



BT Protection Plans (SuperWrap, SuperWrap Essentials or Panorama Super) Application for Continuation Option

GPO Box 5467, Sydney NSW 2001, Australia

Phone: 1300 360 899 | Fax: (08) 8422 4415 | Email Address: Gold.Life@btfinancialgroup.com

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 RSE R1001327 (Retirement Wrap).

Please complete this form:

- If you had BT Protection Plans within Platform Super (SuperWrap, SuperWrap Essentials, or Panorama Super), 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.

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.
- Attach a product illustration from LifeCENTRAL+ for the new policies.

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 SuperWrap account
- for Income Protection insurance, the Monthly Benefit, Waiting Period and Benefit Period that applied immediately prior to the closure of your Platform Super account
- any existing loadings, exclusions or special conditions will continue to apply
- the Insured Person becoming the Policy Owner for the new insurance policy/ies.

Your cover will continue from the date you ceased to be a Platform Investments 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
- premium arrears are paid via your nominated account or credit card.

SECTION 1 – ACCOUNT HOLDER DETAILS

SuperWrap investor number

M

Panorama Investments account number (for existing Panorama Investments accounts)

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 the 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

Postal Address

SECTION 4 – PREMIUM PAYMENT DETAILS

Complete this section for all applications.

Payment frequency

- Monthly Quarterly Half-Yearly Yearly

Payment method

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, amounts, 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

Date (dd/mm/yyyy)

Account holder 2 signature

Date (dd/mm/yyyy)

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 (dd/mm/yyyy)

Platform Investments Account Authorisation

Only complete if premium payment is by a Wrap or Panorama Investments account. Please provide one of the following investment account numbers for the deduction of premium payments.

Wrap investor number (for existing Wrap accounts)

Panorama Investments account number

(for existing Panorama Investments accounts)

I/We, as an investment account holder whose investor/account number appears above, declare and agree that:

- I/we direct and authorise the administrator of my/our investment account, BT Portfolio Services Limited, to deduct the premium(s) for this Policy from my/our investment account in a manner described in the current disclosure document for my/our investment account (including the 'drawdown facility');
- I/we acknowledge and agree that this Policy will not be available if I/we close my/our investment account, however, I/we am/are able to transfer this Policy to a new policy paid outside of an investment account without any further underwriting as described in the PDS for BT Protection Plans; and
- I/we acknowledge that if the administrator of my/our investment account, BT Portfolio Services Limited (or its agent), reasonably believed the signature(s) on this application to be genuine, they (or their agent) will not be liable for any loss we may suffer if it is later found that the signature(s) was/were not genuine or was/ were made fraudulently.

Name

Signature

Date (dd/mm/yyyy)

Name

Signature

Date (dd/mm/yyyy)

SECTION 5 – DECLARATION

I declare that:

- 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 this new policy/ies;
- the insurance is subject to a maximum of the sum insured that applied immediately prior to the closure of my Platform Super account;
- 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;
- the Panorama account details provided in this application (if any) may be used to electronically communicate with me/us, including important information in relation to my/our application and my/our insurance;
- details of any Policy(ies) owned by me/us that are funded by a Panorama account will be visible online to the owner of the Panorama account and their financial adviser; and
- any existing loadings, exclusions or special conditions will continue to apply.

Signature of Insured Person

Date (dd/mm/yyyy)