Non-Smoker Declaration Form (Homeowner Protection)

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Capitalised terms in this form have the same meaning as those defined in the PDS and/or Application Form. Please complete the questionnaire and return to TAL.

This form is to be completed where you would like to change your smoker status on your existing Homeowner Protection policy.

1. DUTY TO TAKE REASONABLE CARE

About the application

When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can cover you, and if so on what terms and for what premium. We will ask questions we need to know the answers to. These will be about your personal circumstances, such as your health and medical history. The information you give us in response to our questions is vital to our decision. If your application is accepted, the Policy will be a consumer insurance contract.

The duty to take reasonable care

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

A misrepresentation is a false statement or answer, a statement or answer that is only partially true, or a statement or answer which does not fairly reflect the truth.

When determining whether you have taken reasonable care not to make a misrepresentation, we may have regard to a range of matters. This will include your particular characteristics or circumstances of which we were aware or ought to have been reasonably aware of.

This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

If the duty is not met

If the duty is not met, this can have serious impacts on your Policy. Your Policy could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

Guidance for answering our questions

You are responsible for the information provided to us when applying for insurance. When answering our questions:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully. If someone else helped prepare your application please check every answer (and if necessary, make any corrections).

Changes before your cover starts

Before your cover starts, we may ask you whether the answers to the questions that you have given when applying for insurance remain accurate or whether there has been a change to any of your circumstances. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

If you need help

It's important that you understand this information and the questions we ask. Ask us for help if you have difficulty understanding the process of applying for Homeowner Protection or answering our questions. If you're having difficulty due to a disability, language, or for any other reason, please let us know – we're here to help and can provide additional support.

2. PRIVACY

In this section, the words 'we' and 'our' refer to TAL.

The way 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 Policy. Our Privacy Policy can be obtained online at www.tal.com.au/ privacy-policy (all policies) or by contacting us.

If you have any questions about the way in which your information is managed or would like a digital copy of our privacy policies, please contact us by phone on 1300 209 088 or by email at customerservice@tal.com.au.

3. PERSONAL DETAILS

Policy Number

Name of Life Insured

Date of birth DD / MM / YYYY

1. Have you smoked tobacco or any other substance or used e-cigarettes or any nicotine-containing product in the last 12 months? ☐ Yes ☐ No
2. Have you been advised to stop smoking for health reasons? ☐ Yes ☐ No
3. Since the commencement of your policy with TAL, have you had or received medical advice or treatment (including surgery) for any of the following conditions?
   a) Chronic asthma, bronchitis, obstructive airways disease, or any other lung or respiratory disorder. ☐ Yes ☐ No
   b) Heart attack, chest pain, stroke, diabetes, or any other heart disorder. ☐ Yes ☐ No
   c) Cancer or tumour of any kind. ☐ Yes ☐ No

If you have answered yes to any of the above questions, we cannot offer you non-smoker rates as you do not meet the underwriting eligibility.

4. DECLARATION

I have read the duty to take reasonable care and understand that if this duty is not met, this can have serious impacts on my insurance. I confirm that my answers to the questions are true, complete and correct. I agree that this Declaration shall be held to form part of the Non-Smoker Declaration now made to TAL.

Signature of Life Insured/Policy Owner ✗

Date DD / MM / YYYY

SUBMITTING THIS FORM

Please return your completed form and any supporting documentation by email to:

customerservice@tal.com.au

TAL Life Limited
GPO Box 5380
Sydney NSW 2001

CONTACTING TAL

customerservice@tal.com.au

1300 683 816

tal.com.au

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