

CLIENT SIGNING PACK

Personal Protection Insurance						
INTRO START HERE	Session 1 COMPLIANCE	Session 2 INSURER INFO	Session 3 PRODUCT INFO	Session 4 QUOTES	Session 5 COMPLETION	OUTRO ACTIVE POLICY
Session 5: COMPLETION						

MEETING METHOD	
FACE to FACE	ONLINE
<input type="checkbox"/>	<input type="checkbox"/>

Signature

Signature

Full Name

Full Name

Date

Date



LOAN PROTECTION



Client acknowledgement form

Thank you for taking the time to consider the offer from your broker to arrange Loan Protection Plan for you. Please complete and sign the below declaration to ensure that we clearly understand and carry out your decision in relation to our offer of arranging cover.

YES

☐**CLIENT DECLARATION - GOING AHEAD WITH PROTECTION****COMPLETE NEXT PAGE**

I confirm that I would like to proceed with the Loan Protection Plan application my broker has discussed.

OR

NO

☐**CLIENT DECLARATION - NOT PROCEEDING**

I confirm that my broker has discussed with me how a serious health event may impact my ability to meet my loan repayments, and care for my family and myself. I understand that Loan Protection Plan may help me to manage my risks, but after considering my own personal circumstances and needs, confirm that I do not wish to make an application for Loan Protection Plan at this time.

Sum insured:

Name:

Name:

Signature of client one:

SIGN
HERE

Signature of client two:

SIGN
HERE

Date:

/ /

Date:

/ /

After completing this acknowledgement form your broker will send you an email confirming this decision with a copy of the Loan Protection Plan quote you were provided for your records.

Notes:**REASON**

CONFIRM TO PROCEED

ALI - LOAN PROTECTION - CLIENT DECLARATION



Your Declaration (Page 1 of 1)

I/We agree and acknowledge that:

COVER TO BE APPLIED :		Client 1	Client 2	Please Complete
1. I/We wish to apply for a ALI Group Loan Protection Plan and acknowledge that cover does not commence until this application has been accepted by Hannover Life Re of Australasia Ltd.				
LUMP SUM Payment Benefits	DEATH & TERMINAL ILLNESS			
	LIVING BENEFIT	LUMP SUM PAYMENT Representing 30% Of the Linked Death & Terminal Illness Benefit	LUMP SUM PAYMENT Representing 30% Of the Linked Death & Terminal Illness Benefit	
MONTHLY Payment Benefits	INVOLUNTARY UNEMPLOYMENT BENEFIT	MONTHLY PAYMENT On The Lower Of Either Maximum of \$2,500 OR 1% of the Linked Death & Terminal Illness Benefit	MONTHLY PAYMENT On The Lower Of Either Maximum of \$2,500 OR 1% of the Linked Death & Terminal Illness Benefit	
LINKED COVER - LINKING OF MY COVER IS TO APPLY :		YES	YES	
CORE Product		DEATH & TERMINAL ILLNESS	DEATH & TERMINAL ILLNESS	
LINKED Product		LIVING BENEFIT	LIVING BENEFIT	

Your Declaration

I/We agree and acknowledge that:

I agree and acknowledge that:	Client 1	Client 2	
2. I/We acknowledge that in the event of a Linked Cover Claim Payout, the Core Product it is Linked to will Reduce by the same amount paid by the Linked Product.			
QUALIFYING PERIOD :			
3. I/We acknowledge that a Qualifying Period applies to certain products. Subject to meeting Claim Conditions as outlined by the Product PDS : LIVING BENEFIT - Up to Three (3) Month Period from the Commencement Date of the Policy INVOLUNTARY UNEMPLOYMENT BENEFIT - Thirty (30) Days from the Commencement Date of the Policy Any claim payout made payable Subject to claim conditions outlind in the Product PDS, Monthly Benefit payment paid in arrears may only be payable for a Maximum Period of up to 3 months, & is only available within the first 5 years of the policy Commencement Date			
CLIENT DECLARATION & DUTY OF DISCLOSURE :			
4. The information I/we have provided in this application is true and correct.			
5. I/We have met the eligibility requirements for this product.			
6. I/We am/are aware of the exclusions that apply to this cover (see section titled "When won't we pay a benefit" of the PDS).			
7. I/We consent to the collection, use and disclosure of my/our personal information in the manner set out in the section titled "Protecting your privacy" in the PDS.			
MEDICAL HISTORY OF PERSON/S INSURED - Pre Existing Conditions : 8. I/We acknowledge that Within 30 Days of the Policy Commencement Date we may choose to contact ALI on 1800 006 776 to complete a Personal Medical History Questionnaire to gain more certainty around Pre-Existing Conditions and or Type A / B Exclusions as specified within the Product PDS.			Initial Here
DIRECT DEBIT ACCOUNT DETAILS DECLARATION : 9. I/We request and authorise ALI Group to debit my account at my nominated financial institution. I confirm that I have read the 'Direct Debit Service Agreement' in the PDS and Policy Document and that I have the authority to make these payments.I have read and agree to the terms and conditions			
ADVISOR CONDUCT : Advisor FRANK XIRIHA 10. I/We have received a Financial Services Guide (FSG) and PDS for: * Loan Protection Plan dated 21 June 2019.			
11. I/We have been informed that our Advisor Can Only provide General Advice, and as such we have decided to proceed accordingly.			
12. I/We have not been given any advice on whether the insurance is suitable for my/our individual financial circumstances, personal needs and objectives and I/we understand that I/we need to consider this before deciding whether to take out the insurance.			
13. I/We Declare that in all discussions /emails/meetings/sms communication our Advisor has not made any suggestions that have formulated our decision in the Products or Product Amounts or Product Selctions Applied. And as such we have come to our own decision accordingly.			

SIGNED :		
FULL NAME :		
DATED :		



LIFE SOLUTIONS



Client declaration form

Thank you for taking the time to consider the offer from your broker to arrange risk protection for you. Please complete and sign the below declaration to ensure that we clearly understand and carry out your decision in relation to our offer of arranging cover.

YES ☐**CLIENT DECLARATION - GOING AHEAD WITH PROTECTION****COMPLETE NEXT 3 PAGES**

I confirm that I would like to proceed with the risk protection application my broker has discussed.

ORNO ☐**CLIENT DECLARATION - NOT PROCEEDING**

I confirm that my broker has discussed with me how a serious health event may impact my financial security. After considering my own personal circumstances and needs, confirm that I do not wish to make an application for risk protection at this time.

REASON**I HAVE CHOSEN NOT TO OBTAIN PROTECTION BECAUSE:**

- ☐ I already have sufficient cover
- ☐ I am willing to take the risk
- ☐ I have a financial planner relationship

Name:

Name:

Signature of client one:

SIGN
HERE

Signature of client two:

SIGN
HERE

Date:

/ /

Date:

/ /

Notes:

CONFIRM TO PROCEED

CLEARVIEW - LIFE SOLUTIONS - CLIENT DECLARATION



Your Declaration (Page 1 of 3)

I/We agree and acknowledge that:

COVER TO BE APPLIED :		Client 1	Client 2
1. I/We wish to apply for Clearview Life Solutions / Clearview Life Solutions Super & acknowledge that cover does not commence until this application has been accepted by Clearview Pty Ltd			
LUMP SUM Payment Benefits	LIFE COVER		
	TOTAL & PERMANENT DISABILITY COVER		
	TRAUMA COVER		
	CHILD COVER		
MONTHLY Payment Benefits	INCOME PROTECTION COVER	Per Month	Per Month
	BUSINESS EXPENSE COVER	Per Month	Per Month
LINKED COVER - LINKING OF MY COVER IS TO APPLY :			
CORE Product			
LINKED Product			

Please Complete

Your Declaration

I/We agree and acknowledge that:

LINKED COVER REDUCTION :		Client 1	Client 2
2. I/We acknowledge that in the event of a Linked Cover Claim Payout, the Core Product it is Linked to will Reduce by the same amount paid by the Linked Product.			
QUALIFYING PERIOD :			
3. I/We acknowledge that a Qualifying Period applies to certain products. Subject to meeting Claim Conditions as outlined by the Product PDS : TPD COVER - 3 consecutive months Absence & Unability to Work due to sickness or Injury, and TRAUMA COVER - 90 Day Qualifying Period from the Commencement Date of the Policy			
ADVISOR CONDUCT : Advisor FRANK XIRIHA			
4. I/We have received a copy of our Advisors Financial Services Guide (FSG) and PDS for: * Clearview Life Solutions - Issue 4 dated 01 October 2018 * Clearview Life Solutions Supplementary PDS dated 12 March 2020 * Clearview Life Solutions Super Rollover PDS dated 01 October 2018 * Clearview Life Solutions Super Rollover Additional Information dated 01 October 2018 * Clearview Life Solutions Super Rollover Updated PDS Instrument 2016/1055 dated 01 July 2019 * TRUST DEED Clearview Retirement Plan - Clearview Life Nominees Pty Ltd dated 19 January 1989			
5. I/We have met the eligibility requirements for this product.			
6. I/We have been informed that our Advisor Can Only provide General Advice, and as such we have decided to proceed accordingly. I/We Declare that in all discussions /emails/meetings/sms communication our Advisor has not made any suggestions that have formulated our decision in the Products or Product Amounts or Product Selctions Applied. And as such we have come to our own decision accordingly.			
7. I/We have not been given any advice on whether the insurance is suitable for my/our individual financial circumstances, personal needs and objectives and I/we understand that I/we need to consider this before deciding whether to take out the insurance.			
8. Where Applicable if we have decided to have any premiums for any prducts applied deducted from our Superannuation, we have done so from our own accord, and have not been recommended to do so in Any Way from our Advisor.			
PAYING PREMIUMS THROUGH SUPER :			
9. I/We Understand that having Premiums Deducted from my/our Superannuation will have an affect on the available amount in retirement, and as such wish to proceed in accordance.			

Initial Here

SIGNED :		
FULL NAME :		
DATED :		

CONFIRM TO PROCEED



CLEARVIEW - LIFE SOLUTIONS - CLIENT DECLARATION

Your Declaration (Page 2 of 3)

I/We agree and acknowledge that:

YOUR DUTY OF DISCLOSURE :	Client 1	Client 2	
10. I/We have Have Watched the accessible Clearview DUTY OF DISCLOSURE Video			
DECLARATION OF THE PERSON INSURED AND POLICY OWNER/S :			
11. I/We have received and read the PDS and Policy Document for the product I/we are applying for (ClearView LifeSolutions and/or ClearView LifeSolutions Super) and agree to abide by the terms of the policy.			
12. I/We have read and understood my/our duty of disclosure as set out in the 'Applying for cover' section of the PDS and Policy Document, and understand that my/our duty of disclosure continues until a written contract of life insurance has been issued by ClearView.			
13. The answers I/we have given in the electronic application, the personal statement made within it, and any attachments to the application are true and correct. If answers have been entered by my adviser, I have checked them and certify they are true and correct. If my financial adviser is assisting me with the personal statement, I understand that all answers must be provided and checked by me and it is my responsibility to ensure the answers are true and correct.			
14. I/We understand that answers I/we provide in the personal statement may result in certain exclusions or special acceptance terms becoming applicable to me/us. I/we agree to such terms being communicated to my/our financial adviser who will explain them to me/us. I/we authorise my/our financial adviser to accept these terms on my/our behalf.			
15. I/We understand that my/our insurance cover does not commence until I/we have received written notification of acceptance from ClearView and I/we have paid my/our first premium (or provided a signed Payment Authority or Rollover Authority)			
16. I/We understand that if this application is to replace another life insurance policy, that I/we must cancel existing policy(ies) upon acceptance of this application. If I/we do not cancel the other policy(ies), the benefits paid under this policy will be reduced by the amount of the benefit paid or payable under the other policy(ies).			
17. I/We have read and consent to the collection, use and disclosure of my/our personal information as set out in the 'Privacy and your Personal Information' section of the PDS and Policy Document.			
18. I/We consent to the submission of this application electronically, without the need to provide a written signature.			
SELF MANAGED SUPER or COMPANY APPLICANTS			
19. If the policy owner(s): <ul style="list-style-type: none"> Is/are the individual trustee(s) of a self managed super fund: this declaration is to be confirmed by all trustees or person(s) authorised to sign and enter into a contract of life insurance on behalf of the trustee(s) in accordance with the fund's trust deed and rules. Ticking this box means that each trustee or authorised person has accepted the declaration. Is a company: this declaration is to be confirmed by two directors, a director and company secretary, or the sole director/company secretary. Ticking this box means that each director and/or company secretary has accepted the declaration. 			
MEDICAL & FINANCIAL AUTHORITY OF PERSON/S INSURED :			
20. I/We authorise any medical practitioner, doctor, health professional, hospital, clinic or any other insurer to disclose to ClearView, or representatives appointed by ClearView, to collect the full details of my health and medical history. I authorise ClearView, or representatives appointed by ClearView, to disclose to my nominated doctor the full details of my health and medical history.			
21. I/We authorise my current accountant(s)/financial adviser to release to ClearView all information which ClearView requests for the purpose of assessing my application for insurance.			
22. I/We agree that a copy of this authorisation should be considered as valid as the original.			
TAX FILE NUMBER DECLARATION :			
23. I/We acknowledge that this declaration and the provision of my TFN in relation to cover held through ClearView LifeSolutions Super forms part of my ClearView LifeSolutions online application. Information about providing your TFN Declining to quote your TFN is not an offence. However, if you do not provide your TFN, ClearView cannot accept your application. For further information on providing your TFN, refer to the PDS and Policy Document.			
DIRECT DEBIT ACCOUNT DETAILS DECLARATION :			
24. I/We request and authorise ClearView (User identification number 022829), to debit my account at my nominated financial institution. I confirm that I have read the 'Direct Debit Service Agreement' in the PDS and Policy Document and that I have the authority to make these payments. I have read and agree to the terms and conditions			

Initial Here

SIGNED :		
FULL NAME :		
DATED :		

CONFIRM TO PROCEED



CLEARVIEW - LIFE SOLUTIONS SUPER - CLIENT DECLARATION

Your Declaration (Page 3 of 3)

I/We agree and acknowledge that:

CLEARVIEW LIFE SOLUTIONS SUPER DECLARATION :	Client 1	Client 2	
25. I/We apply to become a member of ClearView LifeSolutions Super and agree to be bound by the terms of the trust deed for the ClearView Retirement Plan (CRP), as amended from time to time.			
26. I/We acknowledge that I have had the opportunity to read the trust deed, available by calling 132 977 or online at clearview.com.au.			
27. I/We confirm that I am eligible to contribute to super as per the contribution rules explained in the PDS and Policy Document.			
28. I/We will notify the Trustee of the CRP in writing if I am no longer eligible to be a member of the CRP. (If you are over age 65, please refer to the 'ClearView LifeSolutions Super' section of the PDS and Policy Document regarding eligibility rules.)			
29. If I/We nominated a non-binding beneficiary, I request that the trustee accept my non-binding nomination.			
30. I/We understand that should I wish to make a Binding Nomination (non-lapsing), I/We will need to provide this separately in writing, signed and witnessed.			
31. I/We have read and understood the 'Payment of death benefits' and 'Who is a dependent' sections of the PDS and Policy Document.			
ENDURING ROLLOVER AUTHORISATION :			
32. I declare that I have read and agree to the collection, use and disclosure of my personal information as set out in the 'Privacy and your personal information' section of the ClearView LifeSolutions Super Rollover Additional Information Brochure and the Information Handling Policy, available at clearview.com.au.			
33. I am aware that I may ask my superannuation provider for any information I reasonably require for the purpose of understanding my benefit entitlements, including information about any fees and charges that may apply or any other information about the effect this transfer may have on my benefits, and that I do not require any further information.			
34. If I am providing my TFN I have read and understand the section in the ClearView Life Solutions Super Rollover PDS setting out information with respect to the use of tax file numbers.			
35. I am aware of any fees and charges that may apply in relation to a full or partial rollover of benefits from any other superannuation account, and I have considered where my future contributions will be paid and the effect of the rollover on any benefit entitlements (including insurance).			
36. If the FROM fund is a self managed superannuation fund (SMSF), I confirm that I am a trustee (or director of a corporate trustee) of the SMSF.			
37. I discharge the superannuation provider of my FROM fund of all further liability in respect of the benefits paid and transferred to my TO fund.			
38. I authorise my financial adviser and representatives of the Trustee of the ClearView Retirement Plan to make inquiries and to be provided with information about this transfer on my behalf.			
39. I request and consent to the transfer of superannuation for the full amount of my annual insurance premium (less any rollover tax benefit applicable) and authorise the superannuation provider of each fund to give effect to this transfer.			
40. I authorise the Trustee to seek rollovers from my nominated super account at the frequency nominated by me from time to time and accepted by the Trustee.			
41. This authority continues until the earliest of the following: <ul style="list-style-type: none">* it is revoked by me in writing* the TO fund receives a replacement authority signed by me* my cover in ClearView LifeSolutions Super ceases, or* I die.			Initial Here

SIGNED :		
FULL NAME :		
DATED :		