

Personal Health Statement (Short Form)

This form should be used if you are applying for additional Insurance Cover and your total Insurance Cover within Smartsave is:

- less than and including \$8,000 per month for Income Protection cover; and/or
- less than and including \$1,000,000 for Death only or Death and TPD cover; or

If the cover applied for does not fall into the above range or you answer 'yes' to any of the questions 1 to 4 and 6 to 10 overleaf, please complete a Full Personal Health Statement - this is available from Client Services, your Adviser or can be downloaded from Smartsave's website at www.smartsavesuper.com.au

YOUR DUTY OF DISCLOSURE

Before MLC Limited (MLC) advises acceptance of cover on your life, you have a duty under the Insurance Contracts Act 1984 to inform MLC of every matter that you know, or could reasonably be expected to know, which may affect MLC's decision to insure you or the terms of that insurance cover. You have the same duty to inform MLC before cover is varied, extended or reinstated. This duty of disclosure does not apply to anything that reduces MLC's risk, that is common knowledge that MLC should know in the ordinary course of business or that MLC does not require you to disclose. Your duty of disclosure applies even after this Personal Health Statement is completed until MLC advises acceptance of the cover.

If you do not disclose relevant matters and MLC would not have granted cover at all, MLC may cancel cover within three years of granting it. If your non-disclosure was fraudulent, MLC may cancel cover at any time. If MLC is entitled to cancel the insurance cover or increase in insurance cover, it may within the first three years adjust the sum insured based on the premium charged, to the amount that would have applied had full disclosure been made.

All questions on this Personal Health Statement are relevant as to whether or not MLC accepts the risk and, if so, on what terms. Consequently, all questions must be answered correctly and completely. Block letters should be used. A dot or dash is not acceptable.

Part 1 – Personal details

Title Mr Mrs Ms Other

Surname Sex Male Female

Given names Date of birth

Address

Suburb Postcode

Phone Home Work Mobile

Email

Occupational details

Current occupation
(Please include details of all manual work)

Industry

Number of hours worked per week *(must be regular and consistent hours every week)*

Annual income last financial year \$ *(from your current occupation, net of expenses but before tax)*
DO NOT INCLUDE INVESTMENT INCOME

Insurance benefit cover requirements

Death only **OR** Death & TPD
(max. \$10 million) (max. \$10 million death, \$3 million TPD)

Income protection per month **OR** of income
(max. \$30,000 per month or 75% income + superannuation)

Waiting period 30 days 90 days

Benefit payment period 2 years 5 years Age 65

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Part 2 – Personal health details

If you answer 'Yes' to any of the questions 1 to 4 and 6 to 10 below, please DO NOT continue completing this form. Instead, complete the Full Personal Statement - this is available from Client Services, your Adviser or can be downloaded from Smartsave's website at www.smartsavesuper.com.au

1. Has an application for life, disability, trauma, accident or sickness insurance on your life ever been declined, deferred or accepted with a loading, exclusion or special terms? Yes No
2. Are you claiming or have you ever claimed a benefit from any source, e.g. TPD benefit from any superannuation fund, Worker's Compensation, Disability Pension, Veteran Affairs or any other insurance policy providing accident or sickness benefits? Yes No
3. Are you at the date of this application, due to injury, accident or illness;
 - off work? Yes No
 - restricted from being capable of performing your full and normal duties on a full-time basis (for at least 30 hours per week), even though your actual employment can be on a full-time, part-time or casual basis? Yes No
4. Have you lost the sight of an eye or the total and permanent loss of the use of a limb ('limb' includes whole hand or whole foot)? Yes No
5. Please provide the following details:
 Height cm or ft/ins Weight kgs or st/lbs
6. Excluding the contraceptive pill and inhaled asthma medication, have you been advised to take or been given prescribed medication by a medical practitioner that has intended to be used for three months or longer within the last year (including but not limited to blood pressure, diabetes, oral steroids for asthma or depression medication)? Yes No
7. Have you been unable to work because of sickness or injury for more than two consecutive weeks in the last three years? Yes No
8. Have you undergone any medical treatment, investigation or an operation, suffered from or are you contemplating surgery for any illness or injury that would affect your long-term health and require ongoing medical supervision. This includes, but is not limited to:
 - Cancer or diabetes
 - Stroke, paralysis, neurological disorder or multiple sclerosis
 - High blood pressure, cholesterol or any heart complaint
 - Alcohol or drug abuse
9. Have you been infected with, or have you ever tested positive for AIDS (Acquired Immune Deficiency Syndrome), HIV (Human Immunodeficiency Virus) or Hepatitis B and C? Yes No
10. Have you received any medical advice or undergone any medical treatment, investigation or an operation, suffered from or are you contemplating surgery for any of the following:
 - Any injury or complaint of the back, neck, knee or shoulder requiring time off work in the last 12 months AND/OR any disease, disorder or degeneration to the muscles, tendons, bones, discs or joints? Yes No
 - Depression or mental disorder (including but not limited to stress, anxiety, chronic tiredness or fatigue, panic attacks, post traumatic stress, behavioural or nervous disorder)? Yes No
 - Chest pain, asthma, bronchitis or any other lung complaint requiring hospitalisation within the last five years? Yes No
 - Disorders of the kidney, bladder, prostate, ovaries, gall bladder, bowel, or liver? Yes No
 - Epilepsy? Yes No

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Part 3 - Declaration

I agree that this Personal Health Statement shall be the basis on which MLC grants cover on my life under Smartsave. I understand that all questions asked on this Personal Health Statement are relevant to MLC's decision whether to accept the risk and, if so, on what terms. I also understand that I must advise MLC of any change in my health between now and when MLC actually accepts the cover being sought.

I hereby declare that I have read and understood the general nature and effect of a member's Duty of Disclosure, shown on page 1 of this Personal Health Statement. I have also read the Privacy Statement in the PDS. Please note that a copy of the PDS is available at Smartsave's website at www.smartsavesuper.com.au or on request from Client Services on 1300 654 720.

I further declare that all the answers shown on this Personal Health Statement are true and that I have not withheld any information which might be material to MLC accepting cover on my life. To the extent that any answers are not in my own handwriting, they have been checked by me and I certify that they are correct.

I understand that cover to which this Personal Health Statement relates will not commence until MLC accepts in writing my application for insurance on standard terms or I accept in writing any non-standard terms offered to me and MLC receives a sufficient contribution to meet the required premium.

Signature

Date

Please return this completed form to:

Smartsave
PO Box 1282
Albury
NSW 2640