

Non-Smoker Declaration Form

- This is an application to alter the Life Insured's smoker status to Non Smoker on the listed policy or policies.
- Please answer all the questions accurately and provide additional information wherever requested.
- The person to be insured must complete this application and initial any changes.
- · As part of the overall assessment process MetLife will contact you if further information is required.

Privacy - Use and disclosure of personal information

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

The personal information you provide in the form is necessary for MetLife to provide you with the products and services you have requested from MetLife. You do not have to provide MetLife with your personal information, but if you do not do so MetLife may not be able to provide you with the products or services. MetLife complies with the Privacy Act 1988 and the principles laid out in its Privacy Policy which details information about the entities that MetLife usually discloses personal information to (including overseas recipients), how you may access or seek correction of your personal information, how we manage that information and our complaints process. MetLife's Privacy Policy is readily available and can be viewed at www.metlife.com.au/privacy.

Duty to take reasonable care not to make a misrepresentation - Important information before commencing this application

There is a duty to take reasonable care not to make a misrepresentation when applying for insurance. Before answering the questions in this application form it is important that the person answering the questions carefully reads the 'Duty to take reasonable care not to make a misrepresentation' section on page 2 of this form which explains the duty, the consequences of not complying with the duty, and guidance for answering the questions. If the duty is not complied with, MetLife may be able to avoid or change cover; this means a benefit may not be able to be claimed or the amount we pay may be reduced.

Section	1. Policy details						
Policy number		Policy Ow	Policy Owner 1		Policy Owner 2		
					<u> </u>		
Section	2. Life Insured de	tails					
Title	Given name/s		Surname		Date of	oirth (dd/mm	/уууу)
Address				Suburb		State	Postcode
Date of bi	rth (dd/mm/yyyy)	Gender Male Fema		il address			
Contact number preferred			Conf	act number other			
	ed time of contact	Afternoon (12pm-6pi	m)	Anytime			

Section 3. Non-smoker declaration

This section should be completed by the Life Insured.

I confirm that:

- 2. I have no intention of smoking tobacco or any other substance again.
- 3. I was not advised to cease smoking as a result of any diagnosed conditions or any symptoms I have experienced or am currently experiencing.
- 4. I have no intention of seeking medical advice or treatment in relation to my smoking.

If you don't agree with any of the statements above, please provide further details below:

Section 4. The duty to take reasonable care not to make a misrepresentation

Your duty to take reasonable care not to make a misrepresentation

When you apply for life insurance, we will ask you a number of questions.

Our questions will be clear and specific. They will be about things such as your health and medical history, occupation, income, lifestyle, pastimes, and other insurance.

The answers given in response to our questions are very important. We use them to decide if we can provide cover to you and, if we can, the terms of the cover and the premium we will charge.



Care must be taken to answer all questions we ask as part of your insurance application honestly and accurately.

Otherwise, you may not be able to rely on your insurance when it's needed the most.

The duty to take reasonable care

When applying for insurance, there is a duty to take reasonable care not to make a misrepresentation.

A misrepresentation could be made if an answer is given that is false, only partially true, or that does not fairly reflect the truth. This means when answering our questions, you should respond fully, honestly and accurately.

The duty to take reasonable care not to make a misrepresentation applies any time you answer our questions as part of an initial application for insurance, an application to extend or make changes to existing insurance, or an application to reinstate insurance.

You are responsible for all answers given, even if someone assists you with your application.

We may later investigate the answers given in your application, including at the time of a claim.

If your application is accepted, it will be a 'consumer insurance contract'.

Consequences of not complying with the duty

If there is a failure to comply with the duty to take reasonable care not to make a misrepresentation, it can have serious consequences for your insurance, such as those explained below:

Potential consequences	Additional explanation	Impact on claims
Your cover being avoided	This means your cover will be treated as if it never existed.	Any claim that has been made will not be payable.
The amount of your cover being changed	Your cover level could be reduced.	If a claim has been made, a lower benefit may be payable
The terms of your cover being changed	We could, for example, add an exclusion to your cover meaning claims for certain events will not be payable.	If a claim has been made for an event that is now excluded, it will not be payable.

If we believe there has been a breach of the duty to take reasonable care not to make a misrepresentation, we will let you know our reasons and the information we rely on and give you an opportunity to provide an explanation.

In determining if there has been a breach of the duty, we will consider all relevant circumstances.

The rights we have if there has been a failure to comply with the duty will depend on factors such as what we would have done had a misrepresentation not been made during your application process and whether or not the misrepresentation was fraudulently made.

If we decide to take some action on your cover, we will advise you of our decision and the process to have this reviewed or make a complaint if you disagree with our decision.

Guidance for answering our questions

When answering our questions, please:

- 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 that we ask you.
- Do not assume that we will contact your doctor for any medical information.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it or check with us
- Review your application carefully. If someone else helped prepare your application (for example, your adviser), please check every
 answer (and make corrections if needed) before the application is submitted.

Other important information

If the application is accepted the policy will be a 'consumer insurance contract'.

Before your cover starts, we may ask about any changes that mean you would now answer our questions differently. 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, after the cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has any impact on the cover.

Section 5. Declaration and authority

The Policy Owner/s and Life Insured must sign this form as outlined in the table below.

Policy Owner type	Life Insured	Multiple Individuals	Business Entity	SMSF	MetLife Super Fund
Signature/s required	Life Insured	All Owners	1 x Business Director	1 x SMSF Trustee	Life Insured

If you need more information about who should sign this form, you can download the Signature Guide from www.metlife.com.au/support/forms-library or call us on the number listed at the end of this form.

I/we confirm that:

- I have read and understand the Duty to take reasonable care on page 2-3 and understand that this duty applies any time I answer MetLife's questions as part of an application for insurance.
- 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 MetLife Group Insurance Policy.
- I have read and understood the Privacy Disclosure Statement entitled 'Privacy Use and Disclosure of personal information'.
- I consent to the collection, use and disclosure of my personal (including sensitive) information in accordance with the terms of these
 documents.
- I have read the insurance section of the current Product Disclosure Statement.

If this declaration is accepted, the acceptance date will not be earlier than the latest date listed below. By signing below you agree to the declarations in sections 3, 4, 5 and 6 of this form.

Life Insured signature	Date (dd/mm/yyyy)				
<u> </u>					
Full name (please print)					

Policy owner signature	Date (dd/mm/yyyy)
Full name (please print)	
Policy owner signature	Date (dd/mm/yyyy)
>	
Full name (please print)	

Please return the completed form to

By signing below you agree to the policy alteration as requested in this form.

MetLife Insurance Limited, GPO Box 3319, Sydney NSW 2001; or scan the form and upload to www.metlife.com.au/formsupload; or email auprotect@metlife.com For assistance with the completion of this form, please call us on 1800 523 523 Monday to Friday 8am – 6pm AEST.

metlife.com.au

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