



Request to exercise the future insurability benefit

This form allows you to exercise the Future insurability benefit for personal events. It is to be completed by the life insured and policy owner/s. To avoid delays check that all questions have been answered fully. Please use BLOCK LETTERS.



1 Current policy information

Zurich Protection Plus Policy number:

Zurich Superannuation Term Life Plus Policy number:

2 Life insured details

Title Surname

Given names Date of birth / /

Age *(You may exercise this option up to the policy anniversary following the life insured's 54th birthday)*

3 Policy owner 1 details

Title Surname

Given names Date of birth / /

Company/SMSF trustee name (if applicable)

Address

State Postcode

Phone Email

4 Policy owner 2 details (if applicable)

Title Surname

Given names Date of birth / /

Address

State Postcode

Phone Email

5 Increase event and evidence required

Event	Date of event	Attach the following proof of event
<input type="radio"/> marriage of life insured	/ /	copy of marriage certificate
<input type="radio"/> life insured divorces	/ /	copy of divorce certificate
<input type="radio"/> child born to/adopted by life insured	/ /	copy of birth certificate/adoption certificate
<input type="radio"/> life insured becomes full-time carer	/ /	copy of documentary evidence
<input type="radio"/> death of life insured's spouse	/ /	copy of death certificate
<input type="radio"/> life insured takes new mortgage/increases mortgage on primary residence	/ /	copy of loan agreement
<input type="radio"/> life insured takes new investment property loan	/ /	copy of loan agreement
<input type="radio"/> dependent child of life insured starts secondary school	/ /	copy of enrolment form
<input type="radio"/> 15% increase in life insured's salary	/ /	copy of relevant financial evidence

For increase to TPD only, please indicate current occupation*

* Eligibility and premiums in relation to the increased amount will be based on occupation at the time of increase

6 Amount of increase being applied for

Requested increase to Death cover \$

Requested increase to TPD cover \$

Requested increase to Trauma cover \$

Any increase in cover will result in an increase to the premium amount payable.

The increase in cover and corresponding premium amount payable is subject to our assessment of this application.

Rules and restrictions

Death cover, TPD cover and Trauma cover

- the minimum increase per event is \$10,000
- the maximum increase per event is the lesser of 25% of your cover at commencement and \$200,000 or the amount of or increase in your mortgage (if applicable)
- the accumulative sum of all increases under this benefit cannot exceed the lesser of the cover at commencement of the Policy and \$1,000,000
- in any 12 month period increases are limited to 50% of your cover at commencement of the Policy
- you must apply within 30 days of the policy anniversary following the personal event
- you cannot increase your cover if you are entitled to receive a benefit, or if you are receiving or have received a benefit under your Policy, or if Zurich or any other life insurer has waived, or is waiving, your premium.

For the first six months after an increase under this benefit:

- any increased Death cover amount is payable only in the event of your accidental death
- any increased TPD cover amount is payable only in the event your Total and Permanent Disablement is caused by an accidental injury
- any increased Trauma cover amount is payable only in the event of a Trauma suffered as a result of accidental injury.

7 Declaration

I/We have received, read and understood the terms and conditions that apply to the increase in cover.

I/We agree that this application will form the basis of the alteration to the policy and understand that premiums will change to reflect the increase in cover.

I/We understand that the cover applied for will not become effective until this application is accepted by Zurich in writing.

I/We understand that any special conditions or exclusions which apply to the existing cover, as shown on the policy schedule, will automatically apply to the increased cover.

I/We have received, read and understood the sections of the current Zurich Wealth Protection Product Disclosure Statement which relate to the Future insurability benefit.

Name of life insured

Signature of life insured	Date
X	/ /

Name of policy owner 1

Signature of policy owner 1	Date
X	/ /

Name of policy owner 2

Signature of policy owner 2	Date
X	/ /

Privacy

Zurich is bound by the Privacy Act 1988 (Cth). In completing the forms or questions herein you will be providing us with your personal and, perhaps, sensitive information. The collection and management of this information is governed by the Privacy Act 1988. For a more detailed explanation of Zurich's Privacy Policy please visit our website at www.zurich.com.au or contact the Zurich Privacy Officer on 132 687 or email us at privacy.officer@zurich.com.au

Any questions? Call 131 551

Please return the completed form to us:

By post, to **Zurich Australia Limited Underwriting Department, Locked Bag 994, North Sydney NSW 2059**, or

By email, as a scanned attachment, to life.newbusiness@zurich.com.au