

Extension of cover application

This form allows you to apply to extend your cover beyond age 65, provided you meet the criteria set out on the next page.



To avoid delays, check that all questions have been answered fully. Please use **BLOCK LETTERS**.

The duty to take reasonable care not to make a misrepresentation

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into. To meet this duty, each person whose life is to be insured must also take reasonable care not to make such a misrepresentation.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

The duty applies to this contract as a consumer insurance contract.

If you do not meet your duty

Not meeting your legal duty can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

About this application

When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can provide cover, and if so on what terms and at what cost.

We will ask questions we need to know the answers to. These will be about personal circumstances, such as health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance of each life to be insured. The information given to us in response to our questions is vital to our decision.

Guidance for answering our questions

You are responsible for the information provided to us. Each person answering our questions should:

- think carefully about each question before answering. If you are unsure of the meaning of any question, please ask us before you respond
- answer every question
- answer truthfully, accurately, and completely. If you are unsure about whether you should include information, please include it. Please don't assume we will ask others such as your doctor
- review your application carefully. If someone else helped prepare your application (for example, your financial adviser), please check every answer, and if necessary, make any corrections.

Changes before your cover starts

Before your cover starts, please tell us about any changes that mean you and each person who answered our questions would now answer differently. It could save time if you let us know about any changes as and when they happen. This is because any changes might require further assessment or investigation.

Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please tell us immediately.

If you need help

It's important that you and every person answering our questions understands this information and the questions we ask. Ask us or your financial adviser for help if you have difficulty answering our questions or understanding the application process.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help and can provide additional support for anyone who might need it. You can have a support person you trust with you.

Privacy

Zurich is bound by the Privacy Act 1988 (Cth). In completing the forms or questions herein you will be providing us with your personal and, perhaps, sensitive information. The collection and management of this information is governed by the Privacy Act 1988. For a more detailed explanation of Zurich's Privacy Policy please visit our website at www.zurich.com.au or contact the Zurich Privacy Officer on 132 687 or email us at privacy.officer@zurich.com.au.

Eligibility criteria

Policy type	Eligibility
Zurich Income Replacement (Zurich Wealth Protection)	- benefit period is 'to age 65' - the occupation class on your policy schedule is not SR - life insured is working in paid employment for more than 30 hours per week - you are not currently claiming disability benefits and have not claimed disability benefits at any time in the last 12 months - your application is received at least 60 days before the benefit expiry date shown on your policy schedule.
Zurich Disability Income Insurance (Zurich FutureWise)	- cover does not expire earlier than the policy anniversary when the life insured is 65 - policy includes the extra benefits option - the occupation class on your policy schedule is 1E, 1L, 1M or 1P - the policy does not include any premium loading or adjustment - you are not eligible for a Total Disability benefit or Partial Disability benefit in the last 12 months.
Zurich Business Expenses Insurance (Zurich FutureWise)	- cover does not expire earlier than the policy anniversary when the life insured is 65 - the occupation class on your policy schedule is 1E, 1L, 1M or 1P - the policy does not include any premium loading or adjustment - you are not eligible for a Total Disability benefit or Partial Disability benefit in the last 12 months.

Cover features

Please refer to the relevant PDS for full details; this is a summary only.

Zurich Income Replacement

Cover under this feature will be provided on the following modified terms:

- on an indemnity basis
- a benefit period of 12 months
- an Income benefit will only be payable if the life insured is not earning any post-disability income
- any optional benefits which were part of the original policy will end (including inflation protection increases).

Zurich Disability Income Insurance

Cover under this feature will be provided on the following modified terms:

- on an indemnity basis
- a benefit period of 12 months
- the only benefits on the extended cover will be the Total Disability benefit, Partial Disability benefit and Death benefit
- the Extra Benefits option, Claims Escalation option, Accident option and Superannuation Cover option will not apply
- indexation increases will not apply
- the maximum monthly benefit we will pay is \$15,000.

Cover can continue on the modified basis until the earlier of:

- the policy anniversary when the life insured is 70
- life insured has not been in gainful employment of at least 20 hours a week for six consecutive months.

Zurich Business Expenses Insurance

Cover under this feature will be provided on the following modified terms:

- the Accident option will not apply
- indexation increases will not apply
- the maximum monthly benefit we will pay is \$15,000.

Cover can continue on the modified basis until the earlier of:

- the policy anniversary when the life insured is 70
- the life insured has not been in gainful employment of at least 20 hours a week for six consecutive months.

Current policy information

Life insured details

Title	Surname	Given names	
Date of birth	/	/	Age

Policy owner 1

Title	Surname	Given names	Date of birth	/	/
Company/SMSF trustee name (if applicable)					
Address			State	Postcode	
Contact details	Work ()	Home ()			
	Mobile	Email			

Declaration

Declaration/s of the policy owner/s and life insured

I/we declare that I/we:

- have read the the Eligibility criteria section of this application and confirm that I/We meet the eligibility criteria set for my/our policy type.
- have read the sections of the relevant Zurich Product Disclosure Statement for my policy which relate to the the extension of cover, and agree that those terms and conditions will apply to any cover being extended under this application.
- agree that this application will form the basis of a variation to the policy and understand that premiums will change to reflect the change in cover
- understand that the cover applied for will not become effective until this application is accepted by Zurich in writing.
- have read and understood my duty to take reasonable care not to make a misrepresentation and declare that the statements and answers provided in this application are true, accurate and complete.

Name of life insured

Signature of life insured	Date	
X	/	/

Name of policy owner 1

Signature of policy owner 1	Date	
X	/	/

Name of policy owner 2

Signature of policy owner 2	Date	
X	/	/

Any questions? Call 131 551

Please return the completed form to us, by post or email as follows:

By post, to **Zurich Australia Limited, Underwriting Department, Locked Bag 994, North Sydney NSW 2059**

By email, as a scanned attachment, to **life.newbusiness@zurich.com.au**