICY

Policy number

Advisor number

Portfolio number

2. 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.

Your Duty of Disclosure extends beyond completion of the application up until the time the Insurer accepts the application and issues a policy.

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.

3. DETAILS OF INSURED PERSON(S)

INSURED PERSON (1)

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

Date of birth (dd/mm/yyyy)

INSURED PERSON (2)

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

Date of birth (dd/mm/yyyy)

INSURED PERSON (3)

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

Date of birth (dd/mm/yyyy)

3. DETAILS OF INSURED PERSON(S) continued

INSURED PERSON (4)

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

Date of birth (dd/mm/yyyy)

/ /

INSURED PERSON (5)

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

Date of birth (dd/mm/yyyy)

/ /

4. ALTERATION REQUEST

I/We hereby request the Insurer to alter this policy as follows:

From

To

5. DECLARATION

I/We declare and agree that:

- I/we have read and understand the 'Your Duty of Disclosure' section of this form. I/We declare that I/we have complied with the duty of disclosure and I/we have not withheld any material information that may influence the assessment or acceptance of my/our insurance(s).
- any matters which have arisen since the signing of the proposal form dated / / which I/we must disclose under my/our duty of disclosure are as follows:

Note: If nothing to disclose, write 'NIL'

- I/we have read and understood this completed form and declare that the statements made and the information completed therein is complete and correct as at the date I/we signed this form.
- this form shall constitute part of my/our insurance(s) and the basis of the contract with the Insurer.
- failure to disclose any material fact known by me/us may invalidate my/our insurance(s)

5. DECLARATION continued

Signature of Policy Owner (1)

X

Date

/ /

Signature of Policy Owner (2)

X

Date

/ /

Signature of Policy Owner (3)

X

Date

/ /

Signature of Policy Owner (4)

X

Date

/ /

Signature of Policy Owner (5)

X

Date

/ /

Signature of Insured Person (1)

X

Date

/ /

Signature of Insured Person (2)

X

Date

/ /

Signature of Insured Person (3)

X

Date

/ /

Signature of Insured Person (4)

X

Date

/ /

Signature of Insured Person (5)

X

Date

/ /