

Application for Lapsed Super Policies

OneCare Super and Leading Life in Retirement Portfolio Service

May 2021

OnePath Life Limited (OnePath Life)

ABN 33 009 657 176 AFSL 238341

OnePath Custodians Pty Limited (OnePath Custodians)

ABN 12 008 508 496 AFSL 238346 RSE L0000673

Retirement Portfolio Service (the Fund)

ABN 61 808 189 263 RSE R1000986

Customer Services

Phone 133 667

Email customer.risk@onepath.com.au

Website onepath.com.au

About this Application Form

Lapsed OneCare Super policies

If your original OneCare Super policy lapsed, you will need to reapply to become a member of the Retirement Portfolio Service (ABN 61 808 189 263, RSE R1000986) as your membership in the fund ceased when your insurance cover lapsed.

Reinstatement of OneCare Super policies that commenced before 29 March 2021

Please be aware that cover being reinstated may have different terms and conditions to cover that was held before 29 March 2021. You should read the OneCare Product Disclosure Statement to understand the new terms and conditions (available at onepath.com.au or by calling us on 133 667) and consider the appropriateness of OneCare Super, having regard to your objectives, financial situation and needs.

If we accept your application, you will receive a new OneCare Super policy and membership number.

Please note: If your OneCare Super policy premium is being paid from an External Superannuation fund, we cannot reinstate this policy until the premium has been received from the External Superannuation Fund.

Lapsed Leading Life in Retirement Portfolio Service policies

Leading Life in Retirement Portfolio Service is now closed to new memberships. If your Leading Life in Retirement Portfolio Service policy lapsed, we are unable to reinstate either your membership or your insurance cover. However, you may reapply to become a member of the Retirement Portfolio Service (ABN 61 808 189 263, RSE R1000986) and apply for a new OneCare Super policy by completing this form.

Please be aware that whilst some of the terms and conditions of OneCare Super are similar to those of Leading Life in Retirement Portfolio Service, some terms and conditions are materially different and may be adverse.

You should read the OneCare Product Disclosure Statement (also available at onepath.com.au or by calling us on 133 667) and consider the appropriateness of OneCare Super, having regard to your objectives, financial situation and needs.

All Applicants

We will advise you in writing of our decision to accept or decline your application and where relevant, the terms and premium to apply. If acceptance of your application is subject to underwriting terms that differ from the underwriting terms of your original policy, we will advise you of this and any additional requirements.

Please be aware that you have no cover under the policy for which you are applying until OnePath Life:

- receives all outstanding requirements and
- confirms acceptance of your application in writing.

In order for your application to be assessed you must provide payment details by completing the relevant sections for this form.

Duty of Disclosure

The policy owner of your OneCare Super policy or Leading Life policy is OnePath Custodians.

The policy owner's duty of disclosure

Before a policy owner enters into a life insurance contract, they have a duty to tell OnePath Life anything that they know, or could reasonably be expected to know, may affect OnePath Life's decision to provide the insurance and on what terms.

The policy owner entering into the contract has this duty until OnePath Life agrees to provide the insurance.

The policy owner entering into the contract has the same duty before they extend, vary or reinstate the contract.

The policy owner entering into the contract does not need to tell OnePath Life anything that:

- reduces the risk OnePath Life insures you for
- is of common knowledge
- OnePath Life knows or should know as an insurer, or
- OnePath Life waives your duty to tell it about.

B OneCare Super policy details – to be issued to OnePath Custodians

Complete this section if applying for a OneCare Super policy and are thereby joining the Retirement Portfolio Service (the Fund).

1. How will premiums be paid? Contribution Internal rollover External rollover

2. Tax File Number

Before providing this information, please refer to 'Tax File Number' in the 'OneCare Super' section of the PDS.

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3. **Do not complete this section if paying premiums via rollover.** For information on eligibility to contribute to superannuation please refer to 'Who can make contributions to the Fund' in the 'OneCare Super' section of the PDS.

Are you eligible to make contributions to the Fund? Yes No

What type of contributions are being made by you or on your behalf

Personal % Eligible spouse % Employer %

If more than one contribution type applies, total must add up to 100%

C Nomination of beneficiaries – OneCare Super

For information on nominating a beneficiary please refer to 'Death Benefit' in the 'OneCare Super' section of the PDS. 'Trustee' in this section refers to OnePath Custodians as the trustee of the Retirement Portfolio Service (the Fund).

As a member of the Fund, you have two options in relation to your Death Benefit. You can either make:

- a lapsing nomination, which must be confirmed or updated within three years of the date of the initial nomination or any subsequent nomination, or
- a non-lapsing nomination, which does not have to be confirmed or updated every three years.

If you provide us with a nomination (whether lapsing or non-lapsing) the Trustee must pay your Death Benefit to the beneficiaries you have nominated and in such proportions as you have specified, provided it satisfies all legal requirements, and has not become defective. The circumstances in which a nomination may become defective, and how the Trustee will pay your death benefit in these circumstances, are explained in the PDS.

A nominated beneficiary (whether a lapsing or a non-lapsing nomination) must be your dependant under superannuation law (including financial dependant) or your Legal Personal Representative (estate).

Tick one of the boxes below to indicate whether you are choosing to make a lapsing or non-lapsing nomination:

Lapsing nomination

I hereby advise the Trustee of my lapsing nomination as to who should receive the benefit payable on my death and in what proportions. Such payment is subject to the terms and conditions of the policy and any limitations imposed by law at the time of payment. I reserve the right to alter my nomination at any time.

Non-lapsing nomination

I hereby advise the Trustee of my non-lapsing nomination as to who should receive the benefit payable on my death, how to pay the benefit, and in what proportions. Such payment is subject to the terms and conditions of the policy and any limitations imposed by law at the time of payment. I reserve the right to alter my nomination at any time.

Please make your nomination(s) in the space provided below, up to a maximum of five nominations. You should update your nominations as personal circumstances change, e.g. you marry, divorce or have a child/children. You may indicate how you would like your benefit to be paid, i.e. a lump sum or an income stream or a combination of both. Please note that the Trustee has the discretion as to how the benefit is to be paid. Superannuation rules restrict who can receive, and how much can be paid as, an income stream. Eligibility is determined at the time the income stream is proposed to commence and not at the time the nomination is made. Speak to your financial adviser for more information. Any amount paid to an estate is paid as a lump sum.

Surname	First name (including title, e.g. Mr or Mrs)	Address	Relationship to member	Date of birth (dd/mm/yyyy)	Proportion of the death benefit (%)*			Preference how the death benefit is to be paid	
								Lump Sum	Income Stream
1.				/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.				/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.				/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.				/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.				/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estate			N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lump sum only	
Total (must add up to 100%)					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100% Lump sum only	

* Proportion of the benefit should be whole numbers only.

C Nomination of beneficiaries – OneCare Super (continued)

Declaration for OneCare Super beneficiary nominations

1. I have read and understood the 'Death Benefit' in the 'OneCare Super' section of the PDS which accompanies this Application Form and have provided my nomination to OnePath Custodians, the Trustee.
2. I understand that the Trustee will pay my death benefit to the beneficiaries I have nominated and in such proportions as I have specified, provided certain requirements as set out in the trust deed for the Fund are met.
3. I understand my death benefit will not be payable in accordance with my nomination if it is cancelled or becomes defective and will instead be payable as set out in the PDS.
4. I understand that if I choose to make a lapsing nomination, my nomination will also become defective if I do not confirm or amend my nomination, or make no fresh nomination within either three years of the date I make the initial nomination or three years after any subsequent nomination.
5. I understand and acknowledge that a non-lapsing nomination will not override a previous valid lapsing nomination. The previous lapsing nomination must first be revoked before making a new non-lapsing nomination.
6. I understand that any nomination I make on this form will only apply to the benefits payable under the OneCare Super policy, issued by OnePath Life Limited to the Trustee in respect of my life.
7. By completing this form, I acknowledge that it is my responsibility to ensure that each person I have nominated as a beneficiary is made aware that:
 - they have been nominated as a beneficiary
 - OnePath Life and the Trustee hold a record of their personal information for this purpose
 - they may contact OnePath or request access to their information by calling Customer Services on 133 667.

Full name of member

Signature

(for lapsing nominations, only sign in the presence of the two witnesses named below)

Date of birth (dd/mm/yyyy)

Signature of two witnesses (required for all lapsing nominations)

I am aged 18 years or over, and am not named as a beneficiary on this form. The member signed and dated this form (above) in the presence of us both.

Witness name

Date of birth (dd/mm/yyyy)

Witness signature

Date (dd/mm/yyyy)

Witness name

Date of birth (dd/mm/yyyy)

Witness signature

Date (dd/mm/yyyy)

D General Underwriting Questions

1. What is your current height and weight? Height (cm) Weight (kg)
2. Have you smoked tobacco or any other substance or used a nicotine-containing product in the last 12 months? Yes No
 If **yes**, please state what type? (e.g. cigarettes, gum, patch) Daily quantity
3. Have you had or are you awaiting a test for coronavirus (COVID-19)? Yes No
 If **yes**, what was the result?
4. Are you currently in quarantine or enforced self-isolation for coronavirus (COVID-19) due to possible infection? Yes No
 If **yes**, please provide full details.
5. If you are an employee: Have you ever completed a nomination notice so your current or former employers could claim JobKeeper payments (or other similar COVID-related government employment support benefit)? Yes No
 If **yes**, are you still working in the same industry as when the nomination notice was completed? Yes No
6. If you are self-employed: Have you ever made an application to receive JobKeeper payments (or other similar COVID-related government employment support benefit)? Yes No
7. Have your average working hours per week reduced as a result of the effects of COVID-19? Yes No
 If **yes**, on average how many hours per week were you working previously (before COVID)?
8. Since the policy start date have you:
- a. consulted any medical practitioner or had any medical treatment or advice or been hospitalised? Yes No
 - b. taken or been prescribed drugs, stimulants, sedatives or medication? Yes No
 - c. undergone, or been advised to undergo surgery, X-ray or scan, ECG, genetic test or special investigation? Yes No
 - d. suffered any illness, disease, accident or injury or any adverse change in your health? Yes No
 - e. do you intend to seek any medical advice, treatment, test or surgery in the future? Yes No
 - f. had any consultation with any doctor for a condition you have not already answered (other than for colds or the flu)? Yes No

If you have answered **yes** to any item in Question 8, please provide details in the following table. If there is not enough space here, please list on a separate sheet and attach to this form.

	Question	Question	Question	Question
Condition or symptoms, severity of symptoms				
Tests performed and results				
Date of first symptoms				
Date of last symptoms				
Type of treatment, date provided and date ceased				
Time off work (number of days)				

D General Underwriting Questions (continued)

Have you fully recovered? Yes/No				
Name and address of applicable institution or health professional				

9. Do you have any intention of travelling outside Australia within the next two years? Yes No

If **yes**, please complete the following:

Date of departure (dd/mm/yyyy) / / Duration of stay Destination(s)

Purpose of stay: Holiday Business Residing Other

Please specify if other

10. Are any of your occupational duties hazardous (e.g. working from heights, working underground or off shore, handling dangerous substances/explosives/chemicals, handling needles, sharps or bio-hazardous materials)? Yes No

If **yes**, please provide details.

11. Do you now or do you intend to engage in any hazardous or heavy contact activity or sports (e.g. motor racing, underwater diving, football, aviation)? Yes No

If **yes**, please provide details.

E Family history

To be completed for your blood relatives only (if adopted and family history unknown, please state so).

1. Have any of your parents, brothers or sisters (alive or deceased) suffered from Huntington's disease, muscular dystrophy, diabetes mellitus, breast cancer, bowel cancer, ovarian cancer, multiple sclerosis, motor neurone disease, familial adenomatous polyposis of the bowel, polycystic kidney disease, Alzheimer's disease, dementia or any other hereditary or familial disorder? Yes No

2. Have any of your parents, brothers or sisters (alive or deceased) been diagnosed before the age of 60 with any of the following conditions: heart disease, stroke, mental illness, haemochromatosis, cervical cancer, prostate cancer, melanoma or any other cancer (please specify type)? Yes No

If you answered **yes** to either question 1 or 2, please complete the following table:

Relationship	Condition/Disorder	Age diagnosed

Note: You are only required to disclose family history information pertaining to first degree blood related family members – living or deceased (mother, father, brothers, sisters).

F Occupation details

Are you applying for total and permanent disability or income protection? Yes No

If **yes**, continue with this section.

If **no**, go to section G.

1. a. What is your principal occupation?

b. In which industry do you work?

c. Years in industry?

2. How many hours per week do you work in your principal occupation (include any hours worked from home)?

3. Which of the following best describes your employment situation?

- | | |
|--|---|
| <input type="checkbox"/> Employed by an independent employer | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Employed by own company | <input type="checkbox"/> Home duties |
| <input type="checkbox"/> Sole trader | <input type="checkbox"/> Employed under terms of a contract |
| <input type="checkbox"/> Employed by family company/trust | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Working director |

4. When did your present job/employment situation start? (dd/mm/yyyy) / /

5. In the prior 12 months, what was your annual income earned through personal exertion, before tax, including superannuation contributions, but after deduction of business expenses? \$,

6. Please provide your employer's name or name of business/practice and address.

7. Describe all present duties in the table below (please complete both percentage of time and specific duties in all cases).

Type of work	% of time	Please describe your specific duties and where they are performed. Please note, the examples provided are to be used as a guide only.
Sedentary/Administration (e.g. filing, computer work, answering telephone, reception duties)		
Manual work – supervising (specify where e.g. factory, building/ construction site)		
Manual work – light (e.g. driving, warehousing, surveying, lifting under 5 kgs)		
Manual work – heavy (e.g. bricklaying, lifting, painting, carpentry, mechanic, driving heavy plant/machinery)		
Site visits/inspections (e.g. real estate sales, building industry inspector, contractor, underground)		
Other hazardous duties (please specify) (e.g. working from heights, underground, dangerous chemicals, explosives)		
Total	100%	

8. Are you considering a change in your current occupation, duties, working hours, employment situation or financial situation (including income)? Yes No

If **yes**, please provide details (e.g. 'concluding contract in three weeks', 'moving to new permanent job in 25 days', 'retiring permanently from the workforce in 12 months').

9. Is any of your income likely to continue if you become disabled (e.g. sick pay, investment income, company profit share, income generated by your business while you are unable to work)? Yes No

a. If **yes**, what is the source of this income?

b. How long will the income continue if you become totally disabled?

c. How much income will be received?

10. Have you or any entities owned or controlled by you ever been declared bankrupt or insolvent, or are you or any entities owned or controlled by you currently being declared bankrupt or insolvent? Yes No

If **yes**, please provide date, circumstances and date of discharge (if applicable).

Circumstances of bankruptcy

Date declared bankrupt (dd/mm/yyyy) / /

Date discharged (dd/mm/yyyy) / /

G Direct Debit Authority

Direct debit is not available from all account types. If in doubt, please check with your financial institution.

By signing this Direct Debit Authority I/we acknowledge that I/we have read and understood 'Direct Debit Request Service Agreement' in the 'Key information you should know' section of the PDS and are bound by the terms and conditions contained in this authorisation.

I/We request and authorise OnePath Life Limited (OnePath Life) ABN 33 009 657 176 (user number 219313) to arrange for any amount OnePath Life may debit or charge me to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement.

Details of account to be debited

Name of account holder

Name of financial institution

BSB number

 -

Account number

Initial payment only or

All payments

Signature (if direct debit is from a joint account, provide all signatures)

Signature of account holder

Date (dd/mm/yyyy)

 / /

Signature of account holder

Date (dd/mm/yyyy)

 / /

H Credit Card Authority

I understand my/our bank or financial institution may charge a processing fee to my/our credit card for each payment that is made under this authorisation.

I/We acknowledge it is my responsibility to notify OnePath Life of any material change in credit card details, including a new expiry date.

I authorise OnePath Life to charge my: Visa Mastercard

Cardholder's name

Card number

Expiry date (dd/mm/yyyy)

 / /

Initial payment only or

All payments

Cardholder's signature

Date (dd/mm/yyyy)

 / /

I External Rollover

If you are paying your OneCare Super policy premium via a rollover from an External Superannuation Fund, please complete the Enduring Rollover Form.

J Declarations

I consent to OnePath Life using my personal information (as defined in the OneCare Product Disclosure Statement) to send me information about their financial products and services from time to time. I also consent to OnePath Life disclosing my personal information (as defined in the OneCare Product Disclosure Statement) to their related bodies corporate and organisations with whom they have an arrangement or alliance to share information for marketing purposes. I understand this is to enable those organisations to send me information on their products or services. I also understand that if I do not want OnePath Life to use and disclose my information in this way I must phone 133 667 to withdraw my consent.

- I have received the current OneCare Product Disclosure Statement (PDS) which accompanies this Application Form (also available at onepath.com.au or by calling us on 133 667) and have read and understood the duty of disclosure on page 1 of this Application Form.
- I authorise my adviser, who will submit this Application Form on my behalf, to receive and access my personal information (as defined in the PDS), whether disclosed in this application or obtained from third parties (e.g. doctors, accountants), for the purposes of management and administration of my application, policy/policies and any claims. Where there is any change to this authority, or to my adviser, I will notify OnePath Life and OnePath Custodians of the change.
- I consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in the Privacy Policies and the Privacy Statement contained in the PDS. OnePath Life's Privacy Policy is available at onepath.com.au/insurance/privacy-policy and OnePath Custodians' Privacy Policy is available at onepath.com.au/superandinvestments/privacy-policy
- I acknowledge that OnePath Life and OnePath Custodians need to collect my personal information (including health and other sensitive information) in order to process my application and provide me with the products or services I require. I further acknowledge that OnePath Life and OnePath Custodians will be unable to process my application or provide me with the products or services I require without this consent. I also agree that if I provide information about another person in this application, I am required to inform the person concerned that I have done so, provide them with the information set out in this paragraph and direct them to the Privacy Statement contained in the PDS, and the OnePath Life and OnePath Custodians Privacy Policies.
- I understand that if I fail to attend any medical appointments required by OnePath Life, I could be liable for any associated costs.
- I, whose signature appears below, declare that the statements made in this Application Form including the Personal Statement and questionnaires are true and complete.
- I understand that if the life insured has not fully disclosed all known circumstances relevant to the policy/cover before the policy/cover commences, then OnePath Life may elect to decline to pay the claim or to reduce the payment of any claim arising from those known circumstances.
- I understand that all covers issued are conditional upon the life insured disclosing all matters known to them that are relevant to OnePath Life's decision to issue any insurance or the same insurance. If this condition is not met, the policy and/or cover may be cancelled and/or a benefit be reduced or not paid.
- I understand that if this application is to replace another life insurance policy (the 'other policy'), that I must cancel the other policy upon acceptance of this life insurance policy. In any event, if I do not cancel the other policy, the benefits paid under this policy will be offset or reduced to the extent of any of the benefits the policy owner is entitled to under the other policy.
- I accept that if the policy owner or the life insured failed to disclose relevant information that was required to be disclosed at the time of applying for cover provided by the original policy or misrepresented any facts and I do not disclose it now, OnePath Life may be able to void the reinstated cover or reduce the sum insured – see the PDS for further details.
- I understand that the insurance I have applied for will not become effective until my application is accepted by the insurer in writing.
- I acknowledge that at the time of completing this application I am not currently receiving benefits, eligible or entitled to receive benefits under any life insurance policy or compensation scheme.
- Where I have nominated to receive information from OnePath by email or SMS, I consent to the sending of policy information to my nominated email address and mobile number. I understand that any legal requirement for OnePath to provide written notice of certain information is satisfied by the sending of the information to either the nominated mailing address or email address. I understand that it is my responsibility to maintain ongoing access to both the email address and the mobile number, or to advise OnePath of new contact details when necessary, or OnePath will revert the correspondence preference to mail.
- I acknowledge that OnePath Life is a company within the Zurich Financial Services Australia Group. OnePath Custodians is a company within the IOOF Group of companies, comprising IOOF Holdings Limited ABN 49 100 103 722 and its related bodies corporate (IOOF Group). OnePath Life and OnePath Custodians are not related bodies corporate.
- If this application relates to an existing or new OneCare Super policy, and subject to meeting the policy terms including premium requirements, I continuously elect for OnePath Custodians or any successor holding this policy insuring me to take out and maintain insurance under the policy even if:
 - they receive no amount in respect of the policy for a continuous period of 16 months or longer;
 - the amount that they hold in respect of the policy is less than \$6,000; or
 - the life insured is under the age of 25 years.

I acknowledge that by making this declaration, under superannuation law I have elected for the benefits to continue regardless of the factors above and that I can cease the policy on request.

Signature of
prospective member
(sign clearly within box)

X

Date (dd/mm/yyyy) / /

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