



Priority Protection with AIA Vitality

Application for Increases and/or Additions

Adviser name:

Adviser email:

Adviser No:

Important Information for Adviser

- This application form is to be used when applying for an increase and/or addition to a Priority Protection or Priority Protection for Platform Investors policy and where applicable, the life insured wishes to apply for AIA Vitality.
- This application form will need to be completed by both the policy owner(s) and the life insured under each eligible AIA Australia policy.
- Note: ongoing monthly AIA Vitality contributions must be paid by Direct Debit or Credit Card. AIA Vitality contributions cannot be funded by superannuation, SMSF monies or from a platform account.
- AIA Vitality contribution payments will match the frequency of premium payments on the relevant associated insurance policy. All outstanding amounts due in relation to the eligible AIA Australia Insurance policy will need to be paid in full prior to the set-up of an AIA Vitality membership.

Please send completed application form and signed quote to: PO Box 6111, St Kilda Rd Central VIC 8008, or infohub@aia.com

Important Information

Before you sign this application form, be aware that we or your adviser are obliged to have provided you with a Priority Protection Product Disclosure Statement (either in electronic or hard copy format) containing a summary of the important information in relation to this product. This information will help you to understand the product and to decide whether it is appropriate for your needs.

Your duty of disclosure

AIA Australia use the information you give us to decide whether to insure you and on what terms. When you apply for cover and, when you renew, extend, vary or reinstate a life insurance policy with AIA Australia, you also have a duty under the Insurance Contracts Act 1984 (Cth) to tell AIA Australia anything you know, or could reasonably be expected to know, which is relevant to AIA Australia's decision whether to accept the risk under your policy and if so, on what terms having regard to factors including (but not limited to) the nature and extent of the cover to be provided and the class of persons who would ordinarily apply for that type of cover. Your duty however does not require disclosure of a matter that diminishes AIA Australia's risk, that is of common knowledge that AIA Australia knows or, in the ordinary course of its business, ought to know or where AIA Australia waived the requirement for you to comply with your duty of disclosure.

Non-disclosure

If you fail to comply with your Duty of Disclosure and AIA Australia would not have entered into the policy on any terms if the failure had not occurred, AIA Australia may, at the date listed in the title of this form, avoid the policy within 3 years of entering into it. If your non-disclosure is fraudulent, AIA Australia may, at the date listed in the title of this form, avoid the policy at any time. As at the date listed in the title of this form, if AIA Australia is entitled to avoid a policy AIA Australia may instead, within 3 years of entering into it, elect 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 all relevant matters had been disclosed to AIA Australia. Other or different remedies may be available to AIA Australia in the future due to recent changes to the Insurance Contracts Act 1984 (Cth).

NOTE: AIA Australia Underwriting does not have access to your AIA Vitality information (including health and medical information) unless you disclose that information as part of your insurance application. You must answer the questions in this application form fully even if you already provided any of the information relevant to those questions in connection with AIA Vitality.

A1. Life Insured (Life insured to complete this section in full.)

Policy No Name of Life Insured

Date of Birth

Residential Address
 No. Street
 Suburb State Postcode

We may need to contact you to clarify information you have provided in the application. If so we will contact you during business hours.

Please nominate a preferred local contact time: 8am – 11am 11am – 2pm 2pm – 6pm

Contact Details
 Mobile Phone (home) Phone (work)

A mobile phone number is mandatory.

Email

An email address is mandatory. To ensure confidentiality a unique email address must be entered.

Note: if you are, or are applying to be an AIA Vitality member you cannot enter the same email address as another AIA Vitality member.

Mailing Address

(if different to above) Suburb State Postcode

Are you a permanent Australian resident? Yes No

Note: To be eligible for AIA Vitality you must be a permanent Australian resident.

A2. AIA Vitality Membership Application (Life insured to complete this section in full.)

AIA Vitality (only available to the Life Insured)

AIA Vitality is a health and wellness program, encouraging you to get healthier and earn great rewards. Premiums relating to eligible life insurance policies that cover you may be discounted in certain circumstances based on your participation in the AIA Vitality program, the terms of which were provided to you with your application and are available on the AIA Vitality Member website.

Do you have an existing AIA Vitality membership?..... Yes No

If 'Yes' please provide your AIA Vitality membership number.

If 'No' would you like to apply for AIA Vitality membership?..... Yes No

If you would like to apply for an AIA Vitality membership via this application form, please contact your adviser prior to submitting this application. Your adviser will be able to provide you with a copy of the AIA Vitality Terms and Conditions and the AIA Australia Privacy Policy.

Email

An email address is mandatory. To ensure confidentiality a unique email address must be entered.

Note: if you are, or are applying to be an AIA Vitality member you cannot enter the same email address as another AIA Vitality member.

Note: If you are or are applying to be an AIA Vitality member, your AIA Vitality membership will be associated with an eligible AIA Australia insurance policy. AIA Australia will determine which is the associated policy.

Information for completion of Payment Authority forms if you are applying for AIA Vitality:

- AIA Vitality contributions cannot be funded by superannuation, SMSF monies or from a platform account. In order to have the AIA Vitality contribution deducted please complete the AIA Vitality Payment Direct Debit Request or AIA Vitality Payment Credit Card Authority form (page 13).

Remainder of this page has been left intentionally blank.

A3. Policy Details – Policy Owner to complete (Non Superannuation)

Increase To: Addition Other (please specify)

Sum Insured

Life Cover \$

Total & Permanent Disablement (TPD) \$ Specify type: Rider with Buy-back Double TPD or Stand Alone

Crisis Recovery \$ Specify type: Rider with Buy-back Double Crisis Recovery or Stand Alone
 with Reinstatement

Other benefits \$ (Please specify, for example Waiver of Premium)

Monthly Benefit

Income Protection \$ Waiting Period Benefit Period Agreed Value or Indemnity

Retirement Optimiser (5% of Gross Income). If applying for Retirement Optimiser please complete Question 1 in Section F.

Other benefits \$ (Please specify, for example Claims Escalation)

Business Expenses \$ Waiting Period Specify type: Rider Incorporated or Stand Alone

SECTION A4 – Personal History (Life Insured to complete this section in full)

1. (a) Do you have, or are you applying for life, disability or trauma insurance on your life (including any pending applications held with any insurer)? If 'Yes', please complete policy details below..... Yes No

Policy Number	Commencing Date	Policy Owner	Insurer	Type of Cover	Amount of Cover	Existing Income Protection: Waiting Period/ Benefit Period	To Be Replaced 'Y' or 'N'

IMPORTANT NOTE IF YOU ARE REPLACING AN EXISTING POLICY: If you intend to replace an existing policy with an AIA Australia policy, we may require that you cancel your existing policy. Your adviser can confirm when this requirement applies. In these cases the replacement policy issued by AIA Australia will only start when the existing policy is cancelled. Failure to cancel your existing policy within a reasonable time may make your AIA Australia policy void.

(b) Have you **ever** been declined, deferred or accepted on special terms for life, disability or trauma insurance?..... Yes No

(c) Have you **ever** claimed benefits from any source (excluding unemployment), e.g. Accident, Sickness, Workers' Compensation, Disability Pension or Income Protection Insurance? If 'Yes', please give the name of the company, date, amount and reason for each claim over page. Yes No

SECTION A4 – Personal History (continued) (Life Insured to complete this section in full)

2. (a) Have you smoked tobacco or any other substance during the last twelve months?
If 'Yes', please state substance and quantity below. (Please note 'packet' is not sufficient.) Yes No
- (b) How many standard drinks do you consume per week on average?
One standard drink = one nip (30ml) spirits, 100ml wine, 10 oz/285ml beer.....
- (c) Have you ever used illicit drugs or received advice, treatment or counselling for the use of alcohol or illicit drugs?..... Yes No

3. **Females only:** Are you pregnant? If 'Yes', please provide estimated date child is due. / / Yes No

4. (a) What is your height? cm (b) What is your weight? kg

5. Do you engage in or intend to engage in any of the following: abseiling, aviation (other than as a passenger on a recognised airline), football (all codes), long-distance sailing, hang gliding, scuba diving, motor racing, parachuting, powerboat racing, mountaineering, martial arts or any other hazardous activity? If 'Yes', please provide details below. Yes No

6. Do you have definite plans to travel or reside overseas? If 'Yes', please state: Yes No

Cities/Countries	Duration of travel	Frequency of travel	Reason for travel	Date of departure
				/ /
				/ /

If you answered 'Yes' to any of the previous questions [except 1(a) and 6] please provide details below.

7. (a) **FAMILY HISTORY**
Have any of your immediate family (father, mother, brother, sister) prior to the age of 60 (living or dead), ever suffered from heart disease, breast cancer, ovarian cancer, colon (bowel) cancer, polycystic kidney disease, diabetes, mental disorder, stroke, Huntington's chorea or any hereditary disease? You are only required to disclose family history information pertaining to first degree blood related family members. If 'Yes', please provide details in the table below..... Yes No

	Condition/Illness (for cancer or heart disease, please specify the type)	Age at onset (approx.)	Age at death (if applicable)
Father			
Mother			
Brothers			
Sisters			

(b) Have you ever had a genetic test where you received (or are currently awaiting) an individual result or are you considering having a genetic test? If 'Yes', please provide details..... Yes No

SECTION E – Further Occupation Information (Life Insured to complete this section in full)

1. What is the business/employer name and address?

2. Do you work from home more than 30% of your time? Yes No

If 'Yes', give details including:

- (i) percentage of time working at home, %
- (ii) office arrangement (i.e separate entrance, separate office etc),
- (iii) how often you are required to leave home as part of your duties,
- (iv) where you work at these times.

3. Do you have a percentage ownership in any other entities (e.g. trusts, partnerships, companies, associations)? Yes No
 If 'Yes', please list all entities below.

Name and address of each entity	State your business involvement in each entity <small>(e.g.: Director, Silent Partner, Board Member)</small>	Date Ownership Commenced	Ownership/ Shareholding (%)

4. Are you or any business with which you are associated, contemplating voluntary administration, or ever been made bankrupt or placed in receivership, involuntary liquidation or under administration? Yes No

If 'Yes', please complete AIA Australia Bankruptcy Questionnaire. Date of discharge

If you are self-employed, in a business partnership or employee of own company, please complete the remaining questions.

5. Do you operate as a sole trader business partnership company, or trust?

6. (a) What percentage of your work is: Freelance? % Contract? %

(b) In the last 2 years have there been any periods of 'no work' or 'unemployment' between contracts or freelance work? Yes No
 If 'Yes', please provide details.

(c) Is your work seasonal? Yes No

7. (a) When was the business purchased/started?

(b) Please state what percentage of interest/shareholding you have in the business/practice? %

8. How many people do you employ?

9. Please provide employee details (excluding yourself) in the table below.

Occupation of all Business Partners/Employees	Family Member Y/N	Daily Duties	Full-time Part-time or Contractor?	Monthly Remuneration	% Interest in Business

10. Has your company had a net operating loss in the last 2 years? Yes No
 If 'Yes', please provide details of your company's profit and loss statements for all entities.

SECTION F – Income Details

(Life insured to complete only if Income Protection Plan and/or Superannuation Income Protection Plan is being purchased. If Business Expenses Stand Alone Plan is being purchased, complete only Questions 6 & 7 below.)

1. What is your income from your current occupation? (Personal income is income earned by your personal exertion. Do not include investments.)

(a) Employee

Your income is the total remuneration paid by your employer including salary, fees, commission, regular bonuses, regular overtime, fringe benefits and superannuation contributions (statutory or voluntary).

Last financial year 30/6/ Previous financial year 30/6/
 Remuneration package \$ Remuneration package \$

(b) Self Employed (sole trader, business partner, employee of own company)

Refer to the Priority Protection Product Disclosure Statement for the definition of Income (Self-employed Persons).

	Last financial year 30/6/ <input type="text"/>	Previous financial year 30/6/ <input type="text"/>
Gross business income/revenue	\$ <input type="text"/>	\$ <input type="text"/>
Total business expenses	- \$ <input type="text"/>	- \$ <input type="text"/>
Net business profit/loss (before tax)	= \$ <input type="text"/>	= \$ <input type="text"/>
% Share of net business income	<input type="text"/> %	<input type="text"/> %
Add backs (your own portion of personal salary/wages, superannuation contributions, spouse's income if income splitting, share of depreciation)	+ \$ <input type="text"/>	+ \$ <input type="text"/>
Total net earned income (before tax)	= \$ <input type="text"/>	= \$ <input type="text"/>

Note: These figures disclosed should coincide with returns lodged with the Australian Taxation Office.

2. Is your current remuneration package or net income different than that stated above for the last financial year?..... Yes No

If 'Yes', state reasons for the change below. Current income \$

3. Do you earn commission or bonuses?..... Yes No

If 'Yes', please state percentage of total income. %

4. If providing financial evidence, have you provided full financial documentation* for all entities listed in Section E, Question 3?..... Yes No

If 'No', please provide reason/s.

*Income Tax Returns and Profit & Loss statements for the last 2 years.

5. Will any of your income (from any source) continue if you become disabled?..... Yes No

If 'Yes', state source (eg. sick leave, directors' fees, salary, renewal or trail commission, salary continuance insurance, profit share from the business etc?)

(a) For how long will it continue?

(b) Amount of income (per month). \$

(c) Is there an agreement in place in the business/practice limiting profit share or other income in the event of disability?..... Yes No

If 'Yes', provide details.

6. Do you receive any unearned income from investments (eg. rental property, dividends etc.)?..... Yes No

If 'Yes', please state the amount per month (**net of costs and expenses**). \$ (Do not include negatively geared investments)

Please state the source.

7. If you have a second occupation, please provide the following details.

Nature of occupation

Hours worked per week Number of weeks worked per year

Last financial year 30/6/ Previous financial year 30/6/

Net income (before tax) \$ Net income (before tax) \$

SECTION G – Business Expenses (Life insured to complete only if Business Expenses is being purchased)

1. Please state the value of all monthly business expenses. (**Do not include** personal remuneration, mortgage principal, depreciation on real estate, cost of goods, wares and merchandise, equipment, fixtures and fittings, salaries of revenue producing employees.)

Alternatively, the supply of copies of taxation returns and profit and loss statements for all entities associated with your business will be accepted in place of completing the details below.

Eligible Expenses	Monthly Expenses
(a) Rent, property rates and taxes*	\$ <input type="text"/>
(b) Insurance of premises (eg. fire etc)*	\$ <input type="text"/>
(c) Security costs*	\$ <input type="text"/>
(d) Electricity, gas, water, heating, telephone and cleaning*	\$ <input type="text"/>
(e) Mobile phone	\$ <input type="text"/>
(f) Bank fees/charges and principal and interest repayments on business loans	\$ <input type="text"/>
(g) Hire and lease of plant and equipment	\$ <input type="text"/>
(h) Business insurance premiums (eg. liability, professional indemnity)	\$ <input type="text"/>
(i) Membership fees, publications and subscriptions to professional bodies	\$ <input type="text"/>
(j) Accountant's and auditor's fees	\$ <input type="text"/>
(k) Regular advertising expenses, postage, printing and stationery	\$ <input type="text"/>
(l) Salaries and costs of employees who do not generate revenue (eg.: superannuation contributions, payroll tax, workers' compensation for employees who do not generate revenue)	\$ <input type="text"/>
(m) Net cost of locum, ie. cost to employ less revenue generated by locum	\$ <input type="text"/>
(n) Other fixed business expenses – please specify	\$ <input type="text"/>
.....	\$ <input type="text"/>
(o) Total Monthly Business Expenses	\$ <input type="text"/>

*Not insurable if working from home

2. What percentage of Monthly Business Expenses are you responsible for/liable to pay %

Privacy Notification

Personal and sensitive information provided will be handled in the manner described in the AIA Australia Privacy Policy as updated from time to time, accessible by visiting our website at www.aia.com.au, or by contacting us on 1800 333 613 to request a copy. AIA Australia handles and collects personal and sensitive information for purposes which include the administration of your policy or claim, the provision of products and services, our business operations and other purposes set out in our Privacy Policy. By providing information to us or your adviser (and the licensed dealer or broker they represent), the trustee or administrator of a superannuation fund, or other representative or intermediary, or by continuing your relationship and otherwise interacting with us, you confirm that you have been notified of the matters and consent to the collection, use, disclosure and handling of personal and sensitive information as described in the AIA Australia Privacy Policy as updated from time to time on our website. We rely on the accuracy of the personal information provided to us. If any of your personal information reflected in this form or any of the attachments is incorrect, out of date or incomplete, please call us on 1800 333 610 and we can take reasonable steps to correct the personal information. Where you provide us with personal and sensitive information about someone else, you must have their consent to provide their information to us in the manner described in the AIA Australia Privacy Policy.

Declaration

Life Insured and Policy Owner/s must complete this section (or if applying on-line, have declared the following) except where the Life Insured and/or Policy Owner is under 16, where in such circumstances the parent/guardian of that Life Insured and/or Policy Owner must complete this section (or if applying on-line, have declared the following) on behalf of the Life Insured and/or Policy Owner.

- I/We apply for the additions and/or increases to cover set out in this form.
- I/We declare that the information contained in the personal statements (whether written in my/our hand or not, attached, input into the computer using the electronic application system or are otherwise provided to AIA Australia in any manner that is acceptable to AIA Australia) is true and correct and that no information material to the insurance has been withheld.
- Where I/we have completed the personal statements electronically using the electronic application system, I/we acknowledge that AIA Australia will send a copy of the statements I/we have provided to my personal address, that I/we must review this information and advise AIA Australia of any inaccuracies or omissions, and of any changes in health or circumstances up until the time that AIA Australia has accepted the risk and agreed to increase and/or addition.
- I/We agree that any personal statements made, completed electronically or otherwise provided to AIA Australia in any manner that is acceptable to AIA Australia together with any relevant documents shall form the basis of the proposed contract of insurance with AIA Australia Limited.
- I/We acknowledge that these personal statements may result in certain exclusions or special acceptance terms becoming applicable to me. Where my/our adviser has indicated that the exclusions or special terms may apply, each of these exclusions and special acceptance terms has been explained to me/us. I/We confirm that I/we understand those terms and where they are applicable to me/us I/we agree to be bound by them.
- I/We have read the Priority Protection Product Disclosure Statement or the Priority Protection for Platform Investors Product Disclosure Statement (as applicable) (PDS) and any relevant Supplementary PDS (SPDS), current at the time of this application, including Your Duty of Disclosure notice set out in the Significant Risks section and understand its contents and what is meant by my/our duty to disclose.
- To the maximum extent permissible by law, I/We agree to receive any communications relating to AIA Australia's products and services electronically, including by way of a physical or electronic notice (such as an email, SMS, facsimile, webpage transmitted to a browser or other notice transmitted via any other electronic means that contains a hyperlink to the communication). Such communications may include (without limitation) the PDS, policy documents (including any schedules and endorsements), Financial Services Guide (FSG) as well as other disclosure documents and communications. For example (and without limitation) I/we agree to receive the PDS, policy document (including any endorsements and schedules) and policy related communications, via email or by accessing a webpage that contains hyperlinks to such documents and communications. Electronic communications must be regularly checked and it is my/our responsibility to ensure that I/we provided to AIA Australia an up to date, unblocked and unfiltered electronic address, if requested by AIA Australia.
- I/We warrant that, where this application is being submitted on behalf of a business partnership, I/we are authorised by and directed on behalf of the business partnership to enter into this contract of insurance and to do all things necessary to ensure the business partnership satisfies all of its obligations under this contract of insurance.
- I/We understand that if I/we have indicated I/we intend to replace an existing policy with this AIA Australia policy, I/we may be required to cancel my/our existing policy. I/We acknowledge that in this case the replacement policy issued by AIA Australia only starts when my/our existing policy is cancelled. I/We acknowledge that failure to cancel my/our existing policy within a reasonable time may make my/our AIA Australia policy void.
- I/We agree that cover will not commence until AIA Australia has accepted the risk under my/our policy.
- I/We also understand that my/our duty to disclose continues after I/we have completed this application until AIA Australia has accepted the risk under my/our policy. I/We understand that AIA Australia underwriting does not have access to my/our AIA Vitality information (including health and medical information) unless I/we disclose that information as part of my/our insurance application. I/We understand that any health, medical or other information that may affect the risk under my/our policy needs to be provided to AIA Australia underwriting (including in this form) even if it was also provided as part of the Life Insured's participation in AIA Vitality.
- If I/we am/are a Policy Owner, in that capacity I/we agree that the premium relating to my/our policy may be discounted or I/we may receive a premium cashback or five year discount in some circumstances based on the Life Insured's conduct in respect of AIA Vitality where the Life Insured is a member of AIA Vitality. This declaration is part of my/our application for Priority Protection or Priority Protection for Platform Investors despite anything to the contrary in this document.
- I/We acknowledge and confirm that the discounts and benefits in respect of AIA Vitality are not guaranteed and AIA Australia reserves the right to vary or withdraw the discounts and benefits or the AIA Vitality product.
- I/We have been notified of, have read and consented to the handling, collection, use and disclosure of my/our personal and sensitive information, including the exchange of personal and sensitive information with third parties located in Australia and overseas in the manner described in the Privacy section in the current PDS and any relevant SPDS and the Privacy Policy on the AIA Australia website www.aia.com.au and on the AIA Vitality website www.aivitality.com.au which were provided to me/us. I/We agree that any personal information AIA Australia holds will be governed by the most current Privacy Policy. I/We agree that Australian Privacy Principle 8.1 will not apply to the disclosure of personal and sensitive information overseas, and I/we understand that AIA Australia will not be accountable for those overseas parties and I/we may not be able to seek redress under the Privacy Act for breaches by overseas parties. I/We also agree that AIA Australia may update its Privacy Policy from time to time by posting an updated version on these websites and that a separate notice about the Privacy Policy may not be provided in each instance of collection.
- I/We confirm that AIA Australia and its related entities, subsidiaries, affiliates and partners may use my/our personal information to provide marketing communications that may be of interest to me/us, including about insurance and financial products and services, wellness products and services and, if I am a member of AIA Vitality, products and services of our AIA Vitality partners. Communications may be provided on an ongoing basis by telephone, electronic messages (e.g. email and pop-ups), online (including websites and mobile apps) and other means. If I/we do not wish to receive these marketing communications I/we will follow unsubscribe instructions in the communications themselves where prompted or contact AIA Australia on 1800 333 613.
- If I/we am/are a Policy Owner who is/are a natural person applying for an ordinary money Priority Protection or Priority Protection for Platform Investors policy, I/we agree to pay fees that the Life Insured is required to pay in respect of the Life Insured's AIA Vitality membership on behalf of the Life Insured unless otherwise agreed with AIA Australia and to the extent permitted by law. This declaration is not part of my/our application for Priority Protection or Priority Protection for Platform Investors despite anything to the contrary in this document.
- I/We authorise and consent to AIA Australia disclosing information that relates to me/us or to the insurance policy and/or AIA Vitality membership referable to this application to my/our adviser and the licensed dealer or broker they represent), my/our distributor, to the Policy Owner of any eligible AIA Australia insurance policy that I am insured under and/or the Life Insured under my policy (as applicable) and to their related parties including if applicable, the platform operator to which this application relates. Such information may include (without limitation), personal and sensitive information including lifestyle, health and medical information that relates to my/our application or that relates to the ongoing servicing and administration of insurance (including, without limitation, in relation to insurance claim management and assessment) and/or my AIA Vitality membership and other information such as my AIA Vitality status, membership number, whether I have purchased or used certain devices and/or accessories or whether I have visited or used certain AIA Vitality partners, to earn AIA Vitality points.
- I/We authorise and consent to any medical practitioner, hospital, clinic or other person (including any life insurance company or underwriter) disclosing to AIA Australia personal and sensitive information about me, including full details of my health and medical history. I/We understand and agree that any photocopy, email or facsimile of these declarations (or any part thereof) should be considered as effective and valid as the original and that AIA Australia may provide a copy of this authority (or any part thereof) to any third party to evidence authority and consent for disclosure.
- If this is an application for Priority Protection for Platform Investors I/we acknowledge there is a valid and current account in my/our name with the platform operator to which this application relates and that I/we have provided all of the information required about this account in this application form.

Continued overleaf 

Declaration and Privacy Notification (continued) (Life insured and Policy Owner/s must complete this section.)

- Where I am the Life Insured and I have indicated that I would like to apply for an AIA Vitality membership, I declare that:
 - I have read the terms and conditions of AIA Vitality that were provided to me together with this application (also available on the AIA Vitality Member website at www.aiavitality.com.au) and I agree to those terms. I do so in my personal capacity and not in my capacity as a Policy Owner under an eligible life insurance policy or a member of a superannuation fund.
 - I consent to receive information about AIA Vitality electronically to the email address indicated in this form. Electronic communications must be regularly checked and it is my responsibility to ensure that I provided to AIA Australia an up to date, unblocked and unfiltered email address and that email from AIA Australia is not filtered. I acknowledge that hard copies of AIA Vitality information may not always be provided but that they may be sent at AIA Australia's discretion. I may withdraw my consents by following the unsubscribe instructions in the communications themselves.
 - I understand and agree that the AIA Vitality section of this application and (unless otherwise indicated) any consents, declarations, authorities and other matters relating to AIA Vitality in this application are not part of the application for Priority Protection or Priority Protection for Platform Investors and are part of my application for AIA Vitality.

Signature of Life Insured Name of Life Insured Date

If the Life Insured is under 16 years old, please provide parent or guardian details.

Signature of parent/guardian Name of parent/guardian Date

POLICY OWNER/S (Please complete one section below)

1. Individual/s

Signature of Policy Owner 1 Date Signature of Policy Owner 2 Date

Name of Policy Owner 1 Name of Policy Owner 2

2. Company/Corporate Trustee/Business Partnership (including Corporate Superannuation Fund Membership)

Executed by (Company/Business Partnership Name) Company/Business Partnership ABN/ACN

Signature of Director/Business Partner Date Signature of Director/Secretary/Business Partner Date

Name of Director/Business Partner Name of Director/Secretary/Business Partner

If you are a sole director please tick here.

When a company is to be the policyholder it is important that the application is signed either by: (1) Two directors; or (2) one director and company secretary; or (3) for a proprietary company that has a sole director who is also the sole company secretary, that director.

3. Non-corporate Trustee (including Self Managed Super funds)

Signature of Trustee 1 Date Signature of Trustee 2 Date

Name of Trustee 1 Name of Trustee 2

Signature of Trustee 3 Date Signature of Trustee 4 Date

Name of Trustee 3 Name of Trustee 4

When the trustee of a Self Managed Superannuation Fund is to be the policyholder it is important that the application is signed either by: (1) All individual trustees; or (2) for single member fund, 2 individual trustees.

Authority to Release Medical Information

I,

authorise any medical practitioner, hospital, clinic or other person (including any life insurance company or underwriter), to disclose to AIA Australia Limited, full details of my health and medical history. I agree that a photocopy or facsimile of this authority should be considered as effective and valid as the original.

Date Signature of Life Insured

Adviser Use Only

Adviser 1 details (Servicing Adviser)

Name of Adviser			Adviser Code			
Company Name of Adviser (if applicable)			ABN/ACN (if applicable)			
Name of Dealership			AFSL Number			
Telephone number	Fax number	Email				

Adviser 2 details

Name of Adviser	Adviser Code
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Do you agree to AIA Australia contacting the Life Insured directly, if necessary, in order to obtain information required to facilitate the underwriting of the application? Yes No

Has a medical examination, HIV or other test been arranged? Yes No

If 'Yes', please provide details of name and address of medical examiner or clinic in the space below.

Special Instructions

English literacy

Can the proposed policy owner/s and/or life/lives to be insured read and understand English? Yes No

If 'No', what language was used to explain the policy?

Adviser Declaration

Quote No.

- I confirm that I have given each Policy Owner and/or Life Insured a copy of the current:
 - Priority Protection Product Disclosure Statement or Priority Protection for Platform Investors Product Disclosure Statement (as applicable) (PDS) and any relevant Supplementary PDS;
 - AIA Australia Privacy Policy; and
 - where AIA Vitality is being applied for, a copy of the AIA Vitality Terms and Conditions (and where given electronically, the Policy Owner and/or Life Insured agree to receive information/disclosure electronically).
- I confirm that each Policy Owner and/or Life Insured has checked the details provided in the Application Form, the Life Insured has checked the health information provided and that I have authority from the Policy Owner and/or Life Insured to proceed with the application and will be able to provide evidence of the authority to AIA Australia upon request. I acknowledge and agree that evidence may include, but is not limited to, adviser file notes, voice recording and/or signed declaration in my records.
- I understand that where the Policy Owner and/or Life Insured is less than 16 years of age, I declare that the parent or guardian of the Policy Owner and/or Life Insured has made the above declarations and confirmations to me on behalf of the Policy Owner and/or Life Insured.

Adviser 1 Signature	<input checked="" type="checkbox"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Adviser 2 Signature	<input checked="" type="checkbox"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

Remuneration Structure – please select either (A) or (B):

A) Same remuneration structure to apply to all Policies (please select):

Upfront Hybrid Level (where applicable)

OR

B) Different remuneration structures to apply by Policy (please select and specify Plan type eg. Life Cover Plan):

Policy 1	Specify Plan type:	<input type="text"/>	<input type="checkbox"/> Upfront	<input type="checkbox"/> Hybrid	<input type="checkbox"/> Level (where applicable)
Policy 2	Specify Plan type:	<input type="text"/>	<input type="checkbox"/> Upfront	<input type="checkbox"/> Hybrid	<input type="checkbox"/> Level (where applicable)
Policy 3	Specify Plan type:	<input type="text"/>	<input type="checkbox"/> Upfront	<input type="checkbox"/> Hybrid	<input type="checkbox"/> Level (where applicable)
Policy 4	Specify Plan type:	<input type="text"/>	<input type="checkbox"/> Upfront	<input type="checkbox"/> Hybrid	<input type="checkbox"/> Level (where applicable)
Policy 5	Specify Plan type:	<input type="text"/>	<input type="checkbox"/> Upfront	<input type="checkbox"/> Hybrid	<input type="checkbox"/> Level (where applicable)
Policy 6	Specify Plan type:	<input type="text"/>	<input type="checkbox"/> Upfront	<input type="checkbox"/> Hybrid	<input type="checkbox"/> Level (where applicable)
Policy 7	Specify Plan type:	<input type="text"/>	<input type="checkbox"/> Upfront	<input type="checkbox"/> Hybrid	<input type="checkbox"/> Level (where applicable)
Policy 8	Specify Plan type:	<input type="text"/>	<input type="checkbox"/> Upfront	<input type="checkbox"/> Hybrid	<input type="checkbox"/> Level (where applicable)

Remuneration Plan (Commission Dial Up/Dial Down)

Please specify if other than standard

Remuneration Split

Please specify if more than one adviser Adviser 1 % Adviser 2 %

