

# Virgin Money Super Tailored Insurance Application Form

## What's this form for?

If you wish to apply for our Tailored Insurance cover for either Death & Total and Permanent Disablement (TPD) insurance or Death only cover for specific amounts and/or Income Protection Insurance cover. You'll need to answer questions in this application about your health, occupation and lifestyle so the insurer can decide whether to provide you cover, and on what terms.

## About the insurer

Virgin Money Super's insurer is OnePath Life Limited ABN 33 009 657 176 AFSL 238341 (OnePath Life). To understand what insurance cover is all about, be sure to read the current Virgin Money Super Product Disclosure Statement (PDS), Product Guide and Insurance Guide which is available at [virginmoney.com.au/super](http://virginmoney.com.au/super) or by contacting our Customer Care Team on **1300 652 770**.

## Your privacy

The personal info you provide on this form is 100% confidential. To see how we use it, check out the Privacy Statements contained in this form.

## The Trustee's Duty of Disclosure

The Trustee, who enters into a life insurance contract in respect of your life, has a duty, before entering into the contract, to tell the Insurer anything that it knows, or could reasonably be expected to know, that may affect the Insurer's decision to provide the insurance and on what terms.

The Trustee has this duty until the Insurer agrees to provide the insurance.

The Trustee has the same duty before it extends, varies or reinstates the contract.

The Trustee does not need to tell the Insurer anything that:

- reduces the risk the Insurer insures you for; or
- is of common knowledge; or
- the Insurer knows or should know as an insurer, or
- the Insurer waives the Trustee's duty to tell the Insurer about.

## You must disclose relevant information

You must tell the Insurer anything you know, or could reasonably be expected to know, that may affect the Insurer's decision to provide the insurance and on what terms. If you do not do so, this may be treated as a failure by the Trustee to tell the Insurer something that the Trustee must tell the Insurer.

If you provide relevant information to the Trustee rather than the Insurer, the Trustee will provide that information to the Insurer. The Trustee will do this so that you comply with your obligation to provide relevant information to the Insurer.

## If the Trustee does not tell the Insurer something

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

If the Trustee does not tell the Insurer anything the Trustee is required to, and the Insurer would not have provided the insurance or entered into the same contract with the Trustee if the Trustee had told the Insurer, the Insurer may avoid the contract within 3 years of entering into it.

If the Insurer chooses not to avoid the contract, the Insurer may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if the Trustee had told the Insurer everything it should have. However, if the contract provides cover on death, the Insurer may only exercise this right within 3 years of entering into the contract.

If the Insurer chooses not to avoid the contract or reduce the amount of insurance provided, the Insurer may, at any time vary the contract in a way that places the Insurer in the same position it would have been in if the Trustee had told the Insurer everything it should have. However this right does not apply if the contract provides cover on death.

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

## If you need help

For assistance call our Customer Care Team on **1300 652 770** (Mon to Fri 8am to 6pm (AEST)).

## STEP 1 TYPE OF COVER YOU ARE APPLYING FOR

Death and TPD    OR     Death only

AND/OR  Income protection (monthly benefit)

Total amount of requested cover

\$

\$

Please Note: If your application for Tailored Insurance for Death only or Death and TPD is accepted by the Insurer, these amounts will replace any Automatic Insurance cover you may already hold within Virgin Money Super. Please contact Virgin Money Super on **1300 652 770** to enquire about any existing insurance arrangements you may hold.

## STEP 2 COMPLETE YOUR PERSONAL DETAILS

Virgin Money Super customer number

Date of birth

/  /

Age

Gender

Male  Female

Title    Mr     Mrs     Ms     Miss     Other

Given names

Surname

Address

Suburb

State

Postcode

Home telephone

-

Work telephone

-

Mobile

-

E-mail

Please answer the following questions so we can determine which of the three occupation ratings (White Collar, Light Manual Collar and Heavy Blue Collar) applies to you.

1. What is your usual occupation?

Gross annual income earned through personal exertion, before tax and including superannuation contributions, but after deduction of business expenses

\$

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

| Type of work performed   | % of time            | Please describe your specific duties and where they are performed |
|--|----------------------|---|
| Sedentary/administration (e.g. filing, computer work, answering telephone, reception duties, etc.) | <input type="text"/> | <input type="text"/>  |
| Manual work – light (e.g. driving, warehousing, surveying, lifting under 5kgs, etc.)               | <input type="text"/> | <input type="text"/>  |
| Manual work – heavy (e.g. bricklaying, lifting over 5kgs, painting, carpentry, mechanic, etc.)     | <input type="text"/> | <input type="text"/>  |

3. How many hours (on average) do you work per week?

4. Do you have more than one occupation?  YES  NO

If YES, please specify the occupation, your normal duties and the average hours you work per week in each of your other occupation(s):

Note: The new premium will apply to your total tailored insurance cover with Virgin Money Super, from the date OnePath Life accepts your application.

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**STEP 2**

**COMPLETE YOUR PERSONAL DETAILS (CONTINUED)**

**Employer details**

Employer name

Employer address

Suburb

State

Postcode

**Authorisation**

I authorise OnePath's underwriting service representative to contact me by phone and/or email if further information is required. I can be contacted during the following times:

Monday  Tuesday  Wednesday  Thursday  Friday  Any business day

Between  and

Please tick your preferred contact method:  home phone  work phone  mobile phone

**STEP 3**

**CURRENT INSURANCE DETAILS**

1. Have you previously applied to OnePath Life or do you currently have other applications that have been submitted to OnePath Life?  YES  NO

If YES provide application number or policy number

2. Have you any Life, TPD, Income Protection and/or Trauma cover with OnePath Life or any other company or as a part of your employment or have you ever applied for such cover with any other company?  YES  NO

If YES, please provide details of cover.

Name of company  Type of cover  Sum Insured \$  Date Commenced  /  /

3. If this application is accepted, do you intend to replace all the cover mentioned above?  YES  NO

If NO, please provide details of what cover (including sum insured amount) will be replaced and/or remain in force.

4. Have you ever had an application for life, trauma or disability insurance on your life declined, deferred, accepted with a higher than normal premium (other than for smoking) or issued with a restriction or exclusion?  YES  NO

If YES, please provide details of cover.

Name of company  Reason  Date  /  /

5. Have you ever made, or are you entitled to make a claim for any type of sickness, accident or disability benefit(s), Workers' Compensation or any other form of compensation (including Centrelink payments) due to illness or injury?  YES  NO

If YES, please provide details

Amount \$  Period Paid  Type of disability suffered

Date of claim  /  /  Date of claim finalised  /  /

**STEP 4**

**LEAVING OR STAYING?**

1. Are you currently residing in Australia?  YES  NO

If NO, please advise where you are currently residing and how long you intend to reside there.

2. Are you an Australian citizen or do you hold a visa that entitles you to reside permanently in Australia?  YES  NO

If NO, please advise what type of visa you hold

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**STEP 4 LEAVING OR STAYING? (CONTINUED)**

3. Do you have any intention to travel outside Australia within the next two years?  YES  NO  
If YES, please complete the following: Date of departure (if known)  /  /  Duration of stay   
Destination
4. What is the purpose of your stay?  Holiday  Business  Residing  Other (please specify)

**STEP 5 PERSONAL HEALTH STATEMENT**

**If a medical examination is required, or if you are completing a Paramedical Report, please go to Step 10 of this form. Otherwise, complete Steps 6, 7, 8 and 9.**

1. What is your current height and weight? Height (cm)  Weight (kg)
2. Has your weight varied by more than 10 kg during the past 12 months (excluding pregnancy)?  YES  NO  
If YES, please provide details.
3. During the past 12 months have you smoked tobacco or any other substance?  YES  NO  
If YES, please state type and quantity per day.
4. During the last 3 months, have you used nicotine replacement therapy (e.g. nicotine gum, patches, etc) or anti-smoking medication (e.g. Zyban, Chantix, etc.)?  YES  NO  
If YES, please state type(s) used and length of time you have used this
5. Non-smokers – Have you ever smoked regularly in the past?  YES  NO  
If YES, please state type, date ceased and daily quantity.
6. Have you been advised to stop smoking due to a medical condition?  YES  NO  
If YES, please disclose the reasons for which you were advised to stop smoking.
7. Do you consume alcohol?  YES  NO  
If YES, please state how many standard drinks you consume per day (a standard drink is 125ml wine, 250ml beer or 30ml spirits).
8. Have you ever been advised to stop or reduce your alcohol intake due to a medical condition?  YES  NO  
If YES, please provide full details.

**STEP 6 STEP FAMILY HISTORY (BLOOD RELATIVES)**

1. Have any of your parents, brothers or sisters (living or dead) suffered from Huntington's disease, muscular dystrophy, multiple sclerosis, cystic fibrosis, familial adenomatous polyposis of the bowel, polycystic kidney disease, Alzheimer's disease, dementia or any other hereditary or familial disorder?  YES  NO  
If YES, please complete the following:  
Relation  Condition (disorder)  Age Diagnosed   
*Attach additional pages as necessary*
2. Have any of your parents, brothers or sisters (living or dead) been diagnosed prior to age 60 with any of the following conditions: diabetes, heart disease, mental illness, haemophilia, haemochromatosis, high blood pressure, high cholesterol, breast cancer, cervical cancer, bowel cancer or any other cancer (please specify type), stroke or kidney disease?  YES  NO  
If YES, please complete the following:  
Relation  Condition (disorder)  Age Diagnosed   
*Attach additional pages as necessary*

**To the best of your knowledge, have you ever had any of the following?**

If the answer is YES, please circle the specific conditions and follow the instructions in the box on the next page.

- |  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| 1. Asthma, sleep apnoea, bronchitis, persistent cough or any other chest or lung condition?  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 2. Heart condition, murmur, high blood pressure, high cholesterol, chest pain, rheumatic fever, palpitations, stroke or vascular disorder?   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 3. Diabetes, thyroid or glandular condition?   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 4. Ulcers, bowel trouble or recurring indigestion?   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 5. Epilepsy, fits or dizziness, fainting of any kind or persistent headaches?  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 6. Stress, anxiety, depression or any other mental health condition?   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 7. Alzheimer's disease or dementia?  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 8. Kidney, prostate or bladder conditions, renal colic or stones, nephritis, lupus nephritis, pyelitis or cystitis?  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 9. Back, neck, shoulder or knee pain or strain, sciatica or any other disorder of the spine or neck, any disorder of the joints, muscles, ligaments, cartilage or limbs, including broken bones or osteoporosis? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 10. Arthritis, gout, fibromyalgia, tendonitis, tenosynovitis, RSI, or any regional pain syndrome, chronic fatigue syndrome (myalgic encephalomyelitis)?  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 11. Cancer, tumour, cyst, growths of any kind or breast lumps (even if you have not seen a doctor)?  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 12. Varicose veins, hernia, scleroderma, systemic sclerosis or skin disorders?   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 13. Any abnormality affecting eyesight, hearing or speech?   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 14. Any abnormality affecting physical mobility or muscular power (e.g. multiple sclerosis or any diagnosed intellectual disability or cognitive impairment?)  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 15. Anaemia, haemophilia or any other disease of the blood?  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 16. Bowel, liver or gall bladder disease, or hepatitis?  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 17. Coughing of blood, passing of blood from the bowel or in the urine?  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 18. Within the last five years, have you had any other illness, injury, operation, X-ray, electrocardiogram, blood transfusion, any other special tests or been advised to have a blood test for any reason?     | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 19. Due to injury or illness have you ever been off work for more than seven consecutive days? (for a condition not already mentioned)   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 20. Do you currently have any symptoms of ill health or disability?  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 21. Are you contemplating surgery, intending to consult a doctor, or have you been advised to have an operation or other medical investigation or test in the future?  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 22. Have you ever had or are you considering having a genetic test where you received (or are currently awaiting) an individual result?  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 23. Do you take, or have you EVER taken drugs or any medications on a regular or ongoing basis?  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 24. Have you EVER used or injected any drugs not prescribed for you by a medical attendant or have you ever received advice, counselling or treatment for drug dependence?                                       | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 25. Are you suffering from unintentional weight loss, persistent night sweats, persistent fever, diarrhoea or swollen glands?  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 26. Females only   |                          |     |                          |    |
| – Have you ever had any complications with pregnancy or childbirth?  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| – Are you currently pregnant?  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| – If yes please advise due date  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| – Have you ever had an abnormal pap cervical smear test (pap), breast ultrasound or mammogram?   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| – Have you ever had any symptoms(s) of, or sought advice or treatment for any condition of the cervix, ovary, uterus, breast or endometrium?   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

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**STEP 7 HEALTH HISTORY (CONTINUED)**

27. Have you ever tested positive for HIV, which causes AIDS, or are you suffering from AIDS or any AIDS related condition?  YES  NO
28. Have you ever received or are you expected to receive treatment, or undergo a medical consultation for a sexually transmitted disease including but not limited to HIV (AIDS), gonorrhoea or syphilis?  YES  NO
29. In the past 5 years have you:
- had sex without using a condom with a person you know or suspect to be either HIV positive or who uses non prescribed drugs intravenously?  YES  NO
  - had sex without using a condom with a sex worker or as a sex worker?  YES  NO
  - had anal intercourse without using a condom (except with someone whom you have been in a monogamous relationship for 5 years or more)?  YES  NO

**For any yes answer above (Q1–Q29)**

If **YES** to questions 1–28, please complete Step 9 of this form. If you answered **YES** to question 29 a private and confidential questionnaire will be sent to you

Question No.  Illness, Injury or Tests

Date Commenced  /  /  Time Off Work  Years  Months  Days Degree of recovery  %

Full Details of Treatment

Date of Last Symptom  /  /

Full Name of Doctor or Hospitals Consulted

Address of Doctor or Hospitals Consulted

Suburb  State  Postcode

Other Information

**STEP 8**

**ADDITIONAL MEDICAL QUESTIONNAIRE - TO BE COMPLETED IF YOU HAVE OR HAVE HAD A CONDITION NAMED IN STEP 7**

1. Please name the condition(s) from Step 8.

2. What were the main symptoms and/or what caused the condition?

3. Date symptoms commenced  /  /  Date symptoms ceased  /  /

4. Time off work  Years  Months  Days

5. Did you experience your condition more than once?  YES  NO  
If YES, please complete the rest of this question.

Date condition recurred  /  /  Date condition lasted  /  /

Time off work  Years  Months  Days

6. Have you fully recovered from the condition?  YES  NO

7. If YES, when did you fully recover from the condition?  /  /

8. What test/treatment/medication have you had for this condition? Please give details.

9. Which doctor did you last consult about this condition and what was the date of that consultation?  
Doctor's name  Date  /  /

10. Does your usual doctor have details of this condition?  YES  NO

11. Has further treatment been recommended by your doctor for this condition?  YES  NO  
If YES, please give details:

Date Commenced  /  /  Time off Work  Years  Months  Days Degree of recovery  %

Full details of treatment

Full Name of Doctor or Hospitals Consulted

Address of Doctor or Hospitals Consulted  
  
Suburb  State  Postcode

Other Information

STEP  
9

## USUAL DOCTOR OR MEDICAL CENTRE DETAILS

1. Full name of usual doctor/medical centre  Phone number  -
- Full address of usual doctor/medical centre
- Suburb
- State  Postcode
2. How many years have you been attending this doctor/medical centre?  Years  Months
- When was your last visit to this doctor/medical centre?  /  /
- Reason for check up or consultation?
- Outcome including medication, treatment etc.
- Degree of recovery  %

3. Have you had any consultations with your usual doctor or any other doctor (other than for colds or the flu) in the last three years not already mentioned?  YES  NO

**If YES**, please provide the following details:

Name  Phone number  -

Address

Suburb

State  Postcode

Detailed outcome

STEP  
10

## SPORTS AND PASTIMES

**Do you intend to take part in:**

1. Aviation/Flying, other than as a fare-paying passenger?  YES  NO
2. Any hazardous activities or sports, e.g. motor or water sports (e.g. scuba, skin diving), football, parachuting, gliding, recreations involving heights, underground sports, underwater sports, caving, body contact sports, hang gliding etc?  YES  NO
3. Motorcycle/motor racing other than as a means of transportation to and from work?  YES  NO

**If you have answered NO to questions (1), (2) and (3) above, please proceed to Step 11.**

**If you answered YES to any of the questions (1), (2) or (3) above, please continue completing Step 10 below for any relevant activities. If necessary, please elaborate on any YES answers, i.e. type of sport, time spent training and participating, number of times per annum, receipt of fees or payments, any injuries sustained, in the following pages.**

## Sports and pastimes

**Motorcycle/motor racing**

Vehicle type  Races per annum  Engine size  Maximum speed (km/h)

Class  Professional  / Amateur  Competitive  / Recreation

**Scuba/skin diving**

Average depth (m)  Maximum depth (m)  Dives per annum

Do you use explosives?  YES  NO Do you dive in caves or potholes?  YES  NO

If you do use explosives or dive in caves or potholes, please provide details below:



**STEP 10** SPORTS AND PASTIMES  
(CONTINUED)

**Football/Soccer/Aussie Rules, etc.**

Games per annum  Code played  Grade   YES  NO  
 Professional  / Amateur  Competitive  / Recreation

Do you receive any income from participating in Football/Soccer/Aussie Rules etc.?  YES  NO  
 If YES, provide amount and details.

**Aviation/flying – Civil Aviation Safety Authority (CASA)**

Do you hold a CASA license?  YES  NO  
 If YES, state type and period held: Type  Period held

Do you intend to change the scope of your present licence?  YES  NO

Have you ever had an accident or been charged with violating CASA regulations?  YES  NO

Do you always use authorised landing areas?  YES  NO

**Number of hours flown**

|           | Past 12 months       | Future annual average |
|-----------|----------------------|-----------------------|
| Crew      | <input type="text"/> | <input type="text"/>  |
| Passenger | <input type="text"/> | <input type="text"/>  |

Type of aircraft Commercial Airline  Charter  Private  Aero Club/Flying School  Agriculture   
 Helicopter  Ultralight Aircraft

**Other activities**

Do you intend to take part in any form of aviation other than the above categories?  
 (e.g. ballooning, aerobatics, parachuting, paragliding, etc.)  YES  NO

If YES, provide amount and details.

**Other sports or pastimes**

Do you currently, or intend to, participate in other sports or pastimes?  
 (e.g. boxing, competitive riding, mountain climbing, body contact sports, caving etc.)  YES  NO

If YES, provide amount and details.

On what basis do you consider that you partake in this activity?

Professional  / Amateur  Competitive  / Recreation

## Privacy – OnePath Life

In this section 'we', 'us' and 'our' refers to OnePath Life Limited and other members of the ANZ Group. 'You' and 'your' refers to life insureds. We collect your personal information from you in order to manage and administer our products and services. Without your personal information, we may not be able to process your application or provide you with the products or services you require.

We are committed to ensuring the confidentiality and security of your personal information. Our Privacy Policy details how we manage your personal information and is available on request or may be downloaded from [onepath.com.au/privacy-policy](https://onepath.com.au/privacy-policy).

In order to undertake the management and administration of our products and services, it may be necessary for us to disclose your personal information to certain third parties. Unless you consent to such disclosure we will not be able to consider the information you have provided.

### Providing your information to others

The parties to whom we may routinely disclose your personal information include:

- an organisation that assists us and/or ANZ to detect and protect against consumer fraud;
- any related company of ANZ which will use the information for the same purposes as ANZ and will act under ANZ's Privacy Policy;
- organisations performing administration and/or compliance functions in relation to the products and services we provide;
- organisations providing medical or other services for the purpose of the assessment of any insurance claim you make with us (such as reinsurers);
- our solicitors or legal representatives;
- organisations maintaining our information technology systems;
- organisations providing mailing and printing services;
- persons who act on your behalf (such as your agent or financial adviser);
- the policy owner;
- regulatory bodies, government agencies, law enforcement bodies and courts.

We will also disclose your personal information in circumstances where we are required by law to do so. Examples of such laws are:

- The *Family Law Act 1975* (Cth) enables certain persons to request information about your interest in a superannuation fund;
- There are disclosure obligations to third parties under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

### Information required by law

ANZ may be required by relevant laws to collect certain information from you. Details of these laws and why they require us to collect this information are contained in our Privacy Policy at [onepath.com.au/privacy-policy](https://onepath.com.au/privacy-policy)

### Life risk – sensitive information

For life risk products, where applicable, we may collect health information with your consent. Your health information will only be disclosed to service providers or organisations providing medical or other services for the purpose of underwriting, assessing the application or assessing any claim.

### Privacy consent

Where you wish to authorise any other parties to act on your behalf, to receive information and/or undertake transactions please notify us in writing. If you give us or ANZ personal information about someone else, please show them a copy of this document so that they may understand the manner in which their personal information may be used or disclosed by us or ANZ in connection with your dealings with us or ANZ.

### Privacy Policy

Our Privacy Policy contains information about:

- when we or ANZ may collect information from a third party;
- how you may access and seek correction of the personal information we hold about you; and
- how you can raise concerns that we or ANZ has breached the Privacy Act or an applicable code and how we and/or ANZ will deal with those matters.

You can contact us about your information or any other privacy matter as follows:

In writing:

GPO Box 75

Sydney NSW 2001

Email: [privacy@onepath.com.au](mailto:privacy@onepath.com.au)

We may charge you a reasonable fee for this.

If any of your personal information is incorrect or has changed, please let us know by contacting Customer Services on 133 667.

More information can be found in our Privacy Policy [onepath.com.au/privacy-policy](https://onepath.com.au/privacy-policy)

### Overseas recipients

We or ANZ may disclose information to recipients (including service providers and related companies) which are (1) located outside Australia and/or (2) not established in or do not carry on business in Australia.

You can find details about the location of these recipients in ANZ's Privacy Policy at [anz.com/privacy](https://anz.com/privacy)

## Your Privacy

Mercer collects your personal information and will use it to manage your superannuation benefits and give you information about your super.

Your personal information will be disclosed to Virgin Money. Both Virgin Money and Mercer may supply you with information about other products and services offered by them and our related companies, to conduct customer satisfaction research or improve products and develop new products. Call the Customer Care Team on **1300 652 770** if you do not want to receive marketing material from Virgin Money and Mercer.

If you don't provide your personal information or otherwise authorise us to collect this information from third parties, we may not be able to provide you with one or more of our products or services.

We may sometimes collect information about you from third parties such as your employer, a previous super fund, your financial adviser, our related entities and publicly available sources.

We may disclose your information to various organisations to manage your super, including your employer; the fund's administrator; our professional advisors; insurers; our related companies which provide services or products relevant to your super; any relevant government authority that requires your personal information to be disclosed; and our other service providers that help manage your super.

To manage your super, your personal information will be disclosed to Mercer's service providers in another country, most likely at the administrator's processing centre in India. It may also be disclosed to some of Virgin Money's partners, service providers and other third parties in New Zealand, Philippines, India, Singapore, the United States of America, United Kingdom, Spain and Israel. Our Privacy Policies list all other relevant offshore locations.

Our Privacy Policies include more details about how we deal with your personal information and who you can talk to if you wish to access and/or correct information we hold about you. These policies also include details about how you may lodge a complaint about the way we have dealt with your information and how that complaint will be handled.

You can read Virgin Money's Privacy Policy online at [virginmoney.com.au/super](http://virginmoney.com.au/super) and Mercer's Privacy Policy at [mercerfinancialservices.com](http://mercerfinancialservices.com) or you can obtain a copy by calling the Customer Care Team. If you have a question or you have a complaint about a breach of your privacy, please contact our Customer Care Team or write to Mercer's Privacy Officer, Mercer Superannuation (Australia) Limited, GPO Box 4303, Melbourne VIC 3001 or Virgin Money's Privacy Officer, Level 8, 126 Phillip Street, Sydney NSW 2000, or email [privacy@virginmoney.com.au](mailto:privacy@virginmoney.com.au)

STEP  
11

## YOUR DECLARATION

I acknowledge that:

- This application for cover is being made to OnePath Life Limited ABN 33 009 657 176. AFSL 238341 (OnePath Life).
- I have obtained, read and understood the insurance information in the current Virgin Money Super PDS, Product Guide and Insurance Guide
- I have read and understood the questions in this Personal Statement.
- The answers that I have provided to all questions and the declarations are true and correct.
- I have read the Duty of Disclosure and I am aware of the consequences of non-disclosure. I understand that my duty of disclosure continues after I have completed this application until I am notified in writing that my application for insurance has been accepted.
- I have read the OnePath Life's Privacy Statement set out in Step 11 of this form. The Privacy Policy details how OnePath Life manages personal information. It is available free of charge by calling Customer Services on 133 667 or may be downloaded from [onepath.com.au/privacy-policy](http://onepath.com.au/privacy-policy).
- I consent to the collection, use, storage and disclosure of my personal information (including health information) as set out in OnePath Life's Privacy Statement.
- If I have provided information about another person in this application (for example a beneficiary or life insured), I declare that I have the consent of that person to do so. I understand that OnePath Life require me to inform the person concerned that I have done so and direct them to OnePath Life's Privacy Policy which is located at [onepath.com.au/privacy-policy](http://onepath.com.au/privacy-policy).
- If I do not complete this application correctly, or I do not sign and date this form, my application will be invalid and will not be considered by OnePath Life.
- I hereby authorise the release to OnePath Life, or any other organisation duly appointed by OnePath Life, of any medical information needed in connection with this application, including full details of my past medical history. A photocopy (or similar reproduction) of this authorisation will be as valid as the original.
- I understand that if my application for Tailored Death or Death & TPD Insurance is accepted by the Insurer in writing, the cover will replace any Automatic Insurance cover I may already hold within Virgin Money Super.
- I understand that if I don't complete this application correctly or I don't sign or date this declaration, my application won't be considered and any insurance cover I currently have will not be affected.
- I understand that insurance cover will be provided to me on the terms contained in Virgin Money Super's insurance policy with OnePath Life as changed from time to time.
- I acknowledge that if this application is declined, any of my existing cover on the date of this application will continue on same terms, including but not limited to any pre-existing condition exclusion(s).
- I acknowledge that any information received by OnePath Life in relation to this application may be used when assessing my existing or future claim, and may operate as an exclusion to my claim. This is irrespective of whether this application is accepted or declined.
- I understand that I may cancel my existing cover at any time.

Signature

X

Date

/  /

Print name

**Send your completed form to: Virgin Money Super, GPO Box 4650, Melbourne VIC 3001.**

**STEP  
12**

**DOCTOR'S AUTHORISATION**

To be completed and signed by the applicant.

**Please sign authorisation**

To Doctor

I hereby authorise you to release details of my personal medical history to OnePath Life Limited ABN 33 009 657 176 or any organisation duly appointed by OnePath. A photocopy (or similar reproduction) of this authorisation shall be as valid as the original.

My name

My Signature

Date

  /   /   

Address of Doctor or Hospitals Consulted

Suburb

State

Postcode

**SECOND DOCTOR'S AUTHORISATION**

To be completed and signed by the applicant.

**Please sign authorisation**

To Doctor

I hereby authorise you to release details of my personal medical history to OnePath Life Limited ABN 33 009 657 176 or any organisation duly appointed by OnePath. A photocopy (or similar reproduction) of this authorisation shall be as valid as the original.

My name

My Signature

Date

  /   /   

Address of Doctor or Hospitals Consulted

Suburb

State

Postcode