

ABOUT ME GUIDE.

YOUR GUIDE: WHAT YOU NEED TO KNOW PRIOR TO YOUR CALL WITH COMMINSURE.

Thank you for your interest in life insurance, we will call you shortly about your application.

This call is a recorded phone conversation with a specially trained, Australian based member of the CommInsure team. We will ask you a range of questions to find out more about you.

We ask these questions so that we can tailor the cover to your personal circumstances and complete a part of the insurance application called the Personal Statement.

5 things that you can do to help you prepare for the call:

1. Have your personal information to hand... This includes your height, weight, current medications, details about your doctor and treatments or check-ups you've had.

My height in centimetres:

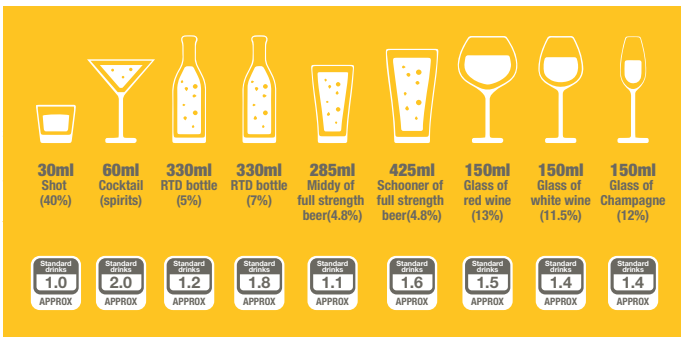
My weight in kilograms:

My doctors details:

Medications:

Reason for last consultation with your doctor:

2. Think about how much alcohol you typically drink. Refer to the below graphic and calculate how many standard drinks you have?



standard drinks I have in a week/month:

3. Previous claims – have you claimed through any life insurance policies or government schemes (e.g. workers compensation or disability pensions) in the past?

Type of claim	Date of claim	Are you still claiming?

4. Finally, your family's health. Have your mum, dad, brothers or sisters suffered from or have been previously diagnosed with any serious conditions or illnesses?

Family member	Condition/Illness	Age at diagnoses
Mother		
Father		
Siblings		

Prior to the call – tick after completing

Find a comfy seat, where you have peace, quiet and some privacy so that you can answer the questions fully.

Read through the Privacy Statement, Duty of Disclosure and General Declaration – located on page 2 and 3 of this document.

This is important as we will not be able to complete the call unless you have read this information. Please contact your financial adviser if you need any further explanation of these declarations.



WHAT HAPPENS NEXT?

After the call we will send you a copy of the Personal Statement. Please check this carefully, and if there are any mistakes or omissions please call us on **1800 846 189**.

If you believe any of the information is incorrect or incomplete, please provide the correct information in the 'Additional Information Form' and return it to us within 30 days from the date of the email or call us on **1800 846 189** to enable us to consider the updated information.

What if further information is required?

If we need more medical information such as medical reports or blood tests we will arrange them as quickly as possible. We will contact your adviser before starting this process.

Once we have all the information we require, your entire application will be reviewed and we will let you know the outcome. If we don't accept your application, an underwriter will call your adviser to discuss the decision.

Privacy of personal information

Your privacy is important to us. Protecting your information and being clear about what we do with it is a vital part of our relationship with you. Our full Privacy Policy is available here: commbank.com.au/security-privacy/general-security/privacy

I have read and understood the information above, including the Privacy policy.

Duty of disclosure

Before a person enters into a life insurance contract (ie the applicant) in respect of their life or the life of another person (ie the life to be insured), they have a duty to tell the insurer anything that they know, or could reasonably be expected to know, may affect the insurer's decision to provide the insurance and on what terms.

The person entering into the contract has this duty of disclosure until the insurance is provided.

The person who has entered into the contract has the same duty before they extend, vary or reinstate the contract.

The person entering into the contract does not need to tell the insurer anything that:

- reduces the risk of the insurance, or
- is common knowledge, or
- the insurer knows or should know as an insurer, or
- the insurer waives the duty to tell the insurer about.

If the insurance is for the life of another person and that person does not tell the insurer something that they know, or could reasonably be expected to know, may affect the insurer's decision to provide the insurance and on what terms, this may be treated as a failure by the person entering into the contract to comply with their duty of disclosure.

If the person entering into the contract or the life to be insured does not tell us something.

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If the insurer does, it may apply the following rights separately to each type of cover.

If the person entering into the contract or the life to be insured does not tell the insurer anything they are required to, and the insurer would not have provided the insurance if they had been told, the insurer may avoid the contract within 3 years of entering into it.

If the insurer chooses not to avoid the contract, it may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if the person entering the contract had told the insurer everything they should have. However, if the contract provides cover on death, the insurer may only exercise this right within three years of entering into the contract.

If the insurer chooses not to avoid the contract or reduce the amount of insurance provided, it may, at any time, vary the contract in a way that places the insurer in the same position it would have been in if the person entering the contract had told the insurer everything they should have. However, this right does not apply if the contract provides cover on death only.

If the failure to comply with the duty of disclosure is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

I have read and understood the Duty of disclosure.

General declaration

The following declarations apply to all policy owner(s) and also apply to a Total Care Plan Super life insured.

1. I have read and understood the terms of the CommInsure Protection Combined Product Disclosure Statement (PDS) and Policy. My decision to apply for this insurance cover is based on the information in the PDS and Policy.
2. I have read and understood the CommInsure Protection Quotation and Decision page which form part of this Application and apply to CommInsure for the life insurance policy(ies) shown on the Quotation and Decision page or, for Total Care Plan Super, to the trustee of the FirstChoice Trust for the benefits shown in the Quotation and Decision page.
3. I understand that the insurance policy(ies) CommInsure issues will be subject to any Alternative Terms contained in the Decision page. I confirm that I have read and understood those Alternative Terms and have discussed them with my financial adviser.
4. I understand that, where applicable, a Confirmation of Alternative Policy Terms in the form, and signed by the persons, required by CommInsure will need to be completed. I also understand that if the Confirmation of Alternative Policy Terms is not returned to CommInsure within 28 days from commencement of the policy, that the policy will end.
5. I understand that policy benefits are liabilities of CommInsure and that Commonwealth Bank of Australia and its subsidiaries do not guarantee the CommInsure Protection products. For Total Care Plan Super, I understand that Commonwealth Bank of Australia and its subsidiaries do not guarantee Total Care Plan Super or the performance of the Fund or the repayment of capital by the Fund. Contributions to the Fund are not deposits or other liabilities of Commonwealth Bank of Australia and its subsidiaries.
6. All answers and information provided by me as part of this Application are true and correct.
7. I acknowledge and agree that this Application is made on the basis of the Personal Statement of each life insured and also acknowledge that, where I am not the life insured, the information in the Personal Statement is taken to have been provided by me even though I have not reviewed it or confirmed its accuracy.
8. I have read and understood the Duty of disclosure as contained in the PDS and Policy and I am aware of the consequences of non-disclosure. I understand the duty to disclose any changes to any circumstances continues after this Application has been submitted and until the application has been accepted by CommInsure.
9. I have read and understood the section Privacy of personal information in the PDS and Policy. I acknowledge and consent to the use and disclosure of my personal information as detailed in that section.

The following additional declarations apply to the Total Care Plan Super life insured.

1. I understand that CommInsure will pay any insurance benefits to the trustee of the FirstChoice Trust as the applicant and the benefits will only be released in accordance with the Fund trust deed and the 'conditions of release' provided by the relevant superannuation legislation.
2. I apply to the trustee of the FirstChoice Trust for admission as a member of the Fund. I also undertake to notify the trustee of the FirstChoice Trust in writing immediately if at any time:
 - I cease to be eligible to contribute to the Fund, or
 - my employer makes Award or Superannuation Guarantee contributions to the Fund on my behalf.

The following additional declarations apply to the policy owner(s) under a SMSF plan.

I, the trustee(s) of the superannuation fund named in this Application:

1. Confirm that the superannuation fund of which I am the trustee is a complying superannuation fund within the meaning of the Superannuation Industry (Supervision) Act 1993 (SIS Act) and Income Tax Assessment Act (Tax Act).
2. Undertake to advise CommInsure immediately if the superannuation fund at any time ceases to be a complying fund as defined in the SIS Act and/or the Tax Act.
3. Confirm that I have the power under the trust deed governing the superannuation fund to apply for the policy(ies) the subject of this Application.
4. Confirm that the life insured named in this Application is a member of the superannuation fund named in this application.

The following declarations apply to life insureds only.

1. The answers and information provided by me as part of this Application are true and correct.
2. I have read and understood the Duty of disclosure as contained in the CommInsure Protection Combined Product Disclosure Statement (PDS) and Policy and I am aware of the consequences of non-disclosure. I understand the duty to disclose any changes to any circumstances continues after this Application has been submitted and until the application has been accepted by CommInsure.
3. I have read and understood the section Privacy of personal information in the PDS and Policy. I acknowledge and consent to the use and disclosure of my personal information as detailed in that section.

I have read and understood the General declaration.

Contact us

1800 846 189

8.00am to 8.00pm (Sydney Time), Monday to Friday.

teleinterview@comminsure.com.au

commbank.com.au/tailoredlife

Important information: This information has been prepared by CommInsure, a registered business name of The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFSL 235035 (CMLA). CommInsure Protection is an insurance product which is offered by CMLA and Colonial First State Investments Limited ABN 98 002 348 352 AFSL 232468 (CFSIL), the trustee of the Colonial First State FirstChoice Superannuation Trust (FirstChoice Trust) ABN 26 458 298 557. CMLA and CFSIL are both wholly owned but non-guaranteed subsidiaries of the Commonwealth Bank of Australia ABN 48 123 123 124 AFSL 234945 (CBA). 24701/1118