

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 pages 2-3 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 Owner 1	Policy Owner 2
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Section 2. Life Insured details

Title	Given name/s	Surname	Date of birth (dd/mm/yyyy)		
Address		Suburb	State	Postcode	
Gender ☐ Male ☐ Female ☐ Other		Email address			
Contact number preferred		Contact number other			
Preferred time of contact ☐ Morning (9am-12pm) ☐ Afternoon (12pm-6pm) ☐ Any time					

Section 3. Non-smoker declaration

This section should be completed by the Life Insured.

I confirm that:

- 1. I ceased smoking tobacco and/or other substances on _____ (Date)
(this date must be at least 12 months prior to the date of this declaration).
- 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

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;
- until your cover commences.

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

You must advise MetLife as soon as you become aware if any of the answers change or are incorrect, not accurate or incomplete up until the time your cover commences.

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



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.

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.

By applying for cover, you acknowledge that the duty to take reasonable care not to make a misrepresentation applies at all times up to the commencement of your cover. If, prior to the commencement of your cover, you have not answered our questions fully and accurately, or have made a misrepresentation as to any fact or circumstance, MetLife may vary the terms of your cover, reduce the amount payable in the event of a claim, or avoid your cover (meaning it will be treated as if your cover never existed). This is consistent with the declaration you are asked to make as part of your application.

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.
- If your answer changes after you fill out your application but before your cover commences, please let us know what has changed.

Other important information

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.

It is important that you understand this information and the questions we ask, so if you have any queries please contact your adviser.

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 of this form.

Life Insured signature

Date (dd/mm/yyyy)



Full name (please print)

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

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

MetLife Insurance Limited, GPO Box 3319, Sydney NSW 2001
or email auprotect@metlife.com

For assistance with the completion of this form, please call us on
1800 523 523 Monday to Friday 9am - 5pm AEDT.

metlife.com.au

MetLife Protect Super is issued by Stewarda Pty Ltd (ABN 56 098 527 256, AFSL 236049, RSE Licence L0000185) (the 'Trustee') as trustee for the MetLife Australia Superannuation Fund (USI 68964712340007), which is a division of the Smart Future Trust (ABN 68 964 712 340). Fund Administration services are provided by Insurance & Superannuation Administrative Services Pty Ltd ABN 31 058 682 876 | PO Box 1305 South Melbourne VIC 3205 | Customer Service (03) 9621 7225 | Fax (03) 9621 7100 | Email metlifefund@iasas.com.au. Insurance cover is provided to Stewarda Pty Ltd under a Policy issued by MetLife Insurance Limited ABN 75 004 274 882 | AFSL 238096 | GPO Box 3319 Sydney NSW 2001

