

# Suncorp MyStyle Life Insurance Policy Alteration Form

Please select your cover type(s):

- Income Protection (IP) Cover  
 Death Cover  
 Serious Illness Cover

Please select your reason for this application:

- Apply for an increase
- Increased monthly payment amount (IP Cover)  
Amount \$
- Increased sum insured (Death Cover)  
Amount \$
- Increased sum insured (Serious Illness Cover)  
Amount \$
- Apply for a reinstatement (available for 30 days from date of cancellation)
- Alter your status from smoker to non-smoker  
 Alter your non-payment period from 90 days to 30 days  
 Alter your maximum payment period to  
 5 years  
 To age 70  
 Review of premium loading/exclusion

Policy number	<input type="text"/>
Title	<input type="text"/>
Given name	<input type="text"/>
Surname	<input type="text"/>
Date of birth	<input type="text" value="DD / MM / YYYY"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address	<input type="text"/> <input type="text"/> State <input type="text"/> Postcode <input type="text"/>

## Contact Details

Home	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		
Preferred Contact Number:	<input type="checkbox"/> Home <input type="checkbox"/> Mobile	Preferred Contact Time:	<input type="checkbox"/> Morning (9am - 12 noon) <input type="checkbox"/> Afternoon (12 noon - 4.30pm)

**Please note: completion of this form does not guarantee your application will be accepted**

## Your Duty of Disclosure

### Life Insurance

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

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

- that diminishes the risk to be undertaken by us
- that is of common knowledge
- that we know, or in the ordinary course of our business, ought to know, or
- as to which compliance with your duty is waived by us.

### If you do not tell us something

In exercising the following rights, we may consider whether different types of cover can constitute separate contracts of life insurance. If they do, we may apply the following rights separately to each type of cover.

If you fail to comply with your duty of disclosure and we would not have entered into the contract if the failure had not occurred, we may avoid the contract within 3 years of entering into it.

We may elect not to avoid your 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. If your contract provides cover on death, we may only exercise this right within 3 years of entering into the contract with you; or
- placing us in the position in which we would have been in if you had complied with your duty of disclosure. This right does not apply if your contract provides cover on your death.

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

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 of life insurance.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

## Privacy Statement

Asteron is subject to the Privacy Act 1988 and has a Privacy Statement that explains how we handle the information we collect about you. For a copy of the Privacy Statement, please visit [www.suncorp.com.au](http://www.suncorp.com.au) or refer to your Product Disclosure Statement which was provided to you. Alternatively you can contact us on 1800 455 389.



## Brief Personal Statement and Declaration of Health

To be completed by the insured person listed on the policy schedule.

Any changes made to this questionnaire are to be initialled by the insured person listed on the policy schedule.

Please answer all questions to the best of your ability as omissions may delay issue of your cover. If there is insufficient space, please attach an extra sheet of paper.

### Your Personal Details

**To apply for an alteration of your status from smoker to non-smoker please only answer questions 1 and 2 and complete the declaration**

1. Have you smoked tobacco and/or any other substance in the last 12 months?  Yes  No
2. Have you given up smoking due to medical advice or a medical condition? (For example, but not limited to emphysema or other breathing problems, heart attack, heart disease, vascular disease, stroke or cancer.)  Yes  No

**To apply for an increase, reinstatement, alter the maximum payment period or non-payment period: or review a premium loading/exclusion, please answer the following questions and complete the declaration**

3. What is your height?  cm  ft
4. What is your weight?  kg  lb
5. Since you first applied for your MyStyle Life Insurance policy, have you:
- a. smoked tobacco or any other substance in the last 12 months?  Yes  No
  - b. given up smoking due to medical advice or a medical condition? (For example, but not limited to emphysema or other breathing problems, heart attack, heart disease, vascular disease, stroke or cancer.)  Yes  No
  - c. been diagnosed with, or sought treatment or advice for:
    - i. brain, nerve, heart, lung, digestive, kidney, liver, thyroid, joint, muscle, bone, skin, sight, hearing, genital or urinary conditions?  Yes  No
    - ii. cancer, cysts, growths, polyps, tumours?  Yes  No
    - iii. diabetes, blood disorders, auto immune or infectious diseases?  Yes  No
    - iv. a mental health condition or symptoms?  Yes  No
  - d. been diagnosed with, sought or intend to seek treatment or advice for any symptom, condition, injury or illness  Yes  No

If you answered 'Yes' to above question 5 (a), (b), (c) or (d), please provide details below.


6. **For Income Protection Cover only**, what is your total pre-tax income over the past 12 months? (Please include superannuation, regular bonuses and/or commissions)

## Declaration

I agree that:

- a. The original application form for this policy, as varied by this application and the Brief Personal Statement and Declaration of Health (Statement), shall form the basis of the contract with Asteron for an alteration to this policy.
- b. If this application is accepted, acceptance will be based on the truth of the answers made in the Statement.

I declare that the statements made in this Statement are true and complete and agree that they shall form part of the application for insurance and shall be relied upon by Asteron in deciding whether to accept an alteration including the premiums and terms to offer.

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.

Signature of the person whose life is to be insured:

Date:

Name:

I have read and acknowledge the Duty of Disclosure to Asteron and understand that this duty continues to apply until the insurance applied for has been accepted by Asteron. I also acknowledge that the Duty of Disclosure will also apply if I extend, vary or reinstate a contract of insurance.

I have read and understood the Privacy Statement.

I consent to Asteron using my personal information for the purposes outlined in that privacy statement and to Asteron disclosing my personal information to (and obtaining information from) other parties including the parties mentioned in that statement, for the disclosed purposes.

I understand that the insurance application, where applied for, will not become effective until my application is accepted by the insurer in writing.

**Please return this form to Life Customer Service:**

**Fax:** 1300 552 345

**Email:** [suncorplife@suncorp.com.au](mailto:suncorplife@suncorp.com.au)

**Mail:** GPO Box 3950, Sydney NSW 2001

**If you have any queries, please call us on 1800 455 389.**