

Bendigo SmartOptions Super[®]

Occupational Duties Questionnaire & Smoker Declaration



Please **PRINT** your answers within the boxes in **CAPITAL LETTERS** using a **BLACK** or **BLUE** pen. Mark answer boxes with an **[X]**.

Your duty of disclosure to the insurer, TAL Life Limited ABN 70 050 109 450 AFSL 237848 (TAL), is set out below.

1. Your duty of disclosure

Before you enter into a life insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, that may affect their decision to insure you and on what terms.

You have this duty until the insurer agrees to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell the insurer anything that:

- reduces the risk they insure you for: or
- is common knowledge: or
- they know or should know as an insurer; or
- they waive your duty to tell them about.

If you do not tell the insurer something

If the insurance is for the life of another person and that person does not tell the insurer everything they should have, this may be treated as a failure by you to tell the insurer something that you must tell the insurer.

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

If you do not tell the insurer anything you are required to, and they would not have insured you if you had told them, they may avoid the contract within 3 years of entering into it.

If the insurer chooses not to avoid the contract, they may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told them everything you should have. However, if the contract has a surrender value, or provides cover on death, the insurer may only exercise this right within 3 years of entering into the contract.

If the insurer chooses not to avoid the contract or reduce the amount you have been insured for, they may, at any time, vary the contract in a way that places them in the same position they would have been in if you had told them everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If your failure to tell the insurer is fraudulent, they may refuse to pay a claim and treat the contract as if it never existed.

2. Member details

| | |
|------------------------------------|-------------------------|
| Member Number | <input type="text"/> |
| Title | <input type="text"/> |
| Surname | <input type="text"/> |
| Given name(s) | <input type="text"/> |
| Current residential address | |
| Unit No | <input type="text"/> |
| Street No | <input type="text"/> |
| Street name | <input type="text"/> |
| Town/Suburb | <input type="text"/> |
| State | <input type="text"/> |
| Postcode | <input type="text"/> |
| Employer's name | <input type="text"/> |
| Employer's industry | <input type="text"/> |
| Position/Title | <input type="text"/> |
| Gross salary | \$ <input type="text"/> |

What is the nature of your duties and the environment performed in (e.g. office, warehouse, building site, underground) and the percentage of time performing each (total 100%)

Details of any tertiary qualifications

3. Questionnaire

1. Have you smoked tobacco or any other substance or used e-cigarettes or any nicotine-containing product in the last 12 months?

Yes No

2. Have you been advised to stop smoking or medical reasons?

Yes No

3. Do you plan to seek or are you awaiting medical advice, investigation or treatment for any current health condition?

Yes No

4. Since the commencement of your policy with TAL, have you had or received medical advice or treatment (including surgery) for any of the following conditions?

a) Chronic asthma, bronchitis, obstructive airways disease or any other lung or respiratory disorder.

Yes No

b) Heart attack, chest pain, stroke, diabetes, or any other heart disorder.

Yes No

c) Cancer or tumour of any kind.

Yes No

Please provide details if you answered "yes" to any of the above.

Question number _____

Question number _____

Question number _____

Note: A false declaration will result in TAL reducing the sum insured payable to the level that the premium paid should have purchased had the declaration been made correctly, ie you or your family could receive a payment of less than half the expected amount if you do not comply with your legal duty of disclosure as explained below.

4. Privacy statement

Privacy laws protect your privacy. The way in which Sandhurst and TAL collect, use, disclose and handle your information is described in the Sandhurst and TAL's Privacy Policies. Please be aware that the Duty of Disclosure explained in the current Bendigo SmartOptions Super Insurance Guide and in Section 1 of this declaration form applies to the information you give in this form. If you fail to comply with this duty you may be in breach of it. The consequences of this are explained in this form. Sandhurst and TAL may collect and use or disclose your personal information (including health and sensitive information) to assess, verify and process your application and any claim made.

Sandhurst and TAL may collect or disclose information relating to you or your application or any claim you may make to or from each other and a range of services including: financial advisers, reinsurers, superannuation trustees, past or present medical practitioners, health professionals, hospitals, government department(s) which retain health records or as part of our regulatory requirements, personal accountants or current or former employers or lawyers, claim investigators and other third party service providers. If this information is not provided, your application for insurance or an insurance claim may not be processed. You have a right to access any personal information held about you unless Sandhurst or TAL is legally entitled to deny access.

If you have provided Sandhurst and TAL with information about another person, you undertake to advise them that:

- Sandhurst and TAL collect hold and use the personal information for the purpose set out in Sandhurst's and TAL's privacy statement
- their personal information may be disclosed to a third party
- they may access or correct any personal information held about them.

If you want to know more about Sandhurst's or TAL's approach to privacy, please contact Sandhurst on 1800 033 426 or TAL on 1300 209 088.

5. Member declaration

I confirm that the statements made in this declaration are true and correct.

Yes No

- I acknowledge that I have read the current Bendigo SmartOptions Super Product Disclosure Statement (PDS) and the current Bendigo SmartOptions Super Insurance Guide.
- I acknowledge and agree that the information contained in the PDS is only a summary of the main terms and conditions of the insurance offered under the Plan and I agree that I can access the full terms and conditions governing the insurance arrangements by contacting Sandhurst's Client Services Team on 1800 033 426
- I acknowledge that I have read the notice explaining my duty of disclosure and understand that this duty also applies until formal notification of acceptance.
- I authorise and direct any medical or other practitioner to divulge at any time to TAL Life Limited, Sandhurst or to any lawfully constituted tribunal any and all information concerning my state of health and medical history acquired in the course of professional attendance or consultation. A photocopy of this authority is as valid as the original. To this extent, all professional confidence and privilege is waived.

I have read the Privacy Statement in Section 4, and consent to my personal information (including health and sensitive information) being collected, used or disclosed by Sandhurst or TAL or its external service providers / contractors as contemplated in this form, including collecting it from, or disclosing it to, any medical practitioner or third party as required to assess, verify or process my application or any claim I may make. This consent applies to any health and sensitive information Sandhurst or TAL collects on this form or future forms in relation to this insurance.

Member signature

Date

 / /

Please forward all correspondence and queries to:

Bendigo SmartOptions Super

GPO Box 264

Melbourne VIC 3001

Telephone: 1800 033 426

Facsimile: (03) 6215 5800

Email: superannuation@bendigobank.com.au

Website: www.sandhursttrustees.com.au