

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

## Risk Protection Plan

Application form - Individuals

### **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  
50 Hindmarsh Square  
Adelaide SA 5000

† 08 8223 1676

f 08 8232 1675

e [insurance@tidswell.com.au](mailto:insurance@tidswell.com.au)  
w [www.tidswell.com.au](http://www.tidswell.com.au)

Dated 1 March 2016

## Application form - Individuals

### Section 1 – Account Owner details

This application is to be used where one or more individual(s) will own this account.

#### How to complete this Application form

- Life to be Insured is also the Account Owner.** You need to complete the entire Application form and have your Adviser complete Section 10  
**OR**
- The Account Owner will not be the Life to be Insured.** The Account Owner must complete Sections 1-3, 5-7, 9 and 10 and the Life to be insured must complete Sections 4, 9 and the Personal Statement. If more than two persons are to own this account, please provide additional details on a separate sheet and both sign and date it.  
**OR**
- Individual(s) including the Life to be Insured in their capacity as individual trustees of a Regulated superannuation fund.** Please complete all sections. Please also provide details of the fund below.

#### Superannuation Fund details

Fund Name

ABN

RSE No.

### Section 2 - Who is the Account Owner? (including Individual Superannuation Trustees)

- Same as Life to be Insured (If this account is owned by the Life to be Insured plus other(s), provide details of the other(s) below)

#### Individual details

Mr    Mrs    Miss    Ms    Dr   Other:

First name  Middle name(s)

Surname  Maiden name (if applicable)

Gender  Male    Female   Date of birth

#### A. Postal address

Unit number  Street number  PO Box  Street name

Suburb  Postcode  State  Country

#### B. Contact details

Home telephone  Mobile phone number  Business telephone

Email address

Individual details (2<sup>nd</sup> person if applicable)

Mr  Mrs  Miss  Ms  Dr Other:

First name

Middle name(s)

Surname

Maiden name (if applicable)

Gender  Male  Female Date of birth

A. Postal address

Unit number  Street number  PO Box  Street name

Suburb  Postcode  State  Country

B. Contact details

Home telephone  Mobile phone number  Business telephone

Email address

Section 3 – Cover details

A. Please select the cover required.

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

Death Sum Insured \$

Death & TPD Sum Insured \$

B. 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% <sup>1</sup> (Select one box only)

<sup>1</sup> 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 4 – Life to be Insured details**

Mr    Mrs    Miss    Ms    Dr   Other:

First name    Middle name(s)

Surname    Maiden name (if applicable)

Gender  Male    Female   Date of birth

Do you smoke?    Yes   OR    No

**A. Residential address**

Your residential address cannot be a Post Office (PO) Box

Unit number    Street number    Street name

Suburb    Postcode    State    Country

**B. Postal address**

Same as Residential address

Unit number    Street number    PO Box    Street name

Suburb    Postcode    State    Country

**C. Contact details**

Home telephone    Mobile phone number    Business telephone

Email address

**D. Residency, occupational and income details**

Are you an Australian resident?    Yes    No   If No, Country of Citizenship.

Your Occupation

Employment type    Full time    Part time   Hours worked per week?    OR    Home duties / other

Annual Salary   \$

**Section 5 – Nomination of Beneficiary** (non superannuation only)

This form allows the Account Owner to nominate between one and five beneficiaries. Please nominate your preference below for the payment of benefits in the event of the death of the life insured.

I/We, the Account Owner(s) nominate the person(s) named below to receive any proceeds that may become payable under this Risk Protection Plan account as a result of the death of the life insured.

Full Name	Address	% of Death Benefit	Relationship to account Owner	Date of Birth
		100%		

**Note:**

- Payment of benefits may be made on the basis of the latest nomination received in writing by Tidswell Financial Services Ltd, the policy owner and administrator of this insurance account.
- If no nomination is made, or the nomination has been revoked, benefits may be paid to the Account Owner (or their estate).
- If the nominated beneficiary predeceases the life insured, then the benefit may be paid to the Account Owner (or their estate).
- The Account Owner may vary the nomination at any time by completing a Nomination of Beneficiary form and forwarding it to the administrator.

**Section 6 – 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 7 – Direct Debit Request Schedule**

**Direct Debit Request Schedule**

Name of financial institution

Name of account

BSB

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account number

Please note that initially the Direct Debit Request will only be available to annual premium payments and will usually operate within 2 days, or such other period as is appropriate, upon confirmation from the Insurer that the application for insurance has been accepted and risk has been assumed. 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 11).

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 appear on Section 4 of this Application form

Signature of authorised account holder

Signature of authorised account holder

Date

Date

### Section 8 – Your Duty of Disclosure

#### NOTICE OF THE DUTY OF DISCLOSURE FROM OUR LIFE INSURER TO YOU

##### Duty of disclosure

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 appear on Section 4 of this Application form

A person who enters into a life insurance contract in respect of your life has a duty, before entering into the contract, to tell us anything that he or she knows, or could reasonably be expected to know, may affect our decision to provide the insurance and on what terms.

The person entering into the contract has this duty until we agree to provide the insurance.

The person entering into the contract has the same duty before he or she extends, varies or reinstates the contract.

The person entering into the contract does not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something that you know, or could reasonably be expected to know, may affect our decision to provide the insurance and on what terms, this may be treated as a failure by the person entering into the contract to tell us something that he or she must tell us.

If the person entering the contract does not tell us something

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

If the person entering into the contract does not tell us anything he or she is required to, and we would not have provided the insurance if he or she had told us, we may avoid the contract within 3 years of entering into it.

If we choose not to avoid the contract, we 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 he or she had told us everything he or she should have.

However, if the contract has a surrender value, or provides cover on death, we may only exercise this right within 3 years of entering into the contract.

If we choose not to avoid the contract or reduce the amount of insurance provided, we may, at any time vary the contract in a way that places us in the same position we would have been in if he or she had told us everything he or she should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If the failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed. **Please note that your duty of disclosure continues until cover 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](http://www.metlife.com.au).

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# Account Owner & Life to be Insured to complete Risk Protection Plan

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## Section 9 – 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 all information provided to 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 within the Risk Protection Plan is as joint tenants and each of us is able to give instructions;
- The Risk Protection Plan 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 the nomination of beneficiary in Section 5 of this Application can be changed at any time by completion of a replacement Nomination of Beneficiary form that is signed and dated by the Account Owner and forwarded to Tidswell Financial Services Ltd;
- I/we understand and agree that both the level of fees payable to my nominated financial adviser (both detailed in Section 6 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;
- Tidswell Financial Services Ltd may be required to pass on my/our personal information or information about my/our interest within the Risk Protection Plan to a relevant regulatory authority in compliance with the Anti-Money Laundering or Counter-Terrorism laws; and
- By providing email addresses I/we agree that Tidswell Financial Services Ltd may use this address to provide me/us with information about my/our insurance (such as transaction confirmations, statements, reports or other material), and that all correspondence will be sent to the account owner.

### Account Owner(s)

Print Full Name	Signature ✕	Date
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Print Full Name	Signature ✕	Date
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### Life Insured

Print Full Name	Signature ✕	Date
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**Section 10 – 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 11 – 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 7) 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 6.

### 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 6; and
- cancelling the Schedule on page 6.

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 6;
- 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

50 Hindmarsh Square

ADELAIDE SA 5000

T (08) 8223 1676

F (08) 8232 1675

E mail@tidswell.com.au

W www.tidswell.com.au

## About this Application

- This application needs to be completed by the person to be insured.
- Please complete this application in BLACK ink pen only.
- Any changes made to this application are to be initialled by the person to be insured.
- Please answer all the questions as accurately as possible and provide additional information wherever requested.
- As part of your application, you may be required to undergo additional medical tests.
- As part of the overall assessment process MetLife will contact you on your preferred phone number if further information is required.

## About You

Mr  Mrs  Miss  Ms  Dr Other:

First name  Middle name(s)

Surname  Maiden name (if applicable)

Gender  Male  Female Date of birth

Are you a citizen or permanent resident of Australia?  Yes  No

## Postal address

Unit number  Street number  Street name

Suburb  Postcode  State  Country

## Preferred contact method

Home telephone  Mobile phone number  Business telephone

Email address

In the event that we need to contact you, please advise your preferred method and time of contact.

Email  Home  Work  Mobile  Before 12 noon  After 12 noon

**Please ensure you sign the Declaration on page 15 when you have completed this form.**

## About Your Work

1. What Industry do you work in?  What is your current occupation?

2. What is your current gross annual salary?  \$ Do you work more than 15 hours per wk? Yes  No

## About Your Insurance History

3. Has an application for Life, Trauma, TPD or Disability Insurance on your life ever been declined, deferred or accepted with a loading or exclusion or any other special conditions or terms? Yes  No

4. Have you ever made a claim for or received sickness, accident or disability benefits, Workers' Compensation, or any other form of compensation due to illness or injury? Yes  No

5. Do you currently have or are applying for insurance with MetLife (in addition to this application) or any other insurance company or superannuation fund? Yes  No

If "Yes", please give details in the table below.

Product/Type	Total Amount of Cover	To be replaced by this cover ?
Life Insurance	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Total & Permanent Disability	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Income Protection	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>

## About Your Health

6. What is your height?  cm What is your weight?  kg

7. Have you smoked in the last 12 months? Yes  No

8. In the last **3 years** have you suffered from, been diagnosed with or sought medical advice or treatment for any of the following? Please tick all that apply.

- |                                                                                                    |                                                                                                                        |                                                                                                      |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Headaches or migraines<br>(eg. tension or cluster headaches or migraines) | <input type="checkbox"/> Ear or hearing conditions<br>(eg. Hearing loss, tinnitus or swimmer's ear)                    | <input type="checkbox"/> Infectious diseases<br>(excluding cold & flu)                               |
| <input type="checkbox"/> Lung or breathing conditions<br>(eg. Asthma, sleep apnoea)                | <input type="checkbox"/> Eyesight conditions<br>(does not incl. contact lenses or glasses for near or far sightedness) | <input type="checkbox"/> Trapped nerves<br>(eg. Carpal tunnel syndrome, pinched nerve, tennis elbow) |
| <input type="checkbox"/> Gout                                                                      | <input type="checkbox"/> Muscle, Tendon or Ligament Problems                                                           |                                                                                                      |
| <input type="checkbox"/> <b>None of the above mentioned</b>                                        |                                                                                                                        |                                                                                                      |

If you have selected any of the above conditions in question 8, please give details in the table below.

Condition	Detail

9. In the last **5 years** have you suffered from, been diagnosed with or sought medical advice or treatment for any of the following? Please tick all boxes that apply.

- High blood pressure  High Cholesterol  Chronic Fatigue/Fibromyalgia  **None of these conditions**

If you have selected any of the above conditions in question 9, please give details in the table below.

Condition	Detail

10. Have you ever suffered from, been diagnosed with or sought medical advice or treatment for any of the following? Please tick all boxes that apply.

- |                                                                    |                                                                  |                                                     |
|--------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Bone, joint or limb conditions            | <input type="checkbox"/> Cancer, cyst, growths, polyps or tumour | <input type="checkbox"/> Auto immune diseases       |
| <input type="checkbox"/> Back or Neck Pain                         | <input type="checkbox"/> Diabetes                                | <input type="checkbox"/> Heart related conditions   |
| <input type="checkbox"/> Digestive conditions                      | <input type="checkbox"/> Thyroid conditions                      | <input type="checkbox"/> Kidney or liver conditions |
| <input type="checkbox"/> Brain and nerve conditions (incl. stroke) | <input type="checkbox"/> Skin Disorder                           | <input type="checkbox"/> Blood conditions           |
| <input type="checkbox"/> Psychological or emotional conditions     | <input type="checkbox"/> Genitourinary conditions                |                                                     |
| <input type="checkbox"/> <b>None of the abovementioned</b>         |                                                                  |                                                     |

If you have selected any of the above conditions in question 10, please provide details in the table on the following page.

Condition	Detail (incl. Dates, symptoms, treatment)

11. Are you currently pregnant? (Females Only) Yes  No

12. What is the name of your usual doctor/medical centre?

Name  Contact Phone

Address

## About Your Family History

13. Has your mother, father, any brother or any sister been diagnosed under the age of 55 years with any of the following conditions:

- Alzheimer's Disease
- Diabetes
- Huntington's Disease
- Muscular Dystrophy
- Cancer
- Familial Polyposis
- Polycystic Kidney Disease
- Stroke
- Dementia
- Heart Disease
- Multiple Sclerosis
- any inherited or hereditary disease?

Note: You are only required to disclose family history information pertaining to first degree blood related family members, living or deceased.

Yes  No  Unknown

If Yes, please give details in the table below:

Relationship to proposed insured	Age at diagnosis	Specific condition(s)

## About Your Family lifestyle

14. Do you have firm plans to travel or reside in another country other than New Zealand, America, Canada, the United Kingdom or Europe? Yes  No

If Yes, please give details in the table below:

Country	Length of Stay

15. Do you regularly engage in, or intend to engage in, any of the following activities? Please tick all boxes that apply.

- Water sports (eg. underwater diving, Rock fishing)  Sky sports (eg. skydiving, hang gliding, parachuting)  Field sports (eg. hockey or football) including touch or tag and soccer)
- Motor sports (eg. motorcycle, auto motor boat)  Horse sports (eg. polo, Horse riding, rodeo, dressage, jumping)  Any activity not mentioned (eg. base jumping, caving, outdoor rock climbing)
- Combat Sports or Martial Arts (eg. Martial arts, boxing, fencing)  Hunting (of any kind)  Aviation (other than as a fare paying passenger on a commercial airline)
- None of the abovementioned**

Please give details for any activities you have selected on the previous page within question 15.

Activity	Details

16. Have you, within the last five years, used any drugs that were not prescribed to you (other than over the counter drugs) or have you exceeded the recommended dosage of any medication?

Yes  No

If "Yes", please provide details below.

Activity	Details

17. On average, how many standard alcoholic drinks do you consume each week (a standard drink is equivalent to either a 125 ml glass of wine, a schooner of light beer, a middy/pot of full strength beer or a 30 ml shot of spirits)?  / week

18. Have you ever been advised by a health professional to reduce your alcohol consumption?

Yes  No

19. Do you currently have HIV (Human Immunodeficiency Virus) that causes AIDS (Acquired Immune Deficiency Syndrome)?

Yes  No

If "No", are you in a high risk category for contracting HIV?

Yes  No

20. Other than already disclosed in this application, do you presently suffer from any condition, injury or illness which you suspect may require medical advice or treatment in the future?

Yes  No

If "Yes", please provide details below.

Condition	Details

**Your Duty of Disclosure****NOTICE OF THE DUTY OF DISCLOSURE FROM OUR LIFE INSURER TO YOU****Duty of disclosure**

A person who enters into a life insurance contract in respect of your life has a duty, before entering into the contract, to tell us anything that he or she knows, or could reasonably be expected to know, may affect our decision to provide the insurance and on what terms.

The person entering into the contract has this duty until we agree to provide the insurance.

The person entering into the contract has the same duty before he or she extends, varies or reinstates the contract.

The person entering into the contract does not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something that you know, or could reasonably be expected to know, may affect our decision to provide the insurance and on what terms, this may be treated as a failure by the person entering into the contract to tell us something that he or she must tell us.

If the person entering the contract does not tell us something

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

If the person entering into the contract does not tell us anything he or she is required to, and we would not have provided the insurance if he or she had told us, we may avoid the contract within 3 years of entering into it.

If we choose not to avoid the contract, we 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 he or she had told us everything he or she should have.

However, if the contract has a surrender value, or provides cover on death, we may only exercise this right within 3 years of entering into the contract.

If we choose not to avoid the contract or reduce the amount of insurance provided, we may, at any time vary the contract in a way that places us in the same position we would have been in if he or she had told us everything he or she should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

## Declaration

- I have read and understand my Duty of Disclosure and understand that this duty applies until formal notification of acceptance.
- My answers to the questions are true, and I have not deliberately withheld any information or material to the proposed insurance.
- I agree to be bound by the terms and conditions set out in the insurance policy document.
- I consent to the collection, use and disclosure of personal information by MetLife and its service providers in order to assess my application and any claim under the policy.
- I have read and understood the Privacy Statement and agree to the collection, use and disclosure of personal information as described.
- I consent to MetLife seeking medical information from any doctor/hospital/health care professional whom I have consulted.
- I understand that cover under a policy does not begin until acceptance by the insurer, of which I will be notified in writing.
- I have read the insurance section of the current Product Disclosure Statement.

## Life Insured

Print Full Name	Signature 	Date
-----------------	------------------------------------------------------------------------------------------------	------

When completed, please return this form to : Tidswell Financial Services Ltd  
50 Hindmarsh Square  
ADELAIDE SA 5000

Telephone : 08 8223 1676  
Facsimile: 08 8232 1675  
Email: [insurance@tidswell.com.au](mailto:insurance@tidswell.com.au)  
Web: [www.tidswell.com.au](http://www.tidswell.com.au)



This certificate applies to the Life Protection Plan of either super or non-super for Personal Cover only.

Name of life insured:

MetLife Insurance Limited ABN 75 004 274 882 AFSL 238 096 (MetLife).

If you have applied for Life Protection cover, MetLife grants Death by Accident cover in respect of the life to be insured named above without any extra premium being charged on the following conditions.

### **When is the commencement of cover?**

Death by Accident cover commences on the date your fully completed application, personal statement and payment of the first premium (fees inclusive) has been received by Tidswell Financial Services Ltd (Tidswell). Cover is subject to the cheque being honoured by the relevant financial institution.

### **What amount is payable?**

On accidental death, the amount payable is equal to the lesser of the amount of death cover proposed in the application or \$1,000,000.

### **What is meant by accidental death?**

Death which:

- a) is the result of bodily injury caused directly and solely by violent accidental, external and visible means
- b) occurs within 365 days of sustaining such injury, and
- c) is independent of any other cause.

### **What risks are not covered?**

Suicide, whether sane or insane. Death as a result of or associated with:

- a) any self inflicted injury (or complications arising thereafter), or any attempt to commit suicide
- b) an accident which occurred before the commencement of risk, and
- c) death through illness.

### **What is the duration of the interim death cover?**

Death by Accident cover provided under this certificate will automatically end on the earliest of the following times:

- a) the date on which the insurer, MetLife, accepts your application on standard or special terms or declines your application
- b) the date you choose to withdraw your application
- c) 90 days from the date this cover commenced, and
- d) the date MetLife advises Tidswell this cover is cancelled.

In signing this Death by Accident Cover Certificate you declare that you have read and understood your Duty of Disclosure as detailed on the application form. If you have failed to disclose any such matters to MetLife when you complete your application and you have Death by Accident cover, MetLife may exercise their rights specified in relation to Accident Cover.

For the policy applied for, the Duty of Disclosure also applies up until the time MetLife decides to enter into a contract of insurance with you.

Please ensure you contact Tidswell if anything in your application changes, or you need to disclose additional matters to MetLife after it is completed.

This certificate applies to the Income Protection Plan of either super or non-super for Personal Cover only.

Name of life insured:

MetLife Insurance Limited ABN 75 004 274 882 AFSL 238 096 (MetLife).

If you have applied for Income Protection cover, MetLife grants Disability by Accident cover in respect of the life to be insured named above without any extra premium being charged on the following conditions.

**When is the commencement of cover?**

Disability by Accident cover commences on the date your fully completed application, personal statement and payment of the first premium (fees inclusive) has been received by Tidswell Financial Services Ltd (Tidswell). Cover is subject to the cheque being honoured by the relevant financial institution.

**What amount is payable?**

On accidental disability, the amount payable is equal to the lesser of the amount of Income Protection cover proposed in the application or \$10,000 per month.

**What is meant by Disability by Accident?**

Disability which:

- a) is the result of bodily injury caused directly and solely by violent accidental, external and visible means
- b) occurs within 365 days of sustaining such injury, and
- c) is independent of any other cause.

**What risks are not covered?**

Disability directly or indirectly caused by:

- a) any intentional self inflicted injury (or complications arising thereafter) or any attempt to commit suicide
- b) any act of war (whether declared or not) or service in any armed forces
- c) pregnancy, childbirth or miscarriage except any disability continuing for more than three months after termination of pregnancy, in which case the termination of the pregnancy will be deemed to be the commencement of the period of disability, or
- d) disability through illness.

**What is the duration of the interim accidental disability cover?**

Disability by Accident cover provided under this certificate will automatically end on the earliest of the following times:

- a) the date on which the insurer, MetLife, accepts your application on standard or special terms or declines your application
- b) the date you choose to withdraw your application
- c) 90 days from the date this cover commenced, and
- d) the date MetLife advises Tidswell this cover is cancelled.

In signing this Disability by Accident Cover Certificate you declare that you have read and understood your Duty of Disclosure as detailed on the application form. If you have failed to disclose any such matters to MetLife when you complete your application and you have Disability by Accident cover, MetLife may exercise their rights specified in relation to accident cover.

For the policy applied for, the Duty of Disclosure also applies until the time MetLife decides to enter into a contract of insurance with you.

Please ensure you contact Tidswell if anything in your application changes, or you need to disclose additional matters to MetLife after it is completed.

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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  
Adelaide SA 5000

**Telephone** (08) 8223 1676

**Facsimile** (08) 8232 1675

**Email** [insurance@tidswell.com.au](mailto:insurance@tidswell.com.au)

**Website** [www.tidswell.com.au](http://www.tidswell.com.au)