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

BT Protection Plans
Application for Continuation Option
(Platform Super - for Asgard/LifeFocus/Personal Choice Private)

Insurer: Westpac Life Insurance Services Limited ABN 31 003 149 157 AFSL Number 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 Westpac Securities Administration Limited ABN 77 000 049 472 AFSL Number 233731 (WSAL) as trustee of the Westpac MasterTrust ABN 81 236 903 448 (Westpac MasterTrust).

Please complete this form:

- If you had BT Protection Plans through your Platform Super account and your Platform Super account closed in the last 30 days; and
- If you wish to continue your cover for Death, TPD or Income Protection with the Insurer.

Please note that the insurance cover will be moved across as per the existing cover. If you wish to amend or change your level of cover you will need to do this following the move to the new Policy/ies.

APPLICATION REQUIREMENTS

To apply for the continuation option, you must:

- Obtain a copy of the BT Protection Plans Product Disclosure Statement and Policy Document (PDS) from your adviser; and
- Attach a product illustration from LifeCENTRAL+ for the new Policy/ies.

Once you receive the PDS, complete this form and return it to the following address:

BT Protection Plans
GPO Box 5467
Sydney NSW 2001

Your application for continuation of insurance is subject to the following conditions:

- the insurance is subject to a maximum of the sum insured that applied immediately prior to the closure of your Platform Super account;
- for Income Protection insurance, the Monthly Benefit, Waiting Period and Benefit Period will be the same as that which applied immediately prior to the closure of your Platform Super account;
- any existing loadings, exclusions or special conditions will continue to apply; and
- the Insured Person will become the Policy Owner for the new insurance Policy/ies.

Your cover will continue from the date you ceased to be a Platform Super account holder, subject to:

- this form and product illustration being returned within 30 days from the date you ceased to be a Platform Super account holder; and
- premium arrears being paid via your nominated account or credit card.

SECTION 1 – ACCOUNT HOLDER DETAILS

Platform Super account number

- 2 -

Policy number

Name of account holder

SECTION 2 – LEVEL OF COVER

☐ I wish to continue my existing levels of cover (as per the above policy numbers) with BT Protection Plans.

SECTION 3 – ADDRESS FOR NOTICES

Only complete if the address has changed. All notices for the policies in this group will be sent to this address.

Residential address

Postcode

Country, if not Australia

Postal address (if different from the residential address)

Postcode

Country, if not Australia

BTF31529-0613ex

SECTION 4 – PREMIUM PAYMENT DETAILS

Complete this section for all applications.

PAYMENT FREQUENCY

☐ Monthly ☐ Quarterly ☐ Half-Yearly ☐ Yearly

PAYMENT METHOD

Direct Debit Authority

Only complete if premium payment is by bank account direct debit.

I/We request and authorise the Insurer (Debit User ID No. 002631) to debit my/our account referred to below, for any amounts which become payable, which the Insurer may debit or charge me/us through the direct debits payments system (also known as the Bulk Electronic Clearing System) in relation to my/our Policy.

Name of financial institution

Account name

BSB number

Account number

I/We understand and acknowledge that this direct debit arrangement is governed by the terms of the Direct Debit Request Service Agreement in the PDS and the terms and conditions of my/our Policy.

Account holder 1 signature(s)

✗

Date / /

Account holder 2 signature(s)

✗

Date / /

Credit Card Authority

Only complete if premium payment is by credit card.

I/We authorise the Insurer to:

- arrange for any amounts which become payable in relation to my/our BT Protection Plans Policy to be debited to the credit card I/we have nominated, including any credit card issued in place of the nominated card as a result of that card being lost, stolen, upgraded or replaced; and
- obtain an updated expiry number from time to time if necessary from my/our financial institution.

TYPE OF CREDIT CARD

☐ Mastercard ☐ Visa

Credit card number

Name on card

Expiry (mm/yy)

/

Cardholder's signature

✗

Date / /

SECTION 5 – DECLARATION

I declare that I:

- have received, read and understood the BT Protection Plans PDS;
- agree that the information provided by me shall form the basis of the policy with the Insurer;
- understand that the new policy/ies will not come into force until I have received confirmation in writing from the Insurer and the policy commencement date will be deemed to occur on the date my Platform Super account is closed;
- will be the Policy Owner for the new policy/ies;
- understand the insurance is subject to a maximum of the sum insured that applied immediately prior to the closure of my Platform Super account;
- understand for Income Protection insurance, the insurance is subject to the Monthly Benefit, Waiting Period and Benefit Period that applied immediately prior to the closure of my Platform Super account; and
- understand any existing loadings, exclusions or special conditions will continue to apply.

Signature of Insured Person

✗

Date / /

SECTION 6 – ADVISER DETAILS

Adviser Name 1

Adviser Number 1

F

Initial split %

Renewal/Level split %

Signature

✗

Date / /

Adviser Name 2

Adviser Number 2

F

Initial split %

Renewal/Level split %

Signature

✗

Date / /