



APPLICATION FORM - BUPA INJURY CASH INSURANCE

This application relates to Bupa Injury Cash Insurance, Combined Financial Services Guide, Product Disclosure Statement and Policy Wording dated 28th October 2011. Please do not complete this application if you have not read the PDS and Policy Wording.

10% PREMIUM DISCOUNT FOR BUPA HEALTH INSURANCE MEMBERS

To be eligible to apply, you must be a permanent Australian resident aged between 18 and 65. If you wish to apply for cover for a second person, you will need a separate application form.

Send your completed application form (no stamp required) to: ClearView Life Assurance Limited. Reply Paid 4232, Sydney NSW 2001.

Select amount of cover (tick one box only, or specify amount)

- Standard Monthly Premium:** Age at entry 18 - 49 **\$39.60** Age at entry 50 - 65 **\$49.50**
- Premier Monthly Premium:** Age at entry 18 - 49 **\$79.20** Age at entry 50 - 65 **\$99.00**

Note: these monthly premiums are inclusive of a 10% discount for Bupa health insurance members.

Life insured details (please print)

Surname

First name

Title Initial

Date of birth Sex (M/F)

Home phone number

Mobile phone number

Email address

Home address

Unit number Street number

Street name

Suburb

Postcode

1. Are you a permanent resident of Australia?

 Yes. No.

2. Are you a Bupa health insurance member?

 Yes. No.

Declarations

My decision to apply for this insurance is based on the material received and my understanding of the information, including the PDS and Policy Wording. I have read and understand the 'Your Duty of Disclosure' and 'Non-Disclosure' statements in the PDS and Policy Wording and confirm that I am a permanent Australian resident aged between 18 and 65.

I have read and consent to the collection, use and disclosure of my personal information including sensitive information, as set out in the 'Privacy and Your Personal Information' section of the PDS and Policy Wording, including the 'Marketing' section.

I understand that the insurance applied for does not begin until ClearView Life Assurance Limited accepts my application.

Applicant's signature

/ /

Payment authority

This authority must be completed if you wish to pay by automatic deductions from either a credit card or a bank account.

Select preferred payment method (tick one box only)

I wish to pay my premiums:

- Monthly (by automatic deductions from my bank account or credit card) - please complete payment authority
- Annually (by automatic deductions from my bank account or credit card) - please complete payment authority
- Annually (by manual payments) - please make your cheque for 12 times the monthly premium, payable to ClearView Life Assurance Limited

OPTION A - credit card

I authorise ClearView Life Assurance Limited to charge my:

- Visa MasterCard

Credit card number

Expiry date

Cardholder's name (as shown on card)

Cardholder's signature

OPTION B - Bank account

I authorise the payment of premiums for the policy by automatic debit from my account in accordance with the Direct Debit Request below:

Request and authority to debit

ClearView Life User ID 022829 may debit and/or charge any amount through the Bulk Electronic Clearing System, from the account nominated on this form. Each debit or charge must be effected according to the Service Agreement.

Direct debit request - authority to debit account:

Surname

First name

Title

Initial

Unit number

Street number

Street name

Suburb

Postcode

Name of account holder

BSB number

Bank account number

Details of financial institution

Name of financial institution

Address of financial institution

Suburb

Postcode

Before signing this section, please read the Direct Debit Service Agreement in the PDS and Policy Wording. Your signature on this form confirms you have authorised ClearView Life Assurance Limited to deduct premiums from your account according to the Service Agreement and that you have checked the account details and confirm they are correct. If a joint account, please have all account holders sign. If you are signing for and on behalf of another person, please state the capacity in which you sign, in the signature box below.

Account holder(s) signature

Thank you for your application

Send your completed application form (no stamp required) to:

ClearView Life Assurance Limited
Reply Paid 4232
Sydney NSW 2001

Issuer: ClearView Life Assurance Limited
ABN 12 000 021 581 AFS Licence No. 227682

OFFICE USE ONLY

Consultant Name

Consultant ID (BOSS)

Bupa centre number