

APPLICATION FOR BUPA INCOME PROTECTION

This application relates to the Combined Product Disclosure Statement and Financial Services Guide dated 28 October 2011. Please do not complete this application if you have not received a copy of the Product Disclosure Statement and had an opportunity to read it.

How to Apply

1. Make sure you fully complete this application form, and sign and date it, using blue or black ink. Some questions can only be completed by the life to be insured – these are clearly marked.
2. If you intend to pay:
 - annually by cheque – you need to make your cheque payable to ClearView Life Assurance Limited, for the entire annual premium;
 - annually or monthly by credit card – you need to complete the credit card section of the Payment Authority;
 - annually or monthly from your bank account – you need to complete the Direct Debit Request section of the Payment Authority.
3. Return completed forms to:

ClearView Life Assurance Limited
Reply Paid 4232
Sydney NSW 2001

Start of Cover

Cover under the policy does not begin until ClearView Life Assurance Limited has accepted your application as proposed or has received your signed acceptance of any alternate terms that may be offered and the first premium and/or a completed Payment Authority has been received.

Your Duty of Disclosure

Before you enter into a contract of life insurance with an 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 is relevant to the insurer's decision whether to accept the risk of 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 disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is common knowledge;
- that the insurer knows, or in the ordinary course of business ought to know; or
- as to which compliance with your duty is waived by the insurer.

Your Duty of Disclosure continues until the contract of life insurance has been accepted by the insurer and confirmation in writing has been issued.

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 avoid the contract within three years of entering into it. If your non disclosure is fraudulent, the insurer may avoid the contract at any time.

Any insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but

to reduce the sum 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.

1. Details of proposed amount of cover

Monthly benefit

\$ _____

Benefit period

2 years 5 years Age 65

Waiting period

30 days 90 days 180 days
 1 year 2 years

Optional benefit

Indexed Claim Benefit

Premium

\$ _____ per month / year

2. Details of life to be insured

Surname

Previous name (maiden)

First name

Title

Initial

Date of birth

D D M M Y Y

Sex (M/F)

Home address

Unit number

Street number

Street name

Suburb

Postcode

Home phone number

Mobile phone number

Email address

How long have you lived in Australia?

Are you a permanent resident of Australia?

Yes. No.

What date was Australian residency status granted?

Do you plan to travel overseas or live or work in another country?

Yes. No.

If yes, When?

For how long?

Where?

For what reason?

3. Payment details

- Annually by cheque (make payable to ClearView Life Assurance Limited)
- Annually or monthly by credit card (complete Payment Authority)
- Annually or Monthly by Direct Debit to your bank account (complete Payment Authority)

4. Details of Policy Owner(s)

Is the policy owner to be the same as the life insured?

Yes - go to section 4b No - go to section 4a

4a. Details of Policy Owner

(Where policy is to be owned by a company, trust or partnership)

Is owner a Company Trust Partnership

Names of entity

ABN number (if applicable)

4b. Address to which notices and correspondence are to be sent

(leave blank if same as life insured address)

Unit number

Street number

Street name

Suburb

Postcode

5. Occupation and income details of the life to be insured

5a. Occupation and income details

What is your usual occupation?

Industry

Years in industry

When did your present employment situation commence?

5b. Additional details about your occupation

(Tick any of the following that apply to you)

- Self employed Employee
- Contractor Casual

Employer's name or name of business or practice

Business address

Unit number

Street number

Street name

Suburb

Postcode

Describe all present duties, including the percentage of the time spent performing each duty and percentage of income derived from each

Are any of your duties hazardous? (e.g. underground, at heights, etc)

Yes. No.

If yes, provide details

If 'self employed', please complete the following questions:

What percentage of the business do you own?

%

How many people do you employ?

Full time.

Part time.

Do you possess any trade or tertiary qualifications?

Yes. No.

Age of diagnosis Age at death (if applicable)

Family member

Condition

Current status

Age of diagnosis Age at death (if applicable)

12. Details of pastimes

12a. Do you currently engage or intend to engage in:

Underwater diving? Yes No

Aviation (other than as a fare paying passenger in a commercial airline)? Yes No

Motorcar, motorcycle or motor boat racing? Yes No

Mountain climbing or mountain biking? Yes No

Hang gliding? Yes No

Parachuting? Yes No

Football (any code)? Yes No

Any other hazardous pursuit or sporting activity? Yes No

12b. Did you answer yes to any item in question 12a?

Yes No

complete the separate Sports and Pastimes Questionnaire (call 134 135 if you don't have a copy of this form) go to Part 13.

13. Medical Authority

(to be signed by the life to be insured)

I authorise any medical practitioner, hospital or clinic to provide ClearView Life Assurance Limited ABN 12 000 021 581 with any information about my hospital and medical history. A photocopy of this authority will be as valid as the original.

Life to be insured

Signature of life to be insured

/ /

OFFICE USE ONLY

Doctor's name

14. Policy owner and life insured declaration

1. I/We have read the Product Disclosure Statement to which this application form relates.
2. I/We apply for BUPA Income Protection and agree to abide by the terms of the policy.
3. The answers I/we have given in the application, the personal

statement made within it, and any attachments to the application are true and correct.

4. I/We have disclosed all relevant information so that ClearView Life Assurance Limited can properly consider this application.
5. I/We authorise ClearView Life Assurance Limited to disclose any information in relation to my application to any person, for the purposes of assisting ClearView Life Assurance Limited make a decision in relation to my/our application of insurance.
6. I/We understand that the insurance does not begin until ClearView Life Assurance Limited accepts my application and I have paid my first premium (or signed a Payment Authority).
7. I/We have read the Duty of Disclosure. If answers are not in my/our own handwriting, I have checked them and certify that they are true and correct.
8. I/We have read and consent to the collection, use and disclosure of my personal information as set out in the Privacy and Personal Information section of the Product Disclosure Statement.

Signed by life to be insured

Full name

Signature of life to be insured

/ /

Signed by Policy Owner (if other than life to be insured)

Full name (individual, company, partnership or trust)

Position within company (if applicable)

Signature of Policy Owner

/ /

OFFICE USE ONLY

Date PDS given to customer

/ /

Staff Discount

Yes. No.

Advisor name

Advisor no

Receipt no

Date receipted

/ /

Has an SOA been completed?

Yes. No.