

Ezicover® Select Term

Application form

This Application Form is dated 1 December 2010 and accompanies the Ezicover Select Term PDS. The PDS will help you to understand the product and decide if it is appropriate for your needs. Ensure you read the PDS carefully before you complete and sign this Application Form.

Office use only **R337**

1 Person to be insured – Life insured and policy owner 1

Title Surname Given Names Date of birth / / Gender: M F
Address State Postcode Member number (if applicable)
Contact numbers: Work Home Email
Occupation Description of duties
Are you a permanent resident of Australia? Yes No

2 Your partner's personal details (complete only if cover is required for your partner) – Life Insured and policy owner 2

Title Surname Given names Date of birth / / Gender: M F
Address State Postcode Member number (if applicable)
Contact numbers: Work Home Email
Occupation Description of duties
Are you a permanent resident of Australia? Yes No
A separate policy will be issued for each life insured.

3 Cover required – Select policy term and sum insured

If you and your partner apply on the same application deduct the current management fee from your TOTAL MONTHLY PREMIUM

5 years <input type="radio"/> 10 years <input type="radio"/> 15 years <input type="radio"/>	5 years <input type="radio"/> 10 years <input type="radio"/> 15 years <input type="radio"/>	TOTAL MONTHLY PREMIUM
Life insured 1 \$	Life insured 2 \$	\$
Monthly premium \$	Monthly premium \$	

First month's premium FREE on acceptance

4 Personal statement – Life insured 1

If you answer 'Yes' to any of the following questions, provide full details. If additional space required, attach a separate sheet, including question reference.

- (a) Provide details of your height and weight (circle measure as appropriate): Height cm or ft/ins Weight kg or lb
- (b) (i) Has your mother, father or any sister or brother had heart disease or stroke prior to age 60, or had cancer, tumour, diabetes, polycystic kidneys or Huntington's Chorea? If 'Yes', provide details. Yes No
- (ii) Have you ever had or are you considering having a genetic test? Provide reason and results if applicable. Yes No
- (c) Have you smoked tobacco or any other substance in the last 12 months? Provide type and quantity per day. Yes No
- (d) Do you or have you ever drunk alcohol? Indicate type (beer/wine/spirits/other) and average weekly consumption of standard drinks. Yes No
- (e) Do you take part in any hazardous activity or sport eg skydiving, parachuting, flying (other than as a fare paying passenger), diving or motor racing? If 'Yes', state activities or sport. Yes No
- (f) Have you ever had an application for Life Insurance, Trauma or Crisis cover or Disability Income Insurance loaded, deferred, declined or modified in any way? If 'Yes', advise type of cover, decision and reason. Yes No
- (g) Do you take any medications, stimulants, sedatives or tranquilisers or have you done so in the last 5 years? (excluding over the counter cold and flu, headache treatment or the oral contraceptive pill). If 'Yes', provide details. Yes No
- (h) Do you have or have you ever been diagnosed as having high blood pressure, chest pain, rheumatic fever or any heart complaint, stroke, paralysis, epilepsy, diabetes, asthma, liver, kidney or bowel disease, cancer (including skin cancers), tumour, depression, anxiety, stress or mental/nervous disorder? If 'Yes', state condition, date of diagnosis, treatment and treating doctor's details. Yes No
- (i) Have you undergone any medical treatment or examination for any illness or injury not covered above in the last 5 years, or are you intending to seek medical treatment or undergo a medical examination in the near future? If 'Yes', provide details. Yes No
- (j) To the best of your knowledge is there any possibility that you have been infected with, or have ever tested positive for, AIDS (Acquired Immune Deficiency Syndrome) or HIV (Human Immunodeficiency Virus), or are you in a high risk category for contracting HIV eg. IV drug use? Yes No
- (k) Do you have any intention of travelling or residing overseas within the next 12 months? If so when, where and duration. Yes No
- (l) Who is your usual doctor? (if you do not have a usual doctor, advise the name of the doctor you last visited)
- | | |
|-------------------------------|--|
| Name | Contact number |
| Address | State Postcode |
| Date of last consultation / / | How long have you been seeing this doctor? |



HBF Ezicover® Select Term Product Disclosure Statement

Issue date: 1 December 2010

HBF Ezicover Select Term is low-cost, do-it-yourself insurance paying a lump sum in the event of death or medically diagnosed terminal illness.

About this PDS

Preparation Date: 15 November 2010

This Product Disclosure Statement (PDS) is an important document and you should read it in full before making a decision about HBF Ezicover Select Term. This PDS will help you to:

- decide whether this product will meet your needs; and
- compare this product with other products you may be considering.

Information in this PDS is general information only. It does not take into account your individual objectives, financial situation or particular needs. You should consider the appropriateness of this product having regard to your objectives, financial situation and needs. You may wish to consider seeking professional financial advice, or compare the product with products offered by other insurers.

Zurich Australia Limited (Zurich) is the issuer of this product and HBF Financial Services Pty Ltd (HBF) is the distributor. More details are on page 2.

Definitions

Throughout this document, 'Zurich', 'us', 'our' and 'we' means Zurich Australia Limited and 'HBF' means HBF Financial Services Pty Ltd.

Important notice

The primary purpose of the HBF Ezicover Select Term policy is to pay a lump sum on your death. It is not a savings plan. If you terminate your policy at any time other than during the cooling off period (see Cooling off period), you will not get any money back.

What are the benefits?

Death and Terminal illness benefits

The policy pays a lump sum benefit on death or on confirmed medical diagnosis of a terminal illness where your life expectancy is less than 12 months (supported by specialist medical practitioners and by Zurich's medical advisers).

Contact us

Telephone: 1800 024 560
Facsimile: 02 9995 3797
Email: ezicover.response@zurich.com.au
PO Box 1399 North Sydney NSW 2059

Are there any exclusions?

We will not pay a benefit where your death is as a result of an excluded condition or suicide within 13 months of the start date of the cover or the latest reinstatement of the policy.

If we intend to apply any additional exclusion to your policy, we will agree the exclusion with you before your cover begins and the exclusion will be shown on your Policy schedule.

Are there any significant risks?

There are certain risks associated with holding an Ezicover policy:

- if premiums are not paid when due, the policy will lapse meaning you will no longer be covered and you cannot make a claim.
- your chosen level of cover may not be sufficient to provide adequate cover for your circumstances.
- if you do not comply with your duty of disclosure, we may not pay your claim, pay only a portion of your claim or cancel your cover. See the section Your duty of disclosure.

What is the cost of cover?

Premiums and charges

Your premium will depend on:

- your level of cover (the higher the sum insured, the higher the premium)
- your age when your cover is issued (premiums do not increase based on your age as you get older)
- your gender (premiums are generally higher for males)
- whether or not you smoke (premiums are higher for smokers; a non-smoker is defined as a person who has not smoked tobacco or any other substance for the past 12 months)
- the policy term you select (the longer the policy term, the higher the premium)
- your health and
- any pastimes you participate in (generally premiums are higher for those who engage in hazardous activities).

Your premiums include any stamp duty charged by State Governments as well as any other taxes that may be levied by State or Federal governments. On request, a table of premium rates and calculation methods will be provided.

Premium rates are guaranteed not to change for the first 5 years. After 5 years, premiums are not guaranteed and can change from time to time. Any change, however, will affect all policies in the same category, not just an individual policy.

Premiums are payable via credit card or direct debit from your Bank, Building Society or Credit Union account.

In addition to your premium, you are required to pay a management fee which contributes to the cost of administering your policy. As at 1 December 2010 the management fee is \$5.08 per month. The management fee increases each year on the anniversary date of your policy in line with the Consumer Price Index (CPI)*. Contact us if you would like to know what the current management fee is.

Direct Debits from your financial institution may incur an additional fee.

If Zurich changes premium rates or introduces any new charges, or there is an increase to current charges (other than by way of the fee indexation described above) you will be notified 30 days prior to such change taking effect.

Should changes in the law result in additional taxes or imposts in relation to your policy, these amounts may be added to your policy.

*CPI' means the 'Weighted Average of Eight Capital Cities Index' as published by the Australian Bureau of Statistics or, if that index ceases to be published or is substantially amended, such other appropriate index as we will select.

What if you don't pay your premium?

We can cancel your policy if a premium remains unpaid for 30 days after it was due. This means you will not be covered and you cannot make a claim.

Commission

HBF receives a payment of 20% (plus GST) of each premium paid. For example, if your monthly premium is \$30.00, HBF will receive a payment of \$6.60 per month. Zurich will pay these amounts out of your premium payments. They are not a separate charge to you.

Applying for HBF Ezicover Select Term

This offer is only available to Australian residents, aged between 19 and 59 receiving it (including electronically) within Australia.

You can choose cover which lasts for 5 years, 10 years or 15 years, depending on your age when you apply for cover. The table below shows which policy term is available to you:

Policy term	Eligible ages
5 years	59 or younger
10 years	54 or younger
15 years	49 or younger

You can apply for cover by completing and submitting the Application Form accompanying this PDS. Depending on your age, you can apply for cover amounts between \$50,000 and \$750,000. Monies received must always be in Australian dollars.

When does cover begin?

Your cover begins when we accept your application and issue you a Policy document. This sets out the terms and conditions of your cover. You will also receive a Policy schedule which outlines the start date and the specific details of your particular cover. These are important documents and should be read carefully. Please keep them in a safe place because you will need them to make a claim.

Each year Zurich will send you an annual statement stating your new premium amount.

Zurich is the insurer under the policy. HBF does not underwrite or guarantee Zurich's obligations under the policy.

When does cover end?

Your policy ends on the first to occur of the following:

- your death
- payment of the Death or Terminal illness benefit
- the end of the policy term
- the non-payment of any premium within 30 days of its due date
- on receipt of your written notification to terminate the policy.

Additional information about Ezicover

Issuer information

This product is issued and administered by:
Zurich Australia Limited
ABN 92 000 010 195, AFSLN 232510
5 Blue Street North Sydney NSW 2060

Zurich is responsible for the issue of this PDS and the ongoing administration and operation of this product.

Distributor information

This product is distributed by HBF Financial Services Pty Ltd ABN 18 009 123 675 AFSLN 236623. HBF's role is limited to distribution only. It is not authorised to act on behalf of Zurich and cannot legally bind Zurich. HBF has given and not withdrawn its consent to the information contained in this PDS which is referable to it in the form and context in which it appears. HBF has not issued or caused the issue of the PDS and is not responsible for any other statements in this PDS which are not referable to it.

Up-to-date information

The information in this PDS is up to date at the preparation date. Certain information in this PDS may change from time to time – this includes but is not limited to possible changes which we have identified in this PDS. Where we indicate to you that we will give notice of such changes, then you will be advised of such changes in writing. Where other changes that are not materially adverse to you occur, we will update such information via Zurich's website, www.zurich.com.au and HBF's website, www.hbf.com.au. A paper copy of the updated information will be available free of charge upon request if you contact us.

24 hour world wide cover

The policy provides you with cover 24 hours a day, seven days a week, world wide.

Claims

All of the information you need about the claims process is set out in the Policy document. You should read the Policy document carefully when you receive it.

Benefit payments

Benefits under this policy are payable to you or your estate. If you would prefer that benefits were paid to one or more beneficiaries nominated by you, you can contact us to set up a nomination.

Taxation

In most cases, you cannot claim a tax deduction for the premiums you pay for your policy. Any benefit received would not normally be assessable for taxation purposes. This information is a guide only and is based on current taxation laws, their continuation and their interpretation. For information about your individual circumstances, contact your tax adviser.

Guaranteed renewable

If you meet your obligations, including paying your premium when due, your policy cannot be cancelled by Zurich.

Cooling off period

If after receiving your Policy document you wish to cancel for any reason, you have 30 days to do so. Any premiums or charges paid will be fully refunded. To cancel please advise Zurich in writing and return your Policy document.

You cannot cancel the policy and receive a refund if you exercise any rights in relation to your policy (for example, you make a claim) before the 30 day period has elapsed. You also cannot make a claim after cancelling your cover.

Compliance with laws

We have obligations under Australian and international laws, including laws in force in other countries. Notwithstanding any other term of the Policy, we are not required to perform any obligation or take any action which we consider to be at risk of breaching any law in force in Australia or in any other country.

If you have a complaint about your policy

Please contact us. We acknowledge all complaints within 5 days and we aim to resolve your complaint within 45 days (or up to 90 days if you agree). If you are not satisfied with our response or we haven't resolved the complaint within 45 days (or any extended period you approve) you can raise the matter with the Financial Ombudsman Service Limited, GPO Box 3, Melbourne, VIC 3001. The telephone number is 1300 780 808, or email info@fos.org.au.

If your complaint is about HBF or the HBF person who handled your enquiry, contact HBF Financial Services on 08 9265 6111.

Your duty of disclosure

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, is relevant to our decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to us before you extend, vary or reinstate a contract of life insurance.

Your duty of disclosure however does not require disclosure of a matter a) that diminishes the risk to be undertaken by us; b) that is common knowledge; c) that we know or, in the ordinary course of business, ought to know; or d) where we have waived compliance.

Your duty of disclosure continues until we have informed you as to whether we accept or decline your application. This means that you must advise us of any changes to the information included in your application up until the date that we confirm in writing that the application has been accepted or declined.

In particular, you should advise us of any changes in medical or physical conditions, and of any visits to medical service providers.

Non-disclosure

If you fail to comply with your duty of disclosure and we would not have entered into the contract on any terms if the failure had not occurred, we may avoid the contract within 3 years of entering into it. If your non-disclosure is fraudulent, we may avoid the contract at any time.

If we are entitled to avoid a contract of life insurance we may, within 3 years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to us.

Your privacy

Zurich collects your personal information to assess your application and administer your policy. If you do not provide all information requested, we may not be able to issue or administer the policy. We may disclose your information to related entities or our agents, contractors and service providers. More information about how we collect, use, disclose and handle your personal and sensitive information is set out in our Privacy Policy, available at www.zurich.com.au. In most cases, you can access the personal information we hold about you by contacting our Privacy Officer on 132 687.

Details on the way HBF handles personal information are in the HBF Privacy Policy, which is available at www.hbf.com.au or on request by calling a Member Service Advisor on 133 423. If you wish to complain about any breach or potential breach of the HBF Privacy Policy you should contact HBF as detailed below and you will be directed to the appropriate manager:

HBF Privacy Officer
GPO Box C101
Perth WA 6809
Telephone: 133 423

Direct debit request service agreement

The Account Holder (ie. you or the person whose account is used to pay the premiums) needs to agree to the Direct Debit Request Service Agreement which sets out the terms and conditions on which the Account Holder has authorised Zurich to debit money from their account, and the obligations of Zurich and the Account Holder under this Agreement. This information will be sent with your Policy documents, and can also be found at www.zurich.com.au.

5 Personal statement – Life insured 2

If you answer 'Yes' to any of the following questions, provide full details. If additional space required, attach a **separate sheet**, including **question reference**.

(a) Provide details of your height and weight (circle measure as appropriate):	Height	cm or ft/ins	Weight	kg or lb
(b) (i) Has your mother, father or any sister or brother had heart disease or stroke prior to age 60, or had cancer, tumour, diabetes, polycystic kidneys or Huntington's Chorea? If 'Yes', provide details.	Yes <input type="radio"/>	No <input type="radio"/>		
(ii) Have you ever had or are you considering having a genetic test? Provide reason and results if applicable.	Yes <input type="radio"/>	No <input type="radio"/>		
(c) Have you smoked tobacco or any other substance in the last 12 months? Provide type and quantity per day.	Yes <input type="radio"/>	No <input type="radio"/>		
(d) Do you or have you ever drunk alcohol? Indicate type (beer/wine/spirits/other) and average weekly consumption of standard drinks.	Yes <input type="radio"/>	No <input type="radio"/>		
(e) Do you take part in any hazardous activity or sport eg skydiving, parachuting, flying (other than as a fare paying passenger), diving or motor racing? If 'Yes', state activities or sport.	Yes <input type="radio"/>	No <input type="radio"/>		
(f) Have you ever had an application for Life Insurance, Trauma or Crisis cover or Disability Income Insurance loaded, deferred, declined or modified in any way? If 'Yes', advise type of cover, decision and reason.	Yes <input type="radio"/>	No <input type="radio"/>		
(g) Do you take any medications, stimulants, sedatives or tranquillisers or have you done so in the last 5 years? (excluding over the counter cold and flu, headache treatment or the oral contraceptive pill). If 'Yes', provide details.	Yes <input type="radio"/>	No <input type="radio"/>		
(h) Do you have or have you ever been diagnosed as having high blood pressure, chest pain, rheumatic fever or any heart complaint, stroke, paralysis, epilepsy, diabetes, asthma, liver, kidney or bowel disease, cancer (including skin cancers), tumour, depression, anxiety, stress or mental/nervous disorder? If 'Yes', state condition, date of diagnosis, treatment and treating doctor's details	Yes <input type="radio"/>	No <input type="radio"/>		
(i) Have you undergone any medical treatment or examination for any illness or injury not covered above in the last 5 years, or are you intending to seek medical treatment or undergo a medical examination in the near future? If 'Yes', provide details.	Yes <input type="radio"/>	No <input type="radio"/>		
(j) To the best of your knowledge is there any possibility that you have been infected with, or have ever tested positive for, AIDS (Acquired Immune Deficiency Syndrome) or HIV (Human Immunodeficiency Virus), or are you in a high risk category for contracting HIV eg. IV drug use?	Yes <input type="radio"/>	No <input type="radio"/>		
(k) Do you have any intention of travelling or residing overseas within the next 12 months? If so when, where and duration.	Yes <input type="radio"/>	No <input type="radio"/>		
(l) Who is your usual doctor? (if you do not have a usual doctor, advise the name of the doctor you last visited)				
Name			Contact number	
Address			State	Postcode
Date of last consultation	/	/	How long have you been seeing this doctor?	

6 Acknowledgement, declaration and authorisation (this section MUST be completed)

I/we declare that I/we:

- have received and read the Ezicover Select Term PDS and apply to Zurich for the policy/policies set out in this application form
- to the best of my/our knowledge, believe that the answers to the questions set out in the application are true and complete
- will inform Zurich of any relevant changes which occur before my/our policy is received
- understand that the policy/policies applied for will only become effective when this application is approved by Zurich
- have read and understood my/our Duty of disclosure as detailed in the PDS and understand that the Duty of disclosure continues until written notice has been given that the cover has been accepted or declined
- agree to the collection and use of personal information and sensitive information, about me/us in the manner described in the Privacy Policy
- authorise any medical practitioner to release details of my/our personal medical history to Zurich or any of its authorised agents
- agree that if I/we make any overpayment of premium that Zurich may retain the overpayment unless it exceeds \$5.00.

Life insured and policy owner 1 signature	Date	Life insured and policy owner 2 signature	Date
X	/ /	X	/ /

7 Direct debit request (this section MUST be completed)

Financial Institution/Credit Union			
Account Holder's surname	Given name		
Account Holder's address	State	Postcode	
Details of account to be debited monthly			
BSB number	<input type="text"/>	Account number	<input type="text"/>
Account name	OR		
Credit cards – Primary Cardholder's name	Visa <input type="radio"/>		MasterCard <input type="radio"/>
Expiry date	<input type="text"/>	/	<input type="text"/>
Card number	<input type="text"/>	<input type="text"/>	<input type="text"/>
I/we acknowledge that this Direct debit request is governed by the terms of the Direct debit request service agreement. I/we have read and agree to the terms and conditions. I/we request and authorise Zurich Australia Limited ABN 92 000 010 195 (user ID 117) to arrange for funds to be debited from my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System.			
Account Holder 1 / Primary Cardholder's signature	Date	Account Holder 2 signature	Date
X	/ /	X	/ /

Any questions? Call us or email: ezicover.response@zurich.com.au
Return completed form to: Zurich Australia Limited PO Box 1399 North Sydney NSW 2059