

Australian Seniors Funeral Plan Application Form

To apply complete and return this Application Form or call 1800 004 005 NOW

STEP 1. Your personal information

Title First name Surname

Address

Suburb State Postcode

Date of birth Gender Australian resident Yes No

Phone (home) (work) (mobile)

Email

STEP 2. Choose your type of cover

- AUSTRALIAN SENIORS FUNERAL PLAN ONLY OR
- AUSTRALIAN SENIORS FUNERAL PLAN PLUS OPTIONAL ACCIDENTAL SERIOUS INJURY

STEP 3. Choose your level of cover

To get a quote call 1800 004 005.

You can choose a life insurance benefit amount from \$3,000 up to \$15,000 (in increments of \$1,000). The optional Accidental Serious Injury benefit amount is equal to three times the life insurance benefit level selected.

My choice of cover is:

\$ _____

STEP 4. Choose your plan type (tick one box only)

- SINGLE PLAN: Covers you OR
- FAMILY PLAN: Covers you, your partner and any dependants up to age 21

If you have selected Family Plan please provide details of the family members you would like to cover below. Please note that all lives insured must be Australian residents.

1. Name	FIRST NAME	SURNAME	Date of birth	DD / MM / YYYY	Relationship to you	Gender	M/F
2. Name	FIRST NAME	SURNAME	Date of birth	DD / MM / YYYY	Relationship to you	Gender	M/F
3. Name	FIRST NAME	SURNAME	Date of birth	DD / MM / YYYY	Relationship to you	Gender	M/F
4. Name	FIRST NAME	SURNAME	Date of birth	DD / MM / YYYY	Relationship to you	Gender	M/F
5. Name	FIRST NAME	SURNAME	Date of birth	DD / MM / YYYY	Relationship to you	Gender	M/F

If there are additional family members please provide their details on a separate sheet of paper.

STEP 5. Choose your premium option

- AGE-BASED PREMIUM OPTION OR FIXED PREMIUM OPTION

STEP 6. Choose your payment deduction day and frequency

- FORTNIGHTLY on the day of the first payment month and every 14 days thereafter.
- MONTHLY on the day (1st to 28th only) of each month.

Note: Cover will start on the Acceptance Date which is the date your application is accepted.

Please turn over to complete both sides of this form ►

STEP 7. Choose your preferred payment method

CREDIT CARD

OR

DIRECT DEBIT

OR

CHEQUE (Annual payment only)

▼ Complete STEP 8 below

▼ Complete STEP 9 below

Cheques to be made payable to Hannover Life Re of Australasia Ltd.

Please attach cheque to this Application Form and return it in the enclosed reply paid envelope.

STEP 8. Credit card details

Please charge my premium to my credit card: VISA MasterCard

Card number

Expiry date MM / YYYY

SIGN HERE
Name on card

Your signature

Date DD / MM / YYYY

STEP 9. Direct debit request

I authorise and request Hannover Life Re of Australasia Ltd ("Debit User") to arrange for any amounts which become payable, to Hannover Life Re of Australasia Ltd. to be debited from my account as detailed below through the Direct Debit System and as prescribed in the Bulk Electronic Clearing System ("BECS").

I understand and acknowledge that:

- a copy of the Direct Debit Service Agreement relating to this Direct Debit Request is within the Australian Seniors Funeral Plan Product Disclosure Statement
- this Direct Debit Request will remain in force until cancelled, deferred or otherwise altered in accordance with the Direct Debit Service Agreement

BSB number (branch number)

 -

Account number

Account name

Name of bank/financial institution

Branch name/location of financial institution

SIGN HERE
Your signature

Date DD / MM / YYYY

Your partner's signature

Date DD / MM / YYYY

Second signature required for joint accounts

STEP 10. Please read the declaration and sign below

I wish to apply for cover under Australian Seniors Funeral Plan. I confirm that the information completed above is true and correct. I understand that neither Hannover Life Re of Australasia Ltd or Australian Seniors Insurance Agency (ASIA) have considered my financial situation, needs and objectives and my decision to apply for this cover is based on my understanding of the information I have received and read, including the Australian Seniors Funeral Plan Product Disclosure Statement (PDS). I understand that cover will be provided in the first 12 months in the event of accidental death only. I agree that my personal information can be collected, used and disclosed as described in the PDS.

SIGN HERE
Your signature

Date DD / MM / YYYY

Complete BOTH SIDES of this Application Form and mail to Australian Seniors Insurance Agency, PO Box 6728, Baulkham Hills NSW 2153 or phone 1800 004 005 for immediate cover.

Issued by

Hannover Life Re of Australasia Ltd
ABN 37 062 395 484
Level 7, 70 Phillip Street, Sydney NSW 2000

Promoted by

Australian Seniors Insurance Agency,
a trading name of Cardell Insurance Agencies Pty Ltd,
an authorised representative (AR 2709837) of
Hollard Financial Services Pty Ltd, (HFS) ABN 53 128 692 884,
AFSL 343079 of Level 38, 2 Park Street Sydney NSW 2000.