

Application to Cancel and Replace

OneCare

August 2022

Zurich Australia Limited (Zurich, OnePath)

ABN 92 000 010 195 AFSL 232510

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 Care

Phone 133 667

Email client.onepath@zurich.com.au

Website onepath.com.au

Risk Adviser Services

For use by advisers only

Phone 1800 222 066

Email adviser.onepath@zurich.com.au

Before you sign this Application to Cancel and Replace form, be aware that OnePath, OnePath Custodians or your adviser will provide you with a Product Disclosure Statement (PDS) containing important information about the product(s) you are applying for. This information will help you to understand the product(s) and if it is appropriate for your needs.

Important information

Cancel and replace is only available if neither the life insured nor anyone else is entitled to make a claim in relation to the life insured under this policy.

Please use this form where there are no other changes to the policy.

Duty to take reasonable care not to make a misrepresentation

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. To meet this duty, each person whose life is to be insured must also take reasonable care not to make such a misrepresentation.

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 you do not meet your duty

Not meeting your legal duty 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.

About this application

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

We will ask questions we need to know the answers to. These will be about personal circumstances, such as health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance of each life to be insured. The information given to us in response to our questions is vital to our decision.

When you apply for insurance benefits through a superannuation fund or ask to extend or make changes to existing insurance benefits, the fund trustee passes on your personal information to us. You also therefore need to take reasonable care not to make a misrepresentation when providing this information to the fund trustee.

Guidance for answering our questions

You are responsible for the information provided to us. Each person answering our questions should:

- think carefully about each question before answering. 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. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections).

Changes before your cover starts

Before your cover starts, please tell us about any changes that mean you and each person who answered our questions would now answer differently. It could save time if you let us know about any changes as and when they happen. This is because any changes might require further assessment or investigation.

Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has any impact on the cover.

Telephone contact

After you submit your application, we may contact you by phone to collect any information missing from your application. The information you provide will be recorded and used in the assessment of your application for insurance cover. The need for you to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into also applies during any phone contact with us.

If you need help

It's important that you and every person answering our questions understands this information and the questions we ask. Ask us or your adviser for help if you have difficulty answering our questions or understanding the application process.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help and can provide additional support for anyone who might need it. You can have a support person you trust with you.

What can we do if the duty is not met?

If a person who answers our questions does not take reasonable care not to make a misrepresentation, there are different remedies that may be available to us. These are set out in the *Insurance Contracts Act 1984* (Cth). They are intended to put us in the position we would have been in if the duty had been met.

For example we may do one of the following:

- avoid the cover (treat it as if it never existed)
- vary the amount of the cover
- vary the terms of the cover.

Whether we can exercise one of these remedies depends on a number of factors, including all of the following:

- whether the person who answered our questions took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances. This includes how clear and specific our questions were and how clear the information we provided on the duty was
- what we would have done if the duty had been met – for example, whether we would have offered cover, and if so, on what terms
- whether the misrepresentation was fraudulent
- in some cases, how long it has been since the cover started.

Before we exercise any of these remedies, we will explain our reasons, how to respond and provide further information, and what you can do if you disagree.

Your duty to take reasonable care not to make a misrepresentation continues until your application has been accepted. Please make sure you answer all applicable questions completely and truthfully.

Applicant to complete

If you are unable to complete the following acknowledgments, you are not eligible to transfer cover(s).

- I/We acknowledge that I/we have received and agree to the terms of the current OneCare Product Disclosure Statement..... Yes
- I/We acknowledge that prior to completing the Cancel and Replace form, I/we have taken advice from our financial adviser on the implications for us to replace the current policy I/we hold..... Yes
- I/We understand that I/we am/are replacing another life insurance policy (the "other policy"), and although OnePath does not medically underwrite any policy to be issued in response to this form (the "new policy"), it does mean OnePath uses a new commencement date under the new policy, including for calculating:
 - pre-claim earnings
 - loyalty features
 - future insurability, and
 - premium rate Yes
- I/We represent that the policy owner/s and life insured disclosed all relevant information that was required to be disclosed, and answered all questions accurately, at the time of applying for cover provided by the other policy. Where I/we am/are unsure, I/we have obtained a copy of the original application from OnePath to verify, I/we understand that OnePath may be able to void or vary the new policy where making this representation is in breach of my/our duty to take reasonable care not to make a misrepresentation..... Yes
- I/We are **not** in the process of making, entitled to or intending to make a claim in relation to the life insured under the other policy..... Yes

Replacement of Current Policy

- I/We hereby request and agree that upon acceptance of the new policy, the other policy is cancelled (except where only a portion of existing cover is being replaced as indicated below and on the quote attached). Yes
- I/We understand that the replacement of the other policy extinguishes any current or pending claim or liability that OnePath has or may have under that policy..... Yes
- I/We understand that the insurance I/we have applied for will not become effective until my/our application is accepted by the insurer in writing and that the cover under the new policy will, unless specifically informed by OnePath to the contrary, be subject to the same loadings, exclusions and other special terms imposed on the other policy, but a new commencement date for the calculation of any entitlements. Yes

Application details

Please note a separate Application to Cancel and Replace form must be completed for each life insured.

Please tick the box relating to the policy being replaced and have the original owners sign below:

- This policy is replacing all covers on the existing policy due to a change of ownership (as per quote)
- This policy is replacing only a portion of existing cover due to a change of ownership (as per quote)
- This policy is replacing existing Income Secure Cover with Income Secure Protection or Protection Super (as per quote)

I/We consent for the below policy to be replaced as indicated above:

Existing OnePath policy number

| | | | |
|---|----------|-------------------|-----|
| Signature of life insured | X | Date (dd/mm/yyyy) | / / |
| Signature(s) of existing policy owner(s) if different to life insured (OneCare non-superannuation, SMSF or SAF only). | X | Date (dd/mm/yyyy) | / / |
| Signature(s) of existing policy owner(s) if different to life insured (OneCare non-superannuation, SMSF or SAF only). | X | Date (dd/mm/yyyy) | / / |
| Signature(s) of existing policy owner(s) if different to life insured (OneCare non-superannuation, SMSF or SAF only). | X | Date (dd/mm/yyyy) | / / |
| Signature(s) of existing policy owner(s) if different to life insured (OneCare non-superannuation, SMSF or SAF only). | X | Date (dd/mm/yyyy) | / / |

Sections to complete

The table below indicates which sections need to be completed, depending on what you are applying for.

| | Section A1 | Section A2 | Section A3 | Section A4-5 | Section A6 | Section B1 | Section B2 | Section C1-2 | Section D |
|---|------------|------------|------------|--------------|------------|------------|------------|--------------|-----------|
| Change of ownership to: | | | | | | | | | |
| OneCare Non-Super | ✓ | ✓ | | | | ✓ | | ✓ | ✓ |
| OneCare Super (OnePath Custodians) | ✓ | | ✓ | | | | ✓ | ✓ | ✓ |
| OneCare External SMSF | ✓ | | | ✓ | | | | ✓ | ✓ |
| OneCare External Master Trust | ✓ | | | | ✓ | | | ✓ | ✓ |
| Transfer from existing Income Secure Cover to: | | | | | | | | | |
| Income Secure Protection | ✓ | ✓ | | | | ✓ | | ✓ | ✓ |
| Income Secure Protection Super | ✓ | | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ |

Applicant to complete

A1 Details of life insured

If there is more than one life insured, a separate Application to Cancel and Replace form should be completed for each life insured.

| | | | | | | | | | | | |
|--|---------------------------------|-----------------------------------|----------------------------------|--|-----------------------------|----------------------------|--|------------------------------|-----------------------------|-----|----------------------|
| Title | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Ms | <input type="checkbox"/> Miss | <input type="checkbox"/> Dr | Other | <input type="text"/> | | | | |
| Surname | <input type="text"/> | | | | | First name | <input type="text"/> | | | | |
| Maiden name (if applicable) | <input type="text"/> | | | | | Date of birth (dd/mm/yyyy) | <input type="text"/> / <input type="text"/> / <input type="text"/> | | | | |
| No. and street (home) | <input type="text"/> | | | | | | | | | | |
| Suburb/Town | <input type="text"/> | | | | | State | <input type="text"/> | Postcode | <input type="text"/> | | |
| Phone | Home | <input type="text"/> | Business | <input type="text"/> | Mobile | <input type="text"/> | | | | | |
| Email | <input type="text"/> | | | | | | | | | | |
| Gender | <input type="checkbox"/> Male | <input type="checkbox"/> Female | | | | | Smoker | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Marital status | <input type="checkbox"/> Single | <input type="checkbox"/> De facto | <input type="checkbox"/> Married | <input type="checkbox"/> Widow/Widower | | | | | | | |
| May one of our underwriting staff or OnePath authorised service providers contact you by phone if we require more information? | | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| If yes , when is the most convenient time and on which phone number? (Weekdays from 8:30am to 6:00pm) | | | | | | | | | | | |
| Days | <input type="text"/> | Time From | <input type="text"/> : | to | <input type="text"/> : | Phone (h) | <input type="text"/> | (w) | <input type="text"/> | (m) | <input type="text"/> |

Sections A2–A6 relate to policy owner details.

If there is more than one policy for the life insured, for example under a TPD or Trauma SuperLink arrangement, please complete policy details for each policy type.

A2 Non-superannuation policy details

Complete this section if your application relates to a non-superannuation policy (including SuperLink arrangements). Otherwise, continue to A3.

Please tick here if the life insured is also a policy owner. If the life insured is the sole policy owner, continue to Contact details for correspondence and complete the preferred correspondence method.

If the policy owner is different to the life insured, or there are additional policy owners, please complete their details below.

If there is more than one policy owner, they are applying as joint tenants.

Policy Owner:

| | | | | | | | | | | |
|-----------------------------|-----------------------------|------------------------------|-----------------------------|-------------------------------|-----------------------------|------------------------------|--|----------|----------------------|--|
| Title | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Ms | <input type="checkbox"/> Miss | <input type="checkbox"/> Dr | Other | <input type="text"/> | | | |
| Surname/Company name | <input type="text"/> | | | | | First name | <input type="text"/> | | | |
| Maiden name (if applicable) | <input type="text"/> | | | | | Date of birth (dd/mm/yyyy) | <input type="text"/> / <input type="text"/> / <input type="text"/> | | | |
| No. and street | <input type="text"/> | | | | | | | | | |
| Suburb/Town | <input type="text"/> | | | | | State | <input type="text"/> | Postcode | <input type="text"/> | |
| Phone | Home | <input type="text"/> | Business | <input type="text"/> | Mobile | <input type="text"/> | | | | |
| Email | <input type="text"/> | | | | | Relationship to life insured | <input type="text"/> | | | |

Policy Owner:

| | | | | | | | | | | |
|-----------------------------|-----------------------------|------------------------------|-----------------------------|-------------------------------|-----------------------------|------------------------------|--|----------|----------------------|--|
| Title | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Ms | <input type="checkbox"/> Miss | <input type="checkbox"/> Dr | Other | <input type="text"/> | | | |
| Surname/Company name | <input type="text"/> | | | | | First name | <input type="text"/> | | | |
| Maiden name (if applicable) | <input type="text"/> | | | | | Date of birth (dd/mm/yyyy) | <input type="text"/> / <input type="text"/> / <input type="text"/> | | | |
| No. and street | <input type="text"/> | | | | | | | | | |
| Suburb/Town | <input type="text"/> | | | | | State | <input type="text"/> | Postcode | <input type="text"/> | |
| Phone | Home | <input type="text"/> | Business | <input type="text"/> | Mobile | <input type="text"/> | | | | |
| Email | <input type="text"/> | | | | | Relationship to life insured | <input type="text"/> | | | |

Contact details for correspondence

Please indicate if you wish to be notified by SMS for service messages, such as when premiums are dishonoured or becomes overdue Yes No

Please specify the contact details below. The contact details should not be the details of your financial adviser.

No. and street/PO Box

Suburb/Town State Postcode

Email Mobile

A3 OneCare Super policy details – issued to OnePath Custodians

Complete this section if your application relates to a OneCare Super policy and the Retirement Portfolio Service (the Fund). Otherwise, continue to A4. Do not complete this section if your application relates to an External Master Trust policy (for which you should complete details at A6).

Contact details for correspondence

Please indicate if you wish to be notified by SMS for service messages, such as when premiums are dishonoured or becomes overdue Yes No

Please specify the contact details below. The contact details should not be the details of your financial adviser.

No. and street/PO Box

Suburb/Town State Postcode

Email Mobile

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 question if paying premiums via rollover. For information on eligibility to contribute to superannuation please refer to 'Who can contribute 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 % Spouse % Employer % Employer E-Contribution %

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

A4 Self Managed Super Funds (SMSF) with individuals as trustees policy details – issued to the trustees of an SMSF.

Complete this section if your application relates to an external superannuation policy, the fund is an SMSF with individual trustees and the life insured is a member of that fund. Otherwise, continue to A5 or A6.

Name of superannuation fund

Australian Business Number (ABN) - - -

No. and street

Suburb/Town State Postcode

Member Number

Single member fund

Trustee names[^]

1.

2.

[^] Two trustee names can be captured, one of these being the member. This section is not to capture the name of the SMSF.

Two to Four member fund

Trustee names*

1.

2.

3.

4.

* All trustee names must be captured. This section is not to capture the name of the SMSF.

Contact details for correspondence

Please indicate if you wish to be notified by SMS for service messages, such as when premiums are dishonoured or becomes overdue Yes No

Please specify the contact details below. The contact details should not be the details of your financial adviser.

No. and street

Suburb/Town State Postcode

Email Mobile

I/We hereby declare that there is an executed trust deed in existence for the fund and all members admitted to the fund will be bound by the provisions contained therein and that the fund is regulated under the *Superannuation Industry (Supervision) Act 1993*.

I/We have read and understood the 'How to apply' section of the OneCare PDS.

| | | |
|--------------------------------------|--------------------------------|--|
| Director/Trustee name | <input type="text"/> | |
| Director/Trustee signature | <input type="text" value="X"/> | Date (dd/mm/yyyy) <input type="text" value="/ /"/> |
| Director/Trustee name | <input type="text"/> | |
| Director/Trustee signature | <input type="text" value="X"/> | Date (dd/mm/yyyy) <input type="text" value="/ /"/> |
| Director/Trustee name | <input type="text"/> | |
| Director/Trustee signature | <input type="text" value="X"/> | Date (dd/mm/yyyy) <input type="text" value="/ /"/> |
| Director/Trustee/Secretary name | <input type="text"/> | |
| Director/Trustee/Secretary signature | <input type="text" value="X"/> | Date (dd/mm/yyyy) <input type="text" value="/ /"/> |

A5 SMSF and Small APRA funds (SAF) – issued to the corporate trustee of an SMSF or SAF.

Complete this section if your application relates to an external superannuation policy, the fund is an SMSF or SAF with a corporate trustee and life insured is a member of that fund. Otherwise, continue to A6.

Corporate Trustee

Name of Corporate entity (e.g. ABC Pty Ltd)

Australian Business Number (ABN) of corporate entity - - -

Name of superannuation fund

Australian Business Number (ABN) of superannuation fund - - -

No. and street/PO Box

Suburb/Town State Postcode

Member Number

Single member fund

Director's name[^] 1.

2.

[^] When applying under an corporate trustee, member's name and signature is required, an additional director's name and signature is optional.

Two to Four member fund

Director's name* 1.

2.

3.

4.

Contact details for correspondence

Please indicate if you wish to be notified by SMS for service messages, such as when premiums are dishonoured or becomes overdue Yes No

Please specify the contact details below. The contact details should not be the details of your financial adviser.

No. and street/PO Box

Suburb/Town State Postcode

Email Mobile

I/We hereby declare that there is an executed trust deed in existence for the fund and all members admitted to the fund will be bound by the provisions contained therein and that the fund is regulated under the *Superannuation Industry (Supervision) Act 1993*.

I/We have read and understood the 'How to apply' section of the OneCare PDS.

Director/Trustee name

Director/Trustee signature Date (dd/mm/yyyy) / /

Director/Trustee/Secretary name

Director/Trustee/Secretary signature Date (dd/mm/yyyy) / /

A6 Details of External Superannuation policy – issued to the trustee of an external superannuation or master trust

Complete this section if your application relates to an External Master Trust policy owned by the trustee of an external superannuation master trust and the life insured is a member of that fund.

| | |
|---------------|----------------------|
| Fund name | <input type="text"/> |
| Product name | <input type="text"/> |
| Member number | <input type="text"/> |

Please note: A member number is required for all external superannuation funds or master trusts. The member number must be received by OnePath before a policy can be issued.

Contact details for correspondence

Please indicate if you wish to be notified by SMS for service messages, such as when premiums are dishonoured or becomes overdue Yes No

Please specify the contact details below. The contact details should not be the details of your financial adviser.

| | | | |
|-----------------------|----------------------|----------------------------|-------------------------------|
| No. and street/PO Box | <input type="text"/> | | |
| Suburb/Town | <input type="text"/> | State <input type="text"/> | Postcode <input type="text"/> |
| Email | <input type="text"/> | Mobile | <input type="text"/> |

Beneficiary details

Please complete this section if you are nominating beneficiaries for death benefits under your policy(ies).

B1 Nomination of beneficiaries – OneCare non-superannuation

Please complete the table below to nominate the beneficiaries to whom death benefits under any cover will be paid and in what proportion.

I/We, the policy owner(s), nominate the following beneficiary(ies) to receive the specified proportion of the amount insured payable in the event of the life insured's death. Such payment is subject to the terms and conditions of the policy and any limitations imposed by law at the time of payment. I/We understand that I/we reserve the right to alter this nomination at any time and that subsequent valid nominations supercede previous nominations. If the ownership of this policy is transferred at any time any existing nomination shall become void. OnePath may discharge its obligations to any minor beneficiary by paying monies due to a duly appointed legal guardian of any minor beneficiary or to the duly appointed trustee of any appropriate fund created for the purpose of receiving any monies so due, among other things.

| Surname/Company name of nominated beneficiary | First name (including title, e.g. Mr or Mrs) | Address | Relationship to life insured | Date of birth (dd/mm/yyyy) | Proportion of the amount insured (%) |
|---|--|---------|------------------------------|----------------------------|--|
| 1. | | | | / / | <input type="text"/> <input type="text"/> <input type="text"/> |
| 2. | | | | / / | <input type="text"/> <input type="text"/> <input type="text"/> |
| 3. | | | | / / | <input type="text"/> <input type="text"/> <input type="text"/> |
| 4. | | | | / / | <input type="text"/> <input type="text"/> <input type="text"/> |
| 5. | | | | / / | <input type="text"/> <input type="text"/> <input type="text"/> |
| Estate/Policy owner | | | N/A | N/A | <input type="text"/> <input type="text"/> <input type="text"/> |
| Total (must add up to 100%) | | | | | 100% |

B2 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 on the next page, 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%) | | | | | 100% | | |

* Proportion of the benefit should be whole numbers only.

Declaration for OneCare Super beneficiary nominations

- I have read and understood the 'Death Benefit' in the 'OneCare Super' section of the PDS which accompanies this form and have provided my nomination to OnePath Custodians, the Trustee.
- 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.
- 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.
- 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.
- 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.
- 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 to the Trustee in respect of my life.
- 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 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 Care on 133 667.

Full name of member

Signature

Date (dd/mm/yyyy)

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

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

Witness signature

Date (dd/mm/yyyy)

Witness name

Witness signature

Date (dd/mm/yyyy)

Declarations

C1 I/We authorise OnePath and OnePath Custodians to use my personal information to send me/us information about other products and services that may be of interest to me/us. I/We understand that I/we may phone Customer Care on 133 667 to advise that I/we do not want OnePath or OnePath Custodians to use my/our information for marketing purposes

- C2**
- I/We have received the OneCare Product Disclosure Statement (PDS) and understood the duty to take reasonable care not to make a misrepresentation on page 1 of the Application to Cancel and Replace form.
 - I/We consent to the collection, use, storage and disclosure of my/our personal information as described in the Privacy Policies and the Privacy Statement(s) contained in the PDS (including discussing any information obtained from me and any doctors or accountants with the financial adviser associated with this application). OnePath's Privacy Policy is available at onepath.com.au/about-us/privacy-policy and OnePath Custodians' Privacy Policy is available at onepathsuperinvest.com.au/about-us/privacy-policy
 - If I/we have provided personal information about any identified person, I/we declare that I/we have their permission to do so and I/we have informed them of the Privacy Policies and the Privacy Statement(s).
 - I/We consent to (and request where required) OnePath contacting me/us in relation to this application, to administer any policy that is issued, and for any other purpose consistent with the Privacy Policies and Privacy Statement(s).
 - I/We have read and understood my/our duty to take reasonable care not to make a misrepresentation and declare that the statements and answers provided in this application are true, accurate and complete.
 - I/We understand that the insurance I/we have applied for will not become effective until my/our application is accepted by the insurer in writing.
 - Where the proposed owner of this policy is a trust/company, I/we confirm that I/we have the capacity and authority to sign this application as authorised by the governing rules of the trust/company.
 - I/We acknowledge that Zurich is a company within the Zurich Financial Services Australia Group. OnePath Custodians is a company within the Insignia Financial Group of Companies comprising Insignia Financial Ltd ABN 49 100 103 722 and its related bodies corporate (Insignia Financial Group). Zurich 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/we 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
 - I am/we are under the age of 25 years.

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

- If this application relates to an existing or new OneCare External Master Trust policy, and subject to meeting the policy terms including premium requirements, I/we continuously elect for the trustee of the external master trust or any successor holding this policy insuring me to take out and maintain insurance under the policy even if:
 - the balance of my external master trust account is less than \$6,000; or
 - I am/we are under the age of 25 years.

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

| | | |
|--|----------|--|
| Signature of life insured | X | Date (dd/mm/yyyy) <input style="width: 100%; height: 20px;" type="text" value="/ /"/> |
| Signature(s) of policy owner(s) if different to life insured (OneCare non-superannuation, SMSF or SAF only). | X | Date (dd/mm/yyyy) <input style="width: 100%; height: 20px;" type="text" value="/ /"/> |
| Signature(s) of policy owner(s) if different to life insured (OneCare non-superannuation, SMSF or SAF only). | X | Date (dd/mm/yyyy) <input style="width: 100%; height: 20px;" type="text" value="/ /"/> |
| Signature(s) of policy owner(s) if different to life insured (OneCare non-superannuation, SMSF or SAF only). | X | Date (dd/mm/yyyy) <input style="width: 100%; height: 20px;" type="text" value="/ /"/> |
| Signature(s) of policy owner(s) if different to life insured (OneCare non-superannuation, SMSF or SAF only). | X | Date (dd/mm/yyyy) <input style="width: 100%; height: 20px;" type="text" value="/ /"/> |

D Payment Authority and Loyalty Details

Please select and complete only one of the following payment options; Direct Debit Authority; Credit Card Authority; OneCare Super Internal Rollover Authority or OneCare Super Enduring External Rollover. If you have selected SuperLink Trauma, SuperLink Income Secure or SuperLink TPD Cover please select up to two of the following payment options. Direct Debit Authority; Credit Card Authority; OneCare Super Internal Rollover Authority or OneCare Super Enduring Rollover Request.

Note: There may be tax implications due to the premiums being paid from a personal account. Speak to your financial or tax adviser on how this may affect you.

Make further copies of this page if you wish to pay premiums for each of the several policies using the same payment method. Note that it is not possible to pay premiums for OneCare Super from a bank account held in the name of the trustees of a self-managed super fund.

Members of an External Master Trust who have an agreement with OnePath are not required to complete this section as the premium will be deducted from their Superannuation Account and paid to OnePath.

Payment details

OnePath will schedule premiums to be debited on the same day of the month that your insurance commences. For example, if your insurance commences on 17 March, your premium will be debited on the 17th of the month in which it becomes due.

If this is unacceptable, please provide the day of the month you would prefer as your billing date

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 Zurich Australia Limited (Zurich, OnePath) ABN 92 000 010 195 AFSL 232510 (user number 219313) to arrange for any amount OnePath 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 the account to be debited

Name of account

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)

Credit Card Authority

I/We 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/our responsibility to notify OnePath of any material change in credit card details, including a new expiry date.

I authorise OnePath to charge my:

Visa

Mastercard

Cardholder's name

Card number

Expiry date (mm/yyyy)

Initial payment only or

All payments

Cardholder's signature

Date (dd/mm/yyyy)

OneCare Super Internal Rollover Authority

This Internal Rollover Authority allows you to pay your OneCare Super policy premiums from an eligible OnePath superannuation product held in the Retirement Portfolio Service (the Fund). To use this Authority:

- the member of the Fund (the 'Member') must have or be applying for **OneAnswer Frontier Personal Super; OneAnswer Personal Super; ANZ OneAnswer Personal Super**, or have an **OptiMix Superannuation account**
- the Member must be the same as the account holder of the relevant OnePath superannuation product.

Only one Internal Rollover Authority can apply for each OnePath superannuation account. Choosing to pay premiums by internal rollover may also have implications for tax payable on benefits at time of claim. Please contact your financial adviser or taxation adviser for additional guidance prior to rolling over.

Fund Details

Member number Product name
Institutions Fund name

OneCare Super premiums will be deducted proportionately from all your investment options (except Term Deposit options) unless you have requested to have premiums deducted from a single investment option in the OneAnswer application form or Change of Details form.

Internal Rollover Authorisation

I authorise OnePath to arrange for my OneCare Super premium payments to be deducted from and if applicable refunded to my nominated account. These amounts may include current and ongoing premium payments, and any adjustments that may occur from time to time.

The Fund is a regulated and complying superannuation fund under the *Superannuation Industry (Supervision) Act 1993*.

I authorise OnePath Custodians as trustee of the Fund to provide all relevant information and any other documentation to OnePath for the purposes of administering my OneCare Super policy.

I understand that I may cancel this Internal Rollover Authority at any time by providing written notice to OnePath. To prevent additional rollovers, such notice should be received by OnePath at least 14 days before the next rollover is due.

I understand OnePath Custodians as trustee of the Fund may cancel a rollover request if I am no longer eligible to maintain some or all of my OneCare cover.

Name of Member

Signature of life insured

Date (dd/mm/yyyy)

Loyalty Details (if applicable)

| | |
|--|----------------|
| Loyalty program Qantas Frequent Flyer | Member number |
| Member first name | Member surname |

I understand that I must be a participating Qantas Frequent Flyer member and provide valid membership details to earn Qantas points. Membership and points are subject to Qantas Frequent Flyer program Terms and Conditions available at qantas.com/frequentflyer

I have read and accept the OnePath Terms and Conditions available at onpath.com.au/qantasfrequentflyer

I consent to OnePath and OnePath Custodians collecting my personal information from and exchanging my personal information with Qantas Frequent Flyer and understand that my personal information will be handled by Qantas in accordance with its privacy policy.

Member's signature

Date (dd/mm/yyyy)

OneCare Super Enduring External Rollover

Please complete the attached Enduring Rollover Request Form.

Enduring Rollover Request Form

OneCare Super

August 2022

Zurich Australia Limited (Zurich, OnePath)

ABN 92 000 010 195 AFSL 232510

OnePath Custodians Pty Limited (OnePath Custodians)

ABN 12 008 508 496 AFSL 238346 RSE L0000673

Retirement Portfolio Service (Fund)

ABN 61 808 189 263 RSE R1000986 SFN 4571 159 75

Customer Care

Phone 133 667

Email client.onepath@zurich.com.au

Website onepath.com.au

Important Information

You may be requested by your existing super fund to forward details or sign additional documents. Please action this as soon as possible. Please be aware that other financial institutions may impose a fee when you withdraw from their super fund. There may also be delays in having your money transferred from your existing super fund.

If you intend to lodge a notification that you will be claiming a tax deduction for the superannuation product from which you are transferring, you may need to do so before you transfer to OneCare Super. Choosing to pay premiums by rollover may also have implications for tax payable on benefits at time of claim. Please contact your financial adviser or taxation adviser for additional guidance prior to rolling over.

OnePath will rely on this authority to request the exact rollover amount required to fund the insurance premium for your policy at policy commencement and at each policy renewal date. We will notify you of the amount of annual premium required prior to requesting the rollover from the nominated super fund.

1. Applicant details

Title Mr Mrs Ms Miss Dr Other

Surname

Given name(s)

Date of birth (dd/mm/yyyy)

Residential address (this cannot be a PO Box)

Suburb/Town State Postcode

Country Contact phone

Tax file number

Please refer to the section titled 'Tax File Number' in the OneCare Product Disclosure Statement (PDS).

2. Request for partial rollover of funds: From-Fund details (paying institution)

Institution

Fund name

Unique Superannuation Identifier (USI)

Member/Policy number

Address of paying institution

Suburb/Town State Postcode

3. Request for partial rollover of funds: To-Fund details (receiving institution)

Institution

Fund name

Policy Number

Unique Superannuation Identifier (USI)

Address of receiving institution Phone number of receiving institution

4. Approval to transfer

- I declare I have read this form and the information completed is true and correct.
- I request and consent to the transfer of superannuation benefits as described above and authorise the superannuation provider of each fund to give effect to this transfer.
- I understand that the trustee of the fund nominated in (2) 'From-Fund details (paying institution)' is discharged from any liability in respect of any amount transferred.
- I authorise OnePath to arrange for the rollover of funds as and when required, and for the amount required, to meet OneCare premium payments due for insurance held in respect of my life. These amounts may include current and ongoing premium payments, and any adjustments which may occur from time to time.
- I acknowledge this enduring authority allows for subsequent rollovers to be requested, as required, for the purpose of paying insurance premiums. The authority will remain effective until such time as I revoke it in writing.
- To the best of my knowledge, my other superannuation fund(s) is a complying superannuation fund under the *Superannuation Industry (Supervision) Act 1993* (Cth).
- The Retirement Portfolio Service (the Fund) is a regulated and complying superannuation fund under the *Superannuation Industry (Supervision) Act 1993* (Cth).
- I consent to change my premium frequency to an annual frequency (if applicable).
- I understand I may be eligible for a rollover rebate, which will reduce the amount of the rollover required to meet the premium amount due, and that the availability of the rollover rebate may be withdrawn in the future.
- I am aware I may ask my superannuation provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and do not require any further information.
- I approve the deduction of any applicable transfer fees, exit fees and taxes from my account with the nominated super fund in addition to the benefit being transferred (subject to legislative restrictions).
- I understand conditions apply to the transfers the Trustee can accept, and if a transfer is rejected because the conditions are not met, I will make alternative arrangements to pay the premium for OneCare Super. The conditions that apply to transfers include the following:
 - the rollover amount, plus any rollover rebate, must equal the premium due.
 - only rollovers on which any applicable fund tax has already been paid can be accepted. The rollover will be rejected if it contains, in whole or in part, an Untaxed Element of a Taxable Component.
 - rollovers which contain foreign transfer amounts (including UK transfers) or KiwiSaver amounts cannot be accepted.
- I understand that if I cancel or change my policy, any pro-rata premium refund or reimbursement will not be paid to me but will be paid into my nominated superannuation fund accumulation account unless I nominate a different fund at the time the refund is processed, and the Trustee will retain a corresponding pro-rata amount of any rollover rebate applied.
- I understand that I am transferring an amount from my superannuation accumulation account to pay OneCare Super life insurance premiums and therefore my superannuation account balance and retirement savings may be reduced.
- I understand that each superannuation fund has differing rules such as imposing a minimum rollover amount, and I am aware of all possible member entitlements that I will lose by transferring an amount from my superannuation accumulation account, such as the cancellation of any life insurance cover I have attached to that accumulation account.
- I acknowledge that my superannuation fund may have particular processing requirements that if not satisfied may prevent or delay the processing of rollovers, and it is my responsibility to ensure any requirements of which I am notified are provided.
- I understand that where I intend to claim a tax deduction for any contributions I have made to the super fund nominated in this form, it is my responsibility to lodge the required notice of intention with the fund's trustee, before any rollovers are processed, otherwise I may be prevented from claiming the deduction on the full amount of the contributions.
- I understand that I may seek advice regarding the implications of rolling over amounts from a super fund with a service period start date earlier than the start date of my OneCare Super membership for tax payable on death and disability benefits payable from OneCare Super, and do not require further information.
- I consent to the collection, use, storage and disclosure of my personal information as described in the Privacy Policies and the Privacy Statement(s) contained in the PDS (including discussing any information obtained from me and any doctors or accountants with the financial adviser associated with this application). OnePath's Privacy Policy is available at onepath.com.au/about-us/privacy-policy and OnePath Custodians' Privacy Policy is available at onepathsuperinvest.com.au/about-us/privacy-policy
- If I have provided personal information about any identified person, I declare that I have their permission to do so and I have informed them of the Privacy Policies and the Privacy Statement(s).
- I/We acknowledge that Zurich is a company within the Zurich Financial Services Australia Group. OnePath Custodians is a company within the Insignia Financial Group of Companies comprising Insignia Financial Ltd ABN 49 100 103 722 and its related bodies corporate (Insignia Financial Group). Zurich and OnePath Custodians are not related bodies corporate.

Signature of member

X

Date (dd/mm/yyyy)

/ /

Adviser details

To be completed by the authorised adviser who advised the applicant on the policies which are being applied for.

Under no circumstances can you change the commission structure through a cancel and replace. This includes all dial-down options or changing to fee for service.

First adviser

Licensee Sales Account No.

Authorised Sales Account No.

Company name

Name of adviser

Phone

Fax

Email

Signature

Commission: split/share %

Second adviser

Licensee Sales Account No.

Authorised Sales Account No.

Company name

Name of adviser

Phone

Fax

Email

Signature

Commission: split/share %

Postal address

OnePath
Locked Bag 994
North Sydney NSW 2059