## **Funeral Insurance**

## Application form

Need any help completing this form? Call us on 1300 513 300.

	combined Product Disclosure Statement (PDS) a derstand the product. The Target Market Detern sy-documents.							
is accepted, you v	ields are completed correctly, as a mistake or mi vill receive written confirmation from Apia Funeral confirm that it is accurate.							
Please note that e	each life insured must be 45 years of age or olde	r.						
Part A – Your p	personal details (policy owner and primar	y life insured)						
Title	Mr Mrs Miss Ms Other							
Name	First name	Surname						
Postal Address		Suburb						
	State Postco	de	Date of Birth	dd / mm / yyyy				
Telephone Day	Night ( )		Mobile					
Email								
	We will use email for some of the information we need to send you about your policy, rather than sending pacopies. However, if you'd prefer to receive information by post, please indicate by writing X in the box.							
	Are you a permanent resident of Australia?	Yes No						
Your nominated								
Name		Date of Birth	Percentage %	Phone Number				
		dd / mm / yyyy	of claim payout					
		dd / mm / yyyy						
Part B – Your p	policy dotaile							
All details you cho	pose in Part B will apply to everyone's cover. If ye call us on 1300 513 300.	ou would like different	cover amounts and	optional extras for each				
Cover Amount	\$5,000 \$7,000 \$10,000 \$12	2,000						
	Other amount (\$3,000 up to \$15,000)							
Value Promise	With the Value Promise, your claim payout will be the higher amount of your Funeral Insurance Cover Amount (including any Accidental Death Cover) or <b>100</b> % of total premiums paid for Funeral Insurance. For a lower cost option, you can reduce the Value Promise to 70% of total premiums paid.							
	Tick this box to select the <b>70</b> % Value Promise option.							
	The Value Promise option chosen at the time of application will remain for the life of the policy.							
Optional Extra	Accidental Death Cover Yes No							
	If yes, how much cover? \$10,000 \$20,000 \$30,000 <b>Apia</b>							
	Other amount (\$1,000 up to \$50,000)							

Part C	<ul> <li>Detail for oth</li> </ul>	ers (please provide details if you	would like	to add o	thers to your p	olicy)			
Please n	ote that each life i	insured must be 45 years of age or olde	r.						
Name	First name	Surname		Date of Bi	rth dd/mm/y	Male Female			
	erson a permanent	t resident of Australia? Yes No							
		Date of Birth		Percentage % of claim payout	Phone Number				
			dd / mm	/ уууу					
			dd / mm	/ уууу					
Name	First name	Surname		Date of Bi	rth dd/mm/y	Male Female			
-	erson a permanent	t resident of Australia? Yes No							
		Name	Date of Birth		Percentage % of claim payout	Phone Number			
			dd / mm	/ уууу					
			dd / mm	/ уууу					
Name	First name	Surname		Date of Bi	rth dd/mm/y	/yyy			
Nomina	ted beneficiaries	Name	Date of	Birth	Percentage %	Phone Number			
			dd / mana	/ 2000/	of claim payout				
			dd / mm / yyyy  dd / mm / yyyy						
Step 1:	How often do yo								
Fortnigh	tly on	Monday Tuesday Wednes			Friday				
OR		with first payment starting on	dd / mm	ı / yy	(enter a date	e within the next 14 days)			
Monthly	on	dd (enter a day of y	our choice b	etween 1s	t and 28th)				
OR		Annually							
-	Payment method e method and								
	relevant details	Direct Debit OR Credit Card				(DOD 000 057) :			
		Direct Debit Request: I request and directly debit my premiums from my a (User Number: 245 397), using the dir 'Apia Life' on bank statements.	account detai	led below,	in favour of the in	surer, TAL Life Limited			
Name of Institution	f Financial on	ripid End on bain didatomente.							
Account									
BSB Nui									
Account	Number								
UK-		Credit Card Payment: I authorise the	a dehit of my	nremium f	rom my				
		Visa Mastercard Expiry	mm / y		TOTTI THY				
Account	Name								
Credit C	ard Number								

## Part E – Declaration (please sign below)

I/We have received a copy of the Product Disclosure Statement (PDS) and Financial Services Guide (FSG).

If my/our application is accepted, I/we authorise the insurer, TAL Life Limited (TAL Life), to start this policy. I/We understand TAL Life is part of the TAL Dai-ichi Life Australia Pty Limited ABN 97 150 070 483 group of companies (TAL). TAL Life is not part of the Suncorp Group. TAL Life uses the Apia brand under licence from the Suncorp Group.

I/We understand there is a 30-day cooling-off period, so if I'm/we're not happy with the policy I/we can, in the first 30 days, ask for a full refund of any premiums paid unless a benefit has already been paid out under the policy.

I/We voluntarily consent and agree to and request that Apia and TAL group of companies contact me/us to offer, invite me/us to apply or promote and market (including via telephone where they have my/our valid consent) the products (including life and general insurance, banking and superannuation) and services they offer under the Apia brand. I/We am/are aware that my/our consent shall remain in effect in accordance with relevant law or until I/we tell Apia or TAL otherwise. If I/we do not want to receive any further information on other products offered by Apia or TAL groups under the Apia brand, I/we need to call 1300 513 300 or write to Apia Funeral Insurance, Reply Paid GPO Box 5380, Sydney NSW 2001 to opt out.

I/we request and authorise TAL Life (User Number: 245397) to arrange for the premiums for this Policy to be debited from the credit card or account nominated in this application, through the Bulk Electronic Clearing System (BECS). I/We acknowledge that this direct debit request is governed by the TAL Life direct debit request service agreement (DDRSA) and that I/we have read and agree to the terms of the DDRSA. I/We acknowledge that this debit will appear as 'Apia Life' on bank statements.

I/We understand that Apia Funeral Insurance provides Accidental Death Cover only for the first 12 months and death by any cause thereafter.

Please ensure the policy owner signs here:

Sign here Date dd / mm / yy

## Your privacy

This Privacy Statement is given on behalf of both TAL Life and Apia. In this section "TAL Life" means TAL Life Limited ABN 70 050 109 450 and its related companies that assist it to provide its services, "Apia" means a member of the Suncorp Group of companies (Suncorp) which includes Australian Pensioners Insurance Agency Pty Ltd ABN 14 099 650 996, "we/us" means TAL Life and Apia collectively (or singularly/separately where the context requires) and "you/your" means the life insured and/or the policy owner as the context requires.

The ways in which we collect, secure, hold, use and disclose personal and sensitive information (your information) is explained in the 'Your Privacy' section of the PDS and in our privacy policies. These policies can be obtained online at at tal.com.au/privacy and apia.com.au/privacy or by contacting us, and are free of charge on request.

If you have any questions about the way in which your information is managed, or would like a paper copy of our privacy policies, please contact us by phone on 1300 513 300 or by email to customerservice@apialifeinsurance.com.au.

How to return your documents:

Mail: Reply Paid GPO Box 5380, Sydney NSW 2001

Phone: 1300 513 300 to complete your policy over the phone

