



Issued 30 November 2010

Use this form to tell us that you have stopped smoking and change your smoking status.

Tips to help you complete this form

- Use blue or black pen and BLOCK letters
- Use a cross (X) to mark answer boxes
- Read the 'Duty of disclosure' section below
- Complete all of the form and sign and date on the last page.

Any questions? If you'd like help completing this form, or if you have any questions, just call us on 13 11 55 and ask for 'Super'.

Your duty of disclosure

To be read by the Insured Person before completing the application.

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.

Your duty, however, doesn't require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer
- that's of common knowledge
- that your insurer knows, or in the ordinary course of their business, ought to know
- as to which compliance with your duty is waived by the insurer.

Non-disclosure – If you fail to comply with your duty of disclosure and the insurer wouldn't have entered into the contract on any terms if the failure hadn't occurred, the insurer may avoid the contract within three years of entering into it. If your nondisclosure 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 three years of entering into it, elect not to avoid it but to reduce the sum that you've 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.

This duty continues to apply until the insurer notifies you that the risk has been accepted. It also applies when you extend, vary or reinstate a contract.

Note: Completion of this form doesn't mean that non-smoker rates will automatically apply.

1. Personal details

Suncorp WealthSmart account number

Title

Last name

Given name(s)

Date of birth / / Gender: Male Female

Daytime phone number Mobile

Email

2. Change to smoking status

1. Have you smoked tobacco or any other substance in the last 12 months?Yes No

If 'yes', what and how much?

2. When did you stop smoking? Month Year

3. What made you give up smoking?

4. Do you intend to resume smoking?.....Yes No

If 'yes', when and why?

5. Do you have, or has a medical practitioner advised you, that you have a smoking related medical condition eg. emphysema or other breathing problems, heart disease, vascular disease, stroke or cancer? Yes No
If 'yes', please provide full details, and include the name and address of the doctor.

6. Have you been advised by a medical practitioner or specialist physician to give up smoking on medical grounds? Yes No
If 'yes', please provide full details, and include the name and address of the doctor.

7. If we need to get more information from you, may one of our underwriters phone you? (this can save time and ensure that the underwriter fully understands your circumstances) Yes No
If 'yes', when is the most convenient time and place:

At home At work Days Convenient times: From: To:

3. Declaration and signature

I acknowledge that:

- I've read this application form and confirm that the answers given are my true and complete answers, even if the answers either in this form or any attachment, aren't in my handwriting, I declare that they have been correctly written down at my dictation.
- I've read my Duty of Disclosure and haven't withheld any information material to the Insurer and understand that this duty continues to apply and that the insurance applied for won't become effective until the Trustee advises the risk has been accepted.
- I've read and agree to be bound by the Suncorp privacy policy found on our website at suncorp.com.au
- I may request access to my personal information by contacting you, although I may in some circumstances not be granted access to it. Also, I acknowledge that if the personal information requested from me isn't provided to you, then you may not be able to provide services covered in the Suncorp privacy policy.
- I acknowledge Income Protection has a specific exclusion for disability caused directly or indirectly by war.

I consent to:

- the use of personal information about me by the Trustee (if applicable) for the purposes of providing insurance through my membership of Suncorp WealthSmart, including to assess and decide whether to agree to an application and on what terms (if any) or any amendment or increase of any insurance provided; to provide and manage the insurance cover relating to an application that has been accepted; to investigate and, if covered, manage and pay any claims made in relation to any insurance I have with you or other members of the Suncorp Group and
- the disclosure of personal information about me by the Trustee (if applicable) to, and obtaining personal information from, other parties for any of these purposes. These other parties include my adviser, other members of the Suncorp Group, loss assessors and claim investigators, other insurance companies and reinsurers, mailing houses, claims reference providers, research and telephone service providers, hospitals, medical and other health professionals, government departments, other trustees, legal and other professional advisers and other service providers.

If I've disclosed personal information about any other person, I confirm that I'm authorised to disclose personal information about that person and to consent to its use and disclosure to other parties (and obtaining other personal information about that person from other parties) for the purposes above.

Signature of the Person to be Insured

Date

Print full name

Please send the completed form and any required attachments to: **Suncorp WealthSmart™**
GPO Box 2585
Brisbane QLD 4001