

Issued by
Tidswell Financial Services Ltd
ABN 55 010 810 607
AFSL No. 237628

Risk Protection Plan

Application form – Incorporated Body

Important Information

Before you complete and sign this Application form, you should consider the information about the product(s) you wish to acquire contained in the current Risk Protection Plan Product Disclosure Statement (PDS) dated 1 March 2016, including any supplementary PDS. These documents will help you to understand the product and decide if it is appropriate to your needs.

Life Insurance

- Life Protection
- Total and Permanent Disablement (TPD) Protection
- Income Protection

Tidswell Financial Services Ltd
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Dated 1 March 2016

Application form – Incorporated Body

Section 1 – Account Owner details

Is the account owner a trustee of a Regulated Superannuation Fund ?

No – go to Section 2 Yes – complete the information below

If a superannuation trustee, the superannuation trustee will own the accounts of each of its members.

Superannuation Fund details

Fund Name

ABN

RSE No.

Section 2 – Incorporated Body Details

A. Contact details

Mr Mrs Miss Ms Dr

Job Title

First name

Surname

Business telephone

Mobile phone number

Email address

Unit number

Street number

PO Box

Street name

Suburb

Postcode

State

Country

B. Incorporated Body details

Full name of Trustee as per Common Seal

ACN

Check appropriate box

Private Company

Public Company

Listed Company

Unit number

Street number

PO Box

Street name

Suburb

Postcode

State

Country

C. Personal Details of Directors

Director Personal Details - 1

Mr Mrs Miss Ms Dr

First name

Middle name(s)

Surname

Maiden name (if applicable)

Residential Address

Unit number Street number Street name

Suburb Postcode State Country

Director Personal Details - 2

Mr Mrs Miss Ms Dr

First name

Middle name(s)

Surname

Maiden name (if applicable)

Residential Address

Unit number Street number Street name

Suburb Postcode State Country

Director Personal Details - 3

Mr Mrs Miss Ms Dr

First name

Middle name(s)

Surname

Maiden name (if applicable)

Residential Address

Unit number Street number Street name

Suburb Postcode State Country

Director Personal Details - 4

Mr Mrs Miss Ms Dr

First name

Middle name(s)

Surname

Maiden name (if applicable)

Residential Address

Unit number Street number Street name

Suburb Postcode State Country

Section 3 – Cover details

A. Please select the cover required.

Death Death and Total & Permanent Disablement (TPD) Income Protection

B. If Death or Death and TPD is selected, please select the proposed basis of insurance cover.

Fixed dollar amount \$ (refer Section 4 if more than one (1) life insured with different values for each person)

OR

Multiple of salary times salary = cover

C. If Income Protection selected, please complete below.

Benefit Period Two years Five years To age 60 To age 65 (Select one box only) If you fail to nominate the Benefit Period, it will default to Two (2) years.

Waiting Period 30 days 60 days 90 days (Select one box only) If you fail to nominate a Waiting Period, it will default to 30 days.

Income Level as a % of Salary 50% 66⅔% 75% 85% ¹ (Select one box only)

¹ An insured member of a superannuation fund will receive a maximum of 75% of salary less tax. The difference to 85% of salary will be credits to the members retirement account within the superannuation fund.

Section 5 – Nominated Financial Adviser and Fees

I wish to nominate the following person as my financial adviser:

Advisers Full Name		Authorised Rep. No.
<input type="text"/>		<input type="text"/>
Adviser Company		
<input type="text"/>		
AFS Licensee Name		AFSL No.
<input type="text"/>		<input type="text"/>
Phone	Fax	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

Until further notice from me to Tidswell Financial Services Ltd, I consent and authorise Tidswell Financial Services Ltd to include and deduct a service fee as stated below from my account and pay my financial adviser as detailed above for the advice provided in relation to this application. I acknowledge that the Adviser service fee is a fee I have negotiated with my financial adviser and that additional fees are payable in connection with my account as disclosed in the current Risk Protection Plan PDS.

Agreed Service Fee % of the premium. **Note:** if the Account owner is a trustee of a Regulated superannuation fund, the Agreed Service Fee must be 0%.

Section 6 – Direct Debit Request Schedule

Direct Debit Request Schedule

Name of financial institution	Name of account
<input type="text"/>	<input type="text"/>
BSB	Account number
<input type="text"/> - <input type="text"/>	<input type="text"/>

Please note that initially the Direct Debit Request will only be available to annual premium payments and will usually operate on the 20th of each month, or if that date falls on a day when banks are not open for business in Adelaide, the next business day.

I/We note and agree that Australian Executor Trustees Limited ABN 84 007 869 794 (User ID 162309) (AET Custodian) and Tidswell Financial Services Ltd (Trustee) will draw funds from my/our account and agree to the terms and conditions of the Direct Debit Request Service Agreement (Section 10).

The account holder(s) as registered with the financial institution in respect to the account detailed above hereby agree and approve the operation of this Direct Debit facility for the benefit of the lives insured whose details appears on Section 4 of this Application form

Signature of authorised account holder	Signature of authorised account holder
<input type="text"/>	<input type="text"/>
Date	Date
<input type="text"/>	<input type="text"/>

Section 7 – Your Duty of Disclosure

Insurance Contracts Act, 1984

Please note that your duty of disclosure continues until cover is accepted. Before you enter into a contract of life insurance with an Insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the Insurer every matter that you know, or could reasonably be expected to know, that is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms. This duty remains until the Insurer advises you that your application for cover has been accepted. You have the same duty to disclose those matters to the Insurer before you vary or reinstate a contract of life insurance.

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the Insurer
- that is common knowledge
- that your insurer knows or, in the ordinary course of business, ought to know, or
- as to which compliance with your duty is waived by the Insurer.

Non-disclosure

If you fail to comply with your duty of disclosure and the Insurer would not have entered into the contract on any terms if the failure had not occurred, the Insurer may void the contract within three years of entering into it. If your non-disclosure is fraudulent, the Insurer may void the contract at any time. An Insurer who is entitled to void a contract of life insurance may, within three years of entering into it, elect not to void 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 the Insurer.

Please note that your duty of disclosure continues until a policy has been issued

Your privacy with MetLife Insurance Limited ABN 75 004 274 882 AFSL 238096 ('MetLife' and the 'Insurer')

If you make a claim under this policy the Insurer may conduct investigations to assess the value and validity of the claim. This may involve the use of investigation agents, legal advisors and the collection of personal data that MetLife Insurance Limited believes is relevant. MetLife Insurance Limited complies with the Privacy Act 1988 and the principles laid out in their privacy policies, which are readily available at their website at www.metlife.com.au.

Section 8 – Declaration and Signatures

I/we acknowledge and/or declare and agree that:

- I/we have read and understood the Product Disclosure Statement (PDS) and any relevant incorporated material in respect to the Risk Protection Plan and confirm I/we accept this offer in Australia;
I/we agree to be bound by any terms and conditions contained in the PDS and the Policies issued by the Insurer to Tidswell Financial Services Ltd, as amended from time to time;
All the information provided in this application together with any information required by the Insurer is true and correct;
I/we understand my/our Duty of Disclosure and the effect of Non-disclosure under the Insurance Contracts Act 1984 (as previously described in this form);
If there is more than one account owner, our interest in the Risk Protection Plan is as joint tenants and each of us is able to give instructions;
The Pool is not an investment fund and only provides insurance benefits;
The only benefits that will be paid by the Risk Protection Plan are those that are payable under the Policy(s) held with the Insurer;
I/we do not have any right of ownership or participation in the Policy(s);
I/we understand and agree that both the level of fees payable to my nominated financial adviser (both detailed in Section 3 of this Application) will remain in force until such time as I/we formally advise in writing of any change to this nomination to Tidswell Financial Services Ltd;
Neither Tidswell Financial Services Ltd nor any associated company or service provider to the Risk Protection Plan guarantees the payment of any benefit or sum insured or the return of any money;
The Risk Protection Plan, Tidswell Financial Services Ltd and the Insurer will hold personal information about me/us and will disclose this information to my financial adviser (named in this application) about my insurance within the Risk Protection Plan. I/we will notify Tidswell Financial Services Ltd in writing, if there is a change in this authority to disclose information to my adviser; and
Tidswell Financial Services Ltd may be required to pass on my/our personal information or information about my/our interest in the Risk Protection Plan to a relevant regulatory authority in compliance with the Anti-Money Laundering or Counter-Terrorism laws.

If Corporate Trustee

Form with fields for EXECUTED by, ACN, Signature of director, Name of director, Date executed, and corresponding fields for company secretary.

Section 9 – Adviser Declaration and Details

Existing Business

Is this application replacing any existing insurance ?

No Yes If Yes, please provide full details :

Underwriting and financial requirements

Has the life insured completed and signed all relevant authorities, including the Personal Statement and Declaration of Health ?

No Yes

Additional Information

If changes have been made to the Application, has the Account Owner initialled all the changes ?

No Yes Not applicable

Other than a Personal Statement and Declaration of Health is there any other documents attached to this Application form ?

No Yes If Yes, please provide full details :

Duty of Disclosure

Has the Life Insured / Account Owner read the Duty of Disclosure ?

No Yes

Have you explained to your client the possible implications on the contract of any non-disclosure ?

No Yes

Are there any other circumstances or facts, such as your client's background, not fully covered by the answers provided herein which you feel may assist the insurer in assessing this Application ?

No Yes If Yes, please provide full details :

Adviser Details and Signature

Full Name of Adviser

Name of Adviser's Company (or stamp)

Address

Adviser's Code

Telephone Number

()

Fax Number

()

Adviser's Email Address

Adviser's Signature



Section 10 – Direct Debit Request Service Agreement

This Direct Debit Request Service Agreement (Service Agreement) is issued by Australian Executor Trustees Limited ABN 84 007 869 794 (User ID 162309) (AET Custodian) of Level 22, 207 Kent Street, Sydney NSW 2000 and Tidswell Financial Services Ltd ABN 55 010 810 607 AFSL 237628 RSEL L0000888 (Tidswell). Collectively the AET Custodian and Tidswell may be referred to as "we", "us" or "our". Please retain a copy for your records.

This Service Agreement and the Direct Debit Request Schedule (Section 6) contain the terms and conditions on which you authorise us to debit money from your account and the obligations of us and you under this agreement. You should read through the Service Agreement and Schedule carefully to ensure you understand these terms and conditions.

You should direct all enquiries regarding your direct debit facility to Tidswell.

Our commitment to you

- we will give you at least 14 days' notice in writing if there are changes to the terms of drawing arrangements or if we cancel the drawing arrangements;
- we will keep the details of your nominated financial institution account confidential, except if it is necessary to provide your details to our bank for the purpose of conducting direct debits with your bank;
- where the due date is not a business day, we will draw from your nominated financial institution account on the business day before or after the due date in accordance with the terms and conditions of your agreed arrangement with us.

Your commitment to us

It is your responsibility to:

- ensure your nominated financial institution account can accept direct debits;
- ensure there is sufficient money available in the nominated financial institution account to meet each drawing on the due date;
- advise us if the nominated financial institution account is transferred or closed, or the account details change. We require a minimum of 7 working days' notice of change for banks and 21 days for building societies;

- arrange an alternative payment method acceptable to us if we cancel the drawing arrangements;
- ensure that all account holders on the nominated financial institution account sign the Schedule on page 5.

Your rights

You should contact us if you wish to alter the drawing arrangements. This includes:

- stopping an individual drawing;
- deferring a drawing;
- suspending future drawings;
- altering the Schedule on page 5; and
- cancelling the Schedule on page 5.

You should contact Tidswell if you consider that a drawing has been initiated incorrectly.

Other information

- the details of your drawing arrangements are contained in the Schedule on page 5;
- we reserve the right to cancel drawing arrangements if drawings are dishonoured by your financial institution;
- if your drawing dishonours, your financial institution may charge you a fee. We do not currently charge for dishonours, but reserve the right to do so in the future;
- your drawing arrangements are also governed by the terms and conditions of your agreed arrangements with us.

Contact us

Tidswell Financial Services Ltd

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ADELAIDE SA 5000

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Risk Protection Plan

Application for Insurance

THE ISSUER AND POLICY OWNER

Tidswell Financial Services Ltd
ABN 55 010 810 607
AFSL 237628

REGISTERED ADDRESS & ADDRESS FOR ENQUIRIES

50 Hindmarsh Square
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Website www.tidswell.com.au