

Funeral Insurance

Application form

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

Please read the Combined Product Disclosure Statement (PDS) and Financial Services Guide (FSG) before completing this form. It will help you understand the product. The Target Market Determination (TMD) for the product is available on our website at apia.com.au/policy-documents.

Please ensure all fields are completed correctly, as a mistake or misstatement can affect your policy or claim. When your application is accepted, you will receive written confirmation from Apia Funeral Insurance, and you will be able to check the information you have provided again to confirm that it is accurate.

Please note that each life insured must be 45 years of age or older.

Part A – Your personal details (policy owner and primary life insured)

Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
Name	First name <input type="text"/> Surname <input type="text"/>
Postal Address	<input type="text"/>
	Suburb <input type="text"/>
	State <input type="text"/> Postcode <input type="text"/> Date of Birth <input type="text" value="dd / mm / yyyy"/>
Telephone	Day (<input type="text"/>) <input type="text"/> Night (<input type="text"/>) <input type="text"/> Mobile <input type="text"/>
Email	<input type="text"/>

We will use email for some of the information we need to send you about your policy, rather than sending paper copies. 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 beneficiaries

Name	Date of Birth	Percentage % of claim payout	Phone Number
<input type="text"/>	<input type="text" value="dd / mm / yyyy"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="dd / mm / yyyy"/>	<input type="text"/>	<input type="text"/>

Part B – Your policy details

All details you choose in Part B will apply to everyone's cover. If you would like different cover amounts and optional extras for each life insured, please call us on 1300 513 300.

Cover Amount ☐ \$5,000 ☐ \$7,000 ☐ \$10,000 ☐ \$12,000 ☐ \$15,000

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 **100%** 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 **70%** Value Promise option. ☐

The Value Promise option chosen at the time of application will remain for the life of the policy.



Part B – Your policy details continued

Optional Extra **Accidental Death Cover** ☐ Yes ☐ No

If yes, how much cover? ☐ \$10,000 ☐ \$20,000 ☐ \$30,000
☐ \$40,000 ☐ \$50,000

Other amount (\$1,000 up to \$50,000)

Part C – Detail for others (please provide details if you would like to add others to your policy)

Please note that each life insured must be 45 years of age or older.

Name	First name	Surname	Date of Birth	dd / mm / yyyy	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Is this person a permanent resident of Australia? ☐ Yes ☐ No

Nominated beneficiaries

Name	Date of Birth	Percentage % of claim payout	Phone Number
	dd / mm / yyyy		
	dd / mm / yyyy		

Name	First name	Surname	Date of Birth	dd / mm / yyyy	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Is this person a permanent resident of Australia? ☐ Yes ☐ No

Nominated beneficiaries

Name	Date of Birth	Percentage % of claim payout	Phone Number
	dd / mm / yyyy		
	dd / mm / yyyy		

Name	First name	Surname	Date of Birth	dd / mm / yyyy	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Is this person a permanent resident of Australia? ☐ Yes ☐ No

Nominated beneficiaries

Name	Date of Birth	Percentage % of claim payout	Phone Number
	dd / mm / yyyy		
	dd / mm / yyyy		

Part D – Your payment and banking details

Step 1: How often do you want to pay?

Fortnightly on ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

OR with first payment starting on (enter a date within the next 14 days)

Monthly on (enter a day of your choice between 1st and 28th)

OR ☐ Annually

Step 2: Payment method

Tick one method and provide relevant details ☐ Direct Debit **OR** ☐ Credit Card

Direct Debit Request: I request and authorise National Australia Bank Limited (BSB: 082-057) to directly debit my premiums from my account detailed below, in favour of the insurer, TAL Life Limited (User Number: 245 397), using the direct debit system. I acknowledge that this debit will appear as 'Apia Life' on bank statements.

[illegible]

Part D – Your payment and banking details continued

OR

Credit Card Payment: I authorise the debit of my premium from my

☐ Visa ☐ Mastercard Expiry

Account Name

Credit Card 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 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

