



BT Protection Plans (Wrap, Wrap Essentials or Panorama Investments) Application for Continuation Option

GPO Box 5467, Sydney NSW 2001, Australia

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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 read before signing this form

- If you had BT Protection Plans within Platform Investment (Wrap, Wrap Essentials or Panorama Investments), and your Platform Investments 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 Policy/ies 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 Platform Investments account
- for Income Protection Insurance, the Monthly Benefit, Waiting Period and Benefit Period that applied immediately prior to the closure of your Platform Investments account
- any existing loadings, exclusions or special conditions will continue to apply.

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 Investments account holder; and premium arrears are paid via your nominated account or credit card.

SECTION 1 – ACCOUNT HOLDER DETAILS

Wrap 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 – DETAILS OF POLICY OWNER(S)

Policy Owner(s) may be the Insured Person, a trust, business entity or other person.

Note – For Income Protection, Income Protection Plus & Business Overheads Policies the Insured Person will be the Policy Owner unless a company is nominated below.

POLICY OWNER 1

Title

Mr Mrs Miss Ms Dr

Other (please specify) | | | | | | | | | |

Given name(s)

| | | | | | | | | | | | | | | |

Surname/Name of company (including ACN or ABN)/Name of trust

| | | | | | | | | | | | | | | | | | | | | |

Date of birth (dd/mm/yyyy)

| | | | / | | | | / | | | | | |

Home Phone

() | | | | | | | | | |

Work Phone

() | | | | | | | | | |

Mobile Phone CIS Number (if known)

Email Address

POLICY OWNER 2

Title
Mr Mrs Miss Ms Dr
Other (please specify)

Given name(s)

Surname/Name of company (including ACN or ABN)/Name of trust

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

Home Phone Work Phone
() ()

Mobile Phone CIS Number (if known)

Email Address

If there are more than two Policy Owners, please attach the corresponding information on a separate sheet.

SECTION 4 – ADDRESS FOR NOTICES

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

Postal Address

 State Postcode
Country, if not Australia

Postal Address (if different from the residential address)

 State Postcode
Country, if not Australia

SECTION 5 – 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, 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(s) X Date

Account holder 2 signature(s) X 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 date (mm/yy)
/

Cardholder's Signature X Date

SECTION 6 – DECLARATION

I/We declare that I/We:

- have received, read and understood the BT Protection Plans PDS;
- agree that the information provided by me/us shall form the basis of the policy with the Insurer;
- understand that the new policy/ies will not come into force until I/we have received confirmation in writing from the Insurer and the policy commencement date will be deemed to occur on the date my/our Platform Investments account is closed;
- the insurance is subject to a maximum of the sum insured that applied immediately prior to the closure of my/our Platform Investments 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/our Platform Investments account;
- the email address(es) provided in this application may be used to electronically communicate with me/us, including important information in relation to my/our application and my/our insurance; and
- any existing loadings, exclusions or special conditions will continue to apply.

INDIVIDUAL APPLICATIONS

Policy Owner 1

Date

Policy Owner 2

Date

If there are more than two Policy Owners, please attach their signatures on a separate sheet.

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, only that director.

Name of Director/Sole Director

Signature

Date

Name of Director/Secretary

Signature

Date