

This form is only to be used when transferring cover from group insurance within an AXA Platform product (Summit, Generations or iAccess) to AXA's Elevate.

Please note trauma insurance is not convertible.

In order to qualify to use this form, the following conditions apply. If any of the conditions can not be met, please use the Insurance application form of AXA's Elevate. Your financial adviser will be able to tell you if you are eligible to request cover under these terms.

	Life	Total and permanent disability	Income insurance
Entry age (next birthday)	<ul style="list-style-type: none"> <li>▪ 11 to 70 (stepped)</li> <li>▪ 11 to 65 (level)</li> <li>▪ 25 to 50 (blended)</li> </ul>	<ul style="list-style-type: none"> <li>▪ 16 to 50 (stepped or level)</li> <li>▪ 25 to 50 (blended)</li> </ul>	<ul style="list-style-type: none"> <li>▪ 18 to 60 (stepped or level)</li> </ul>
Maximum sum insured	Unlimited	\$2 million	\$25,000 per month
New plan type	<ul style="list-style-type: none"> <li>▪ Life Insurance Plan, or</li> <li>▪ Life Insurance Superannuation Plan</li> </ul>	<ul style="list-style-type: none"> <li>▪ TPD Any Occupation Option, or</li> <li>▪ Super Link TPD Plan Any Occupation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Income Insurance Plan, or</li> <li>▪ Income Insurance Superannuation Plan.</li> </ul> Must have Indemnity Option and the same Waiting Period and Benefit Period as existing cover
Underwriting	Existing cover must have been fully underwritten by AXA. Full underwriting will be required for any increase in the sum insured.		
Conversion not available	If you are claiming a benefit or entitled to claim a benefit under your existing cover/plan.		
Loadings, restrictions or exclusions	Any loadings, restrictions or exclusions on the existing cover will apply to the new cover. If the existing cover has been loaded greater than 100 per cent, inbuilt convertibility and CPI will be removed from the new cover.		

### 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 you know, or could reasonably be expected to know, that 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, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer
- that is of 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.

### Non-disclosure

If you fail to comply with your duty of disclosure (or make a misrepresentation to us) and we would not have entered into the contract on any terms if the failure (or misrepresentation) had not occurred, we may avoid the contract within three years of the commencement date. If your non-disclosure (or misrepresentation) is fraudulent, we may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within three years of the commencement date, elect not to avoid it but to 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.

Your duty of disclosure continues until the contract of life insurance has been accepted by the insurer and confirmation is issued in writing.

The issuer of all plans except the Life Insurance Superannuation Plan and the Income Insurance Superannuation Plan is

The National Mutual Life Association of Australasia Limited ABN 72 004 020 437 AFS Licence No. 234649

The issuer of the Life Insurance Superannuation Plan and Income Insurance Superannuation Plan is

N.M. Superannuation Proprietary Limited ABN 31 008 428 322 AFS Licence No 234654,

Trustee of Wealth Personal Superannuation and Pension Fund ABN 92 381 911 598

Any reference to the Superannuation or Pension plans of Summit, Generations or iAccess refers to Summit, Generations or iAccess as part of the Wealth Personal Superannuation and Pension Fund.



**Correspondence details**

**Not to be completed if applying for the Life Insurance Superannuation Plan or the Income Insurance Superannuation Plan.**

► **Only complete this section if Plan owner is different to the Person to be insured**

Is the addressee for correspondence different to the Person to be insured?  No  Yes

Company/Self-managed superannuation fund  C/O (eg company title/department)

Title  Given name(s)/Trustee name(s) (please print)  Family name

Is the address for correspondence different to the residential address of the person to be insured?  No  Yes

Street number and name  Town/Suburb

State  Postcode  Country

**Plan owner(s)** to be completed if the Plan owner is a company, an external trustee or an individual other than the life to be insured. **Not to be completed if applying for the Life Insurance Superannuation Plan or the Income Insurance Superannuation Plan.**

Is the Person to be insured also the Plan owner  No  Yes

Plan owner is payer of insurance premium (only if not being paid by Person to be insured)

Title	Family/Company/SMSF	Given name(s)/Trustee name(s)*	Date of birth	Plan name
			/ /	
			/ /	
			/ /	

\* The names of all trustees should be listed.

Only provide an ABN if the Plan owner is to be a company or a trustee:

Company ABN (Australian Business Number)

## Details of Person to be insured

'You' refers to the Person to be insured (unless otherwise indicated).

**Q1** (a) Please provide details of your current and previous occupation or jobs over the last five years, including any period unemployed, travelling, studying etc. If you have a second occupation or job please provide details below.

	From	To	Occupation	Employer	Tick which is applicable				
					Employed by own company	Self-employed	Partnership	Employee	Contractor
Current main occupation	/ /	Present			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous occupation	/ /	/ /			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current second occupation	/ /	/ /			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(b) How many hours per week do you spend at your main occupation?

hours

(c) How many weeks per year do you spend at your main occupation?

weeks

(d) In your main occupation, what percentage of time do you spend performing the following types of duties:

	Describe details of specific duties performed	%
Sedentary/Administrative		%
Supervising manual work		%
Light manual		%
Heavy manual		%
Home duties (include details of dependants including ages and any other relevant information)		%
Other (including hazardous duties, eg handling dangerous substances, working at heights)		%
<b>Total duties</b>		<b>100%</b>

(e) Do you ever work from home?  No  Yes If yes, provide details of actual work you perform at home, your work set-up (eg separate office) and frequency and type of contact with clients:

(f) Do you intend to change your occupation or employment status?  No  Yes If yes, please provide details below:

**Q2** (a) Insurable income last financial year

\$

30/06/

Income of previous financial year

\$

30/06/

Note: insurable income is the income earned by your personal exertion (less expenses incurred in earning that income) before tax, which will cease if you are unable to work. Insurable income does not include investment or interest income. In the event of a claim, we may call for evidence of your income and business expenses. Please ensure the income figures you provide below accurately reflect your financial position for the periods indicated.

(b) If you became disabled, would all or part of your employment income continue?  No  Yes

If yes, please provide details below of the income amount that would continue, for how long and the source (eg salary, sick pay, company profits, investments, rental).

(c) Have you or any business with which you have been associated ever been declared bankrupt or placed in receivership, involuntary liquidation or under administration?  No  Yes

If yes, please advise when  /  /  date of discharge  /  /

# Nomination of beneficiaries

To be completed if you are applying for a Life Insurance Plan, including plans where the insurance will be paid for out of a Summit, Generations or iAccess investment account/IDPS.

'You' refers to the Plan owner (ie The person who has the authority to decide how the benefit is dispersed).

## Nominate beneficiaries – only for Life Insurance Plan

► **Only complete this page if you have applied for the Life Insurance Plan**

You can choose who and how your death benefit is paid in the event of the death of the Person to be insured.

Do you wish to make a nomination?  No  Yes

If yes, please nominate the beneficiaries to receive the payment of benefits below.

<b>1</b>	Title	First name	Family name	Gender	Date of birth
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text" value="   "/>
Address <input type="text"/>					
	Phone number	Relationship of the nominated person to the Plan owner		% of death benefit*	
	<input type="text" value="( )"/>	<input type="text"/>		<input type="text" value=" %"/>	
<b>2</b>	Title	First name	Family name	Gender	Date of birth
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text" value="   "/>
Address <input type="text"/>					
	Phone number	Relationship of the nominated person to the Plan owner		% of death benefit*	
	<input type="text" value="( )"/>	<input type="text"/>		<input type="text" value=" %"/>	
<b>3</b>	Title	First name	Family name	Gender	Date of birth
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text" value="   "/>
Address <input type="text"/>					
	Phone number	Relationship of the nominated person to the Plan owner		% of death benefit*	
	<input type="text" value="( )"/>	<input type="text"/>		<input type="text" value=" %"/>	
<b>4</b>	Title	First name	Family name	Gender	Date of birth
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text" value="   "/>
Address <input type="text"/>					
	Phone number	Relationship of the nominated person to the Plan owner		% of death benefit*	
	<input type="text" value="( )"/>	<input type="text"/>		<input type="text" value=" %"/>	
<b>5</b>	Title	First name	Family name	Gender	Date of birth
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text" value="   "/>
Address <input type="text"/>					
	Phone number	Relationship of the nominated person to the Plan owner		% of death benefit*	
	<input type="text" value="( )"/>	<input type="text"/>		<input type="text" value=" %"/>	
				<b>Total percentage</b>	<b>100 %</b>

**Nomination of beneficiaries (continued)**

**Plan owner declaration**

Plan owner family name	Given name(s)
I/We <input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

the Plan owner(s), nominate the person(s) named above to receive any proceeds that may become payable under this plan, as a result of the death of the Person to be insured.

I understand that:

- payment of benefits will be made on the basis of the latest nomination received in writing by AXA Australia
- if there is no nomination, or the nomination has been revoked, benefits will be paid to the Plan owner (or their estate)
- nominated beneficiaries should seek advice from their taxation adviser regarding the potential taxation implication of any benefit received
- if a nominated beneficiary predeceases the person insured, then that nominated beneficiary's benefit will be paid to the Plan owner (or their estate)
- the Plan owner may vary the nomination at any time by completing a Nomination of Beneficiary form and forwarding it to AXA Australia.

Signature of Plan owner

Date signed

<input style="width: 95%;" type="text" value="X"/>	<input style="width: 90%;" type="text" value=" / /"/>
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# Insurance application and signatures

To be completed by the Person to be insured and by the Plan owners in all cases.

Plan number

This application form is effective from 19 September 2011.

► Before you sign this application form, you should:

- be aware that your financial adviser or AXA is obliged to have provided you with the Product Disclosure Statement for the product(s) you are applying for
- read the **Product Disclosure Statement** because it contains important information to help you understand the product and to decide whether it is appropriate to your needs
- read the **Declarations and consent** of the Product Disclosure Statement and understand the terms outlined, and
- be aware that by signing you agree to have the premiums for this plan deducted from your AXA Platform cash account.

## Non-superannuation insurance application and signatures

Sign the appropriate section below if applying for the Life Insurance Plan, Income Insurance Plan or SuperLink TPD Plan

### Signature of Person to be insured

If the Person to be insured is the same person as the Plan owner go to 'Signature of Plan owner – only for individuals'.

Title	Print full name of Person to be insured	Signature	Date signed
<input type="text"/>	<input type="text"/>	X	/ /

### Signature of Plan owner – only for individuals

For Plan owners (must be aged 16 years or over)

Title	Print full name of Plan owners	Signature	Date signed
<input type="text"/>	<input type="text"/>	X	/ /

Title	Print full name of Plan owners	Signature	Date signed
<input type="text"/>	<input type="text"/>	X	/ /

### Signature of Plan owner – only for companies and trustees (including self-managed superannuation funds)

Company seal	Print full name of company and/or name of Trustee and fund		
<input type="text"/>	<input type="text"/>		
	Signature 1	Signature 2	Date signed
	X	X	/ /
	Print full name of person signing for and on behalf of the above company/self-managed superannuation fund		
	<input type="text"/>	<input type="text"/>	

- Company seal and two directors or director and secretary, or
- Company seal and one signature noted as 'sole director and secretary' where the company has only one director, or
- The signature of a person whose name is clearly written, with the words 'XXX for and on behalf of XYZ Pty Ltd'.

## Superannuation insurance application and signatures

Sign the section below if applying for the Life Insurance Superannuation Plan or Income Insurance Superannuation Plan

### To be completed by the Person to be insured

Title	Print full name of Person to be insured	Signature	Date signed
<input type="text"/>	<input type="text"/>	X	/ /

The issuer of all plans except the Life Insurance Superannuation Plan and the Income Insurance Superannuation Plan is The National Mutual Life Association of Australasia Limited ABN 72 004 020 437 AFS Licence No. 234649  
The issuer of the Life Insurance Superannuation Plan and Income Insurance Superannuation Plan is N.M. Superannuation Proprietary Limited ABN 31 008 428 322 AFS Licence No 234654,  
Trustee of Wealth Personal Superannuation and Pension Fund ABN 92 381 911 598

# Financial adviser and commission details

To be completed by the adviser for all applications.

## Underwriting and financial requirements

Have you spoken to our Underwriting Department for pre-assessment advice?  No  Yes

If yes, who did you speak to, what did you discuss and on what date did this occur?


## Adviser checklist

If changes have been made to the application, has the Person to be insured initialled all changes?  No  Yes  Not applicable

Has supporting financial evidence been included with this application?  No  Yes

Has a quote been provided with this application?  No  Yes

Is there any other documentation attached to this proposal?

No  Yes ► Please tick

Financial questionnaire

Other ► Specify

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Has this application been faxed prior to sending?  No  Yes ► Specify fax number

( )
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(Addressee)

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Has the Person to be insured read the duty of disclosure?  No  Yes

Do you have a preferred or alternative contact method?  No  Yes ► Please provide details in adviser notes below.

Have you explained to the client the possible implications on the contract of any non-disclosure?  No  Yes

Are there any other circumstances or facts, such as the client's background, not fully covered by answers provided herein that you feel may assist our assessment of this application?  No  Yes ► Specify (refer to Adviser notes if extra space required)


## Adviser notes


## Mailing address for Application form

Please send the completed form to our Customer Service Centre:

AXA Australia  
Customer Service Centre  
PO Box 14330  
MELBOURNE VIC 8001

**Commission payment and release basis**

**Principal servicing adviser**

Account name  Account number  Phone  (  )

Mobile number  Fax number  (  )  Email address

**New Plan Commission splits** (Note: New Plan Commissions are only payable where there is an increase in the premium. This will be paid as Flat commission)

**New Plan Commission**

Account name	Account number	% split*	State
<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"/>
<b>Total</b>		<b>100%</b>	

\* Percentage must be whole numbers

**Renewal Business Commission splits**

**Renewal Business Commission**

Account name	Account number	% split*	State
<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"/>
<b>Total</b>		<b>100%</b>	

\* Percentage must be whole numbers