

2. Insurance details

Details of insurance policy being transferred:

| Insurer (if known) | fund name (if applicable) | commencement date (if known) | type of cover |
|----------------------|---------------------------|------------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Amount of benefit/cover being transferred:

If no selection is made we will assume that you do not wish to transfer any insurance to Perpetual WealthFocus Super Plan and will reject this application.

| | | |
|--------------------|-------------------------|---|
| death only | \$ <input type="text"/> | (maximum amount of cover you can transfer is \$1,000,000 in one transaction) or |
| TPD only | \$ <input type="text"/> | (maximum amount of cover you can transfer is \$1,000,000 in one transaction) or |
| death and TPD | \$ <input type="text"/> | (maximum amount of cover you can transfer is \$1,000,000 in one transaction) and/or |
| salary continuance | \$ <input type="text"/> | per month (maximum amount of cover you can transfer is \$10,000 per month) |

Salary continuance only

| | | | | |
|--|-----------|--------------------------|-----------------------|--------------------------|
| what type of cover are you transferring? | Indemnity | <input type="checkbox"/> | | |
| current benefit period | 2 years | <input type="checkbox"/> | 5 years | <input type="checkbox"/> |
| | | | to age 65 | <input type="checkbox"/> |
| current waiting period | 30 days | <input type="checkbox"/> | 60 days | <input type="checkbox"/> |
| | | | 90 days | <input type="checkbox"/> |
| | | | other, please specify | <input type="text"/> |

The following conditions will apply to salary continuance benefits being transferred:

- your current benefit and waiting periods will be matched to the insurance cover provided under Perpetual WealthFocus Super Plan, where possible
- your existing insurance policy must be cancelled when your insurance application has been accepted under Perpetual WealthFocus Super Plan
- if your current waiting period is different, it will be rounded up to the next highest offer under Perpetual WealthFocus Super Plan (i.e. a 45 day waiting period will be rounded to a 60 day waiting period)
- if your current benefit period is different, this will be the lesser benefit period offered under Perpetual WealthFocus Super Plan.

If the insurer accepts your application you will be allocated the same level of cover provided to you by your current fund or insurer subject to the underwriting terms provided by the current insurer, including premium loadings, restrictions, exclusions or any other limitations imposed on your current cover. Availability of cover and exclusion wordings are subject to the terms and conditions of Perpetual WealthFocus Super Plan, including occupation classification and eligibility rules.

Please apply indexing to my sum insured

yes (default) no This feature is not available if you have chosen to be insured for a premium amount per month

Please pay my insurance premium:

| | |
|--------------------------|--|
| <input type="checkbox"/> | from my investment option with the highest balance (default) - including where the balance in a nominated investment option is insufficient to pay a premium |
| <input type="checkbox"/> | proportionally across my investment options |
| <input type="checkbox"/> | from my <input type="text"/> investment option |

Election to maintain cover (optional)

I wish to opt-in to maintain my insurance cover in the event that my account becomes inactive for a continuous period of 16 months (where my insurance cover would otherwise be required to be cancelled). I understand and acknowledge that the ongoing insurance premiums being charged to my account will likely reduce my account balance.

3. Personal statement and general details

| | | | | |
|---|----------------------|--------------------------|----------------------|--------------------------|
| Have you smoked tobacco or any other substance in the last 12 months? | no | <input type="checkbox"/> | yes | <input type="checkbox"/> |
| occupation | <input type="text"/> | industry | <input type="text"/> | |
| 1. At the date of this application, are you absent from work or restricted due to an injury or illness from carrying out all of the usual duties of your current and normal occupation on a full time basis, for at least 30 hours per week (even if you are not currently working on a full time basis)? | no | <input type="checkbox"/> | yes | <input type="checkbox"/> |
| 2. Have you been paid, or are you eligible to be paid, or do you intend or have you lodged a claim for a Salary Continuance, Terminal Illness or a Total and Permanent Disablement benefit with us, another superannuation fund or life insurance policy? | no | <input type="checkbox"/> | yes | <input type="checkbox"/> |
| 3. Have you been diagnosed with an illness that reduces your life expectancy to less than 24 months from today? | no | <input type="checkbox"/> | yes | <input type="checkbox"/> |
| 4. Have you been absent from work due to injury or illness for more than 10 days in the last 12 months? | no | <input type="checkbox"/> | yes | <input type="checkbox"/> |
| 5. Have you previously been declined Death only or Death and Total and Permanent Disablement or Salary Continuance cover under the policy or with any insurer at the date of transfer? | no | <input type="checkbox"/> | yes | <input type="checkbox"/> |

If you answered 'yes' to questions 1 to 5 you will not be eligible to transfer your existing insurance cover from your current fund/insurer to us. You are not required to complete the remaining sections of this form.

| | | | | |
|--|----|--------------------------|-----|--------------------------|
| 6. Have you had any insurance application previously declined? | no | <input type="checkbox"/> | yes | <input type="checkbox"/> |
| 7. Is your cover under your current fund or policy subject to any premium loadings and or exclusions including but not limited to pre-existing conditions exclusions, or restrictions in regards to medical or other conditions? | no | <input type="checkbox"/> | yes | <input type="checkbox"/> |

If you have answered 'yes' to question 7 please provide details below of the premium loadings, exclusions and/or restrictions, including a copy of the advice you received from the current insurer or fund advising you of the acceptance of your cover subject to these additional terms.

4. Signature and declaration

The duty to take reasonable care

Before you enter into a life insurance contract, you have a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty applies to a new contract of insurance and also applies when extending or making changes to existing insurance, and reinstating insurance.

When you apply for life insurance, the insurer conducts a process called underwriting. It's how the insurer decides whether they can cover you, and if so, on what terms and at what cost.

The insurer will ask questions they need to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give the insurer in response to the questions is vital to their decision.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. There are different remedies that may be available to the insurer. These are set out in the Insurance Contracts Act 1984 (Cth). These are intended to put the insurer in the position they would have been in if the duty had been met.

Your cover could be avoided (treated as if it never existed), or its terms may be varied. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where the insurer later investigates whether the information given to them was true. For example, the insurer may do this when a claim is made.

Before the insurer exercises any of these remedies, the insurer will explain their reasons and what you can do if you disagree.

Guidance for answering our questions

You are responsible for the information provided to the insurer. When answering their questions, please:

- Think carefully about each question before you answer
- If you are unsure of the meaning of any question, please ask us before you respond
- Answer every question
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it
- Review your application carefully before it is submitted.

If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

Changes before your cover starts

Before your cover starts, the insurer may ask about any changes that mean you would now answer their questions differently. As any changes might require further assessment or investigation, it could save time if you let the insurer know about any changes when they happen.

4. Signature and declaration (continued)

If you need help

It's important that you understand this information and the questions the insurer asks. Ask us or a person you trust, such as your adviser for help if you have difficulty understanding the process of buying insurance or answering the questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help. If you want, you can have a support person you trust with you.

Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has any impact on the cover.

Privacy statement

I have read and understood the privacy disclosure as detailed in the Perpetual WealthFocus Super Plan PDS. I consent to my personal information being collected and used and disclosed in accordance with the privacy disclosure.

Acknowledgments

I acknowledge that:

- I have satisfied all of the conditions listed at the beginning of this form for transferring my existing cover
 - I have read and carefully considered the questions in this form and all answers provided are to the best of my knowledge true and correct
 - I hereby declare that the information contained in this form is true and correct and that no information material to this application for transfer has been withheld
 - I have received and read the current Perpetual WealthFocus Super Plan PDS
 - I have read the 'Duty to take reasonable care' in the Perpetual Super Plan PDS and above and understand its contents and what is meant by my duty to take reasonable care
- If I do not fully complete, sign and date this form, I will not be eligible to transfer my existing cover to Perpetual WealthFocus Super Plan
 - I will be cancelling the insurance cover that I am transferring to Perpetual WealthFocus Super Plan
 - I will not effect a continuation option, or subsequently reinstate cover within the other fund or policy or any other divisions or associated funds of the other fund
 - I understand that the transfer of my existing Death only, TPD only, Death and TPD and salary continuance cover, once accepted by the insurer, will be subject to the terms and conditions loadings, restrictions and exclusion wording (which could differ to the wording of the outgoing policy) of the cover provided by Perpetual WealthFocus Super Plan. I also acknowledge that my salary continuance (if applicable) benefit and waiting periods will be matched to the cover provided by Perpetual WealthFocus Super Plan (where possible).
 - My cover will not commence under the Perpetual WealthFocus Super Plan until the later of the date the insurer has accepted my application and the cancellation of my existing insurance cover under my other fund or policy
 - I agree to provide the Trustee or the insurer with access to the health and or financial evidence I provided to any other fund and their insurer in an application for the cover. Any non-disclosure to another fund or insurer may be acted upon by the Trustee or the insurer
 - Should it become apparent to the Trustee or the insurer that I have not responded truthfully or satisfied the requirements that I confirmed in this form, then any insured benefit that may be payable to me, my beneficiaries or my estate by the Trustee, may be reduced by the insured amount paid or payable by my former fund, an associated section or division of the former fund, or any other fund, or any policy issued under any option that I exercised, as a consequence of my failure to abide by these conditions.

| | | | | | | | | |
|---------------------|--|------|--|---|--|---|--|--|
| signature of member | | date | | / | | / | | |
| print name | | | | | | | | |

5. Financial adviser use only

Financial adviser details

| | | | | | | | | | |
|-----------------------------|--|--|--|--|------------------------|--|---|--|---|
| financial adviser name | | | | | | | | | |
| phone (after hours) | | | | | phone (business hours) | | | | |
| mobile | | | | | fax | | | | |
| postal address | | | | | | | | | |
| AFSL licensee name | | | | | AFSL number | | | | |
| adviser number | | | | | | | | | |
| dealer group | | | | | dealer branch | | | | |
| financial adviser signature | | | | | date | | / | | / |

**ADVISER
STAMP**

IL GN / / (Group)
 IL AN / / (Adviser)
 IL CN / / (Client)