# Suncorp Life Protect Lifestyle Increase Benefit Application Form

# About this application

When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can cover you, and if so on what terms and for what premium.

We will ask questions we 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 us in response to our questions is vital to our decision.

If your application to vary your Policy is accepted, the Policy will be treated as a consumer insurance contract to the extent of the variation.

#### The duty to take reasonable care

When applying for insurance, there is 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 also applies when extending or making changes to existing insurance, and reinstating insurance.

## If the duty is not met

If the duty is not met, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

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

## Guidance for answering our questions

You are responsible for the information provided to us when applying for insurance. When answering our 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, we may ask you whether the answers to the questions that you have given when applying for insurance remain accurate or whether there has been a change to any of your circumstances. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

#### If you need help

It's important that you understand this information and the questions we ask. Ask us or your adviser for help if you have difficulty understanding the process of applying for life insurance or answering our questions.

If you're having difficulty due to a disability, language, or for any other reason, please let us know - we're here to help and can provide additional support.

This Lifestyle Increase Benefit application form allows you, as the policy owner, to increase the sum insured of your Suncorp Life Protect policy by \$100,000 without providing any medical information. You can apply for an increase if you are under the age of 60 and:

- this is your 2nd policy anniversary; or
- one of the following events occurred between the current policy anniversary and your last policy anniversary.

Lifestyle events are:

- you married
- you or your partner gave birth to or adopted a child
- your child started high school for the first time
- you purchased a home
- your spouse passed away

Your application must be made within 30 days of your policy anniversary immediately following the lifestyle event and will be offered on the same terms as your original insurance with us.

To increase your Suncorp Life Protect sum insured by \$100,000 under the Lifestyle Increase Benefit, please complete the following.

Policy number		
Title		
Surname		
Given name(s)		
Address		
	State	Postcode



Y	our Lifestyle Event							
PΙε	ease indicate which event ha	s occurred:						
	My second policy anniversary							
	I married	_						
	Date of marriage		D D / M M / Y Y Y Y					
	Spouse's full name							
	My partner or I gave birth	to or adopt	ed a child					
	Child's full name							
	Child's date of birth		D D / M M / Y Y Y Y					
	If adopted - the date of ado	option	D D / M M / Y Y Y Y					
My child started high school for the first time								
	Child's full name							
	High school that this child is	attending						
	Date that this child comme	enced high s	school DD/MM/	YYYY				
	I purchased a home	г						
	Property settlement date		DD/MM/YYYY					
	Address of purchased prop	erty						
					State	Postcode		
	My spouse passed away	_						
	Full name of deceased spous	se						
	Date of birth of deceased s	pouse	D D / M M / Y Y Y Y					
	Date of death of deceased	spouse	D D / M M / Y Y Y Y					
		on, we will c	confirm your increased sum insu	ed in writing and we will advise	you of your new	premium.		
	ease note:							
	<ul> <li>You can only increase your sum insured using this benefit up to the value of your original sum insured. For example, if your original sum insured was \$400,000, you can increase your sum insured using the Lifestyle Increase Benefit by an additional \$400,000 over the life of your policy.</li> </ul>							
			e Protect policies issued by us fo 10,000 or more, you have reached					
D	eclaration							
		pplication fo	nis form and declare that the stat or insurance and shall be relied u					
_	<ul> <li>To the extent that if the answers are not in my own handwriting they have been checked by me and I certify that they are correct to the best of my knowledge.</li> </ul>							
			onable care not to make a misre g insurance, and reinstating insu					
Ιu	nderstand:							
			enable the insurer to assess my		rease Benefit un	der my policy;		
			ested in this form, my increase n					
		_	further evidence of my lifestyle of ive until my application is accept	•				
			·					
_	ur signature		M. I. V. V. V. V.					
Da		ии / М	IVI / Y Y Y Y					
Pri	nt full name							