

This form is to be completed only on request by Zurich Underwriting.
To be completed by the life insured. Please avoid delays by checking that all questions have been answered fully and where appropriate use BLOCK LETTERS.

Policy number(s)



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 that you know, or could reasonably be expected to know, 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 extend, vary or reinstate a contract of life insurance.

Your duty of disclosure however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer
- that is common knowledge
- that your insurer knows or, in the ordinary course of business ought to know
- if compliance with your duty in relation to that matter is waived by the insurer.

Your duty of disclosure continues until the insurer has informed you as to whether the insurer accepts or declines your application. This means that you must advise the insurer of any changes to the information included in your application up until the date that the insurer confirms in writing that the application has been accepted or declined.

In particular, you should advise Zurich of any changes in medical or physical conditions, and of any visits to medical service providers.

Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within 3 years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within 3 years of entering into it, 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 privacy

Zurich is bound by the National Privacy Principles. In completing the forms or questions herein you will be providing us with your personal and, perhaps, sensitive information. The collection and management of this information is governed by the Privacy Act 1988. For a more detailed explanation of Zurich's Privacy Policy please visit our website at www.zurich.com.au or contact the Zurich Privacy Officer on 132 687 or email us at privacy.officer@zurich.com.au.

1 Life insured details

Title	Surname		
Given names		Date of birth	/ /
Address			
		State	Postcode
Contact numbers			

2 To be completed by persons intending on travelling overseas

(a) Please provide details of all countries you intend to travel to including dates and the period of time you expect to stay in each country

.....

.....

.....

(b) Please advise reason for visits, eg. work, pleasure, visiting relatives

.....

.....

.....

If travelling for work, please advise nature of business, your duties and responsibilities, mode of travel and any safety precautions taken by your employer

.....

.....

.....

(c) While travelling overseas

(i) will you be staying in a city, town or a rural area? Please include name of city or town or name of nearest city or town if living in a rural area

.....

.....

.....

(ii) what type of accommodation will you be staying in (eg. hotel, secure compound, etc.)?

.....

.....

.....

(d) Please provide details of travel over the last 2 years including dates, duration of visit and reason for travel

.....

.....

.....

.....

(e) If you plan to travel in any country for longer than 21 days, please advise if there are medical facilities available, and if so, what type (eg. hospital) and what evacuation procedures are in place

.....

.....

.....

3 To be completed by Australian citizens or permanent residents who live or are intending to live overseas on a part-time basis or full-time basis

(a) Please provide details of all countries you intend to reside in including dates and the period of time you expect to reside in each country

.....

.....

.....

.....

(b) Please advise reason for residing overseas

If for work purposes, please include details of the type of work you will do, including

- duties and responsibilities
- nature of business
- date of commencement and length of contract
- safety precautions taken by your employer

.....

.....

.....

.....

3 To be completed by Australian citizens or permanent residents who live or are intending to live overseas on a part-time basis or full-time basis (continued)

(c) While residing overseas

(i) will you live in a city, town or a rural area? Please include name of city or town or name of nearest city or town if living in a rural area

(ii) what type of accommodation will you be staying in (eg. hotel, secure compound, etc.)?

(d) Please provide details of travel over the last 2 years including dates and duration of visit and reason for travel

(e) Are there medical facilities available?

Yes ☐ No ☐

If 'Yes', what type of facilities (eg. hospital) and what evacuation procedures are in place?

If 'No', where is the closest hospital/medical facility?

4 Declaration

The proposed life insured states as follows:

1. I have read and understood all of the statements, questions and answers in the questionnaire. In particular, I acknowledge my duty of disclosure to Zurich as described at the beginning of this form.
2. Each statement that I have made to Zurich or any other person in relation to my application for insurance and in this questionnaire is true and correct.
3. I acknowledge that Zurich will rely on statements in this questionnaire in deciding whether to issue an insurance policy and what terms and premium to offer.
4. I authorise Zurich to disclose any information in relation to my application for insurance to any person for the purpose of assisting Zurich to make a decision in relation to my application for insurance.
5. I understand that the insurance applied for shall not become effective until Zurich accepts my application.
6. I authorise my medical practitioner or other professional (ie accountant) to disclose any information that they may possess about me to Zurich in relation to my application for insurance or any claim under it.
7. I authorise Zurich to approach any person named in this questionnaire to verify any aspect. In the same way, I authorise any person named in my questionnaire to disclose any information they may possess about me to Zurich.

Name of life insured

Signature of life insured

X

Date

/ /

Any questions? Call 131 551

Please return the completed form to us:

By post, to **Zurich Australia Limited Underwriting Department, Locked Bag 994, North Sydney NSW 2059**, or

By email, as a scanned attachment, to **risksuspense.management@zurich.com.au**, or

By fax, to **02 9995 3822**.