

Connect Insurance Application

To be completed for all Death only and Death and TPD applications for total cover up to and including \$385,000 (7 units) inclusive of your basic cover of \$55,000 (1 unit).

For applications for total insurance above \$385,000, please complete the Connect Personal Insurance Statement available from Connect on 1800 025 464 (Free call) or www.connect-super.com.au

1. Personal details

Membership Number				Date of Birth				Sex	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mr/Mrs/Ms/Miss		Surname							
<input type="text"/>		<input type="text"/>							
Given Name(s)									
<input type="text"/>									
Telephone (Business Hours)					(Mobile)				
<input type="text"/>					<input type="text"/>				
Email									
<input type="text"/>									
Street Number / PO Box			Street Name						
<input type="text"/>			<input type="text"/>						
City						State		Postcode	
<input type="text"/>						<input type="text"/>		<input type="text"/>	

Duty of Disclosure

Before you enter into a contract of insurance with a Life Insurer you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know that is relevant to the Insurer's decision whether to accept the risk for the insurance and if so on what terms. You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of life insurance.

Your duty does not require you to disclose any matter:

- that diminishes the risk undertaken by the Insurer
- that is of common knowledge
- that the Insurer knows or, in the ordinary course of business ought to know,
- to which the Insurer waives your duty of compliance.

Non-Disclosure

If you fail to comply with your duty of disclosure, and the Insurer would not have entered into the contract on any terms if the failure had not occurred, the Insurer may void the contract within the first three years on entering into it. If your non-disclosure is fraudulent, the Insurer may void the contract at any time. An Insurer who is entitled to avoid a contract of life insurance may, within three years of entering it, elect not to avoid it but reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the Insurer.

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3. Health declaration for Death Only and Death and TPD cover up to and including \$385,000

- a. Can you confirm that you are actively working as at the cover application date, that you are able to perform all your usual duties on a permanent full-time basis and that you are not currently receiving any form of medical treatment?
- Yes No

If you answered 'No' to question 3a, please complete the Connect Personal Insurance Statement available from Connect on 1800 025 464 (Free call) or www.connect-super.com.au

To the best of your knowledge:

- b. Have you taken more than a total of seven days off work over the past 12 months due to illness or injury (other than colds or flu)? Yes No
- c. Have you ever suffered from a cancer/tumour of any type, chest pain, high blood pressure, heart/vascular complaint, back or joint disorder, paralysis, stroke, or mental/nervous disorder including stress, anxiety or depression? Yes No
- d. Are you suffering from Acquired Immune Deficiency Syndrome (AIDS) or infected with the HIV virus or carrying antibodies to the HIV virus? Yes No

Normal underwriting requirements will apply to applications for cover in excess of \$385,000.

If you answered 'yes' to questions 3b, c. or d., please complete the Connect Personal Insurance Statement available from Connect on 1800 025 464 (Free call) or www.connect-super.com.au

4. Smoking

During the past 12 months have you smoked tobacco or any other substance? Yes No

If you smoke more than 40 tobacco cigarettes per day and / or you smoke any other substance, please complete the Connect Personal Insurance Statement available from Connect on 1800 025 464 (Free call) or www.connect-super.com.au

5. Declaration by the life Insured or Applicant

I acknowledge that:

- I have read and understood the current PDS.
- I have read and carefully considered the questions in this application and all the questions provided that are true and correct.
- I have told the Insurer everything I know that could affect its decision to accept my application.
- I have read the Duty of Disclosure and understand my obligations under the Insurance Contracts Act 1984 as explained above.
- I am not restricted by injury or illness from carrying out all my normal work duties and I am working my normal hours.
- If I do not complete this application correctly, or I do not sign and date this form, my application will be invalid and will not be considered by the Insurer.
- I have read the privacy section on page 4. I hereby authorise the release to the Insurer (ING Life Limited), or any other organisation duly appointed by ING, of any medical information needed in connection with this application, including full details of my past medical history. A photocopy (or similar) of this authorisation will be as valid as the original.
- Insurance cover will not commence until I am notified of acceptance by the Trustee.

Name of applicant

Date

D	D	M	M	Y	Y	Y	Y
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Signature of applicant

Membership Number

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→ You must sign and date this section before returning this form to....

Connect
GPO Box 2163T
Melbourne VIC 3001

Privacy

We are committed to ensuring the confidentiality and security of your personal information. The ING Privacy Policy details how we manage your personal information and is available on request or may be downloaded from www.ing.com.au. You may request access to the information held by us about you, your investment(s) and any other ING products or services which you may hold by contacting the ING Privacy Officer. You may assist us by contacting Customer Services if any of your personal information is incorrect, has changed or requires updating.

In order to undertake the management and administration of our products and services, it may be necessary for us to disclose your personal information to certain third parties. Unless you consent to such disclosure we will not be able to process the application or provide you with ING products or services. The types of organisations to whom we may routinely disclose your personal information include:

- doctors, medical services or other organisations providing services in the collection, collation or assessment of personal information (including health information) for the purpose of underwriting or assessing your application or assessing any claims
- reinsurance organisations for the purpose of underwriting your application and assessing claims
- organisations undertaking compliance reviews of our financial advisers or reviews of the accuracy and completeness of our information
- organisations maintaining our information technology systems and providing information technology services
- authorised financial institutions, such as banks, credit unions and building societies, providing account details as a mechanism for providing payments or receipt of payments
- organisations providing mailing services and undertaking the printing of our standard documents and correspondence.

We will only disclose your personal information to these organisations to enable them to undertake specified management and administration services.

For life risk products, we collect health information with your consent. Your health information will only be disclosed to service providers, such as doctors, reinsurers and assessors, who are directly involved in collecting, collating or assessing such information for the purpose of underwriting or assessing your application or assessing any claim. Your health information will not be disclosed by ING for any other purpose.

We will also disclose your personal information in circumstances where we are required by law to do so.

The Family Law Act 1975 enables certain persons to request information about your interest in a superannuation fund. We may, if requested, be required to provide information about your interest in a superannuation fund to your spouse or a person who intends to enter into an agreement with you about splitting your superannuation interests in the event of separation of marriage. The request must be in a form prescribed by law. The law prevents us from telling you about any such request for information and from providing your address to a person requesting the information.

We will provide information relating to your financial product or investment to your financial adviser where you authorise them to receive such information on your behalf. You may change your financial adviser, appoint a financial adviser or decide that you do not want your financial adviser to access your information by notifying us in writing. Where you wish to authorise any other parties to receive information and/or undertake transactions, please notify us in writing.

We and other members of ING Group may send you information about our financial products and services from time to time.

You may elect not to receive such information at any time by contacting Customer Services.

If you have any further questions about privacy, please write to us or contact us at:

ING – Privacy Officer

GPO Box 75
Sydney NSW 2001

Phone 02 9234 8111

Fax 02 9299 3979

Email privacy@ing.com.au

In this statement 'we', 'us' and 'our' refers to ING Life Limited (ING Life)

ING Life Limited ABN 33 009 657 176 AFSL 238341
347 Kent Street, Sydney NSW 2000

**A copy of Connect's Privacy Statement is available by calling Connect on 1800 025 464
or on www.connect-super.com.au**