

# Suncorp WealthSmart®

## Application to update smoking status



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Suncorp Portfolio Services Limited (Trustee)  
ABN 61 063 427 958 AFSL 237905 RSE L0002059

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' between 8am and 6pm (Eastern Standard Time) Monday to Friday.

## Your duty of disclosure

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

Before a contract of life insurance is entered into with the insurer, we have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that we know, or could reasonably be expected to know, that is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

This duty of disclosure continues to apply until the contract is entered into. It also applies when the insurer extends, varies or reinstates a contract of life insurance.

This 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 the insurer knows, or in the ordinary course of their business, ought to know
- as to which compliance with the duty is waived by the insurer.

As the Insured Person you have the same duty of disclosure and it is a condition of your membership to discharge that duty.

### Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract 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.

The insurer may elect not to avoid the contract but to vary it by:

- reducing the sum insured in accordance with a formula that takes into account the premium that would have been payable if you had complied with your duty of disclosure; or
- placing the insurer in the position in which the insurer would have been in if you had complied with your duty of disclosure.

The options to vary the contract are available to the insurer while the contract remains in force.

Where the contract provides death cover, the insurer may only apply (i) above and must do so within 3 years of entering into the contract.

As the contract is for insurance of your life as the insured person, any failure by you to provide information about a matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to give you insurance and, if so, on what terms, may be treated as a failure by us, as the policy owner, to comply with our duty of disclosure.

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

## 1. Personal details

Suncorp WealthSmart account number	<input type="text"/>
Title	<input type="text"/>
Last name	<input type="text"/>
Given name(s)	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Daytime phone number	<input type="text"/> <input type="text"/> <input type="text"/>
Email	<input type="text"/>
	<input type="text"/>

Gender: Male  Female

Mobile

## 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.
- 
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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.
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- 
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.
- Before or at the time I provided any personal information, I read and understood the Trustee's privacy statement in the current Suncorp WealthSmart Product Guide, which is also available at [suncorp.com.au/privacy](http://suncorp.com.au/privacy)
- 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 Trustee's privacy statement.
- I acknowledge Income Protection has a specific exclusion for disability caused directly or indirectly by war.

**I consent to the Trustee collecting, using and disclosing my personal information, including sensitive information, in accordance with the privacy statement. This includes:**

- 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

or fax to: 1300 172 693

or email to: [suncorpwealthsmart@suncorp.com.au](mailto:suncorpwealthsmart@suncorp.com.au)