

## QuickCover Application Form

### 1.1 Details of Insured

Surname..... First name .....

Date of birth .....  Male  Female Have you smoked tobacco in the last 12 months:  Yes  No

Address ..... Suburb/Town .....

Telephone... (.....) ..... Email .....

**Cover and Payment Options** Cover amount:  \$50,000  \$100,000  \$125,000  \$150,000  \$200,000

Payment frequency:  Fortnightly  Monthly  Quarterly  Yearly

Payment type:  Visa  Mastercard  Direct Debit (complete authority form)

Card number ..... Expiry..... Name .....

### 1.2 Policy Owner

Surname..... First name .....

Date of birth .....  Male  Female Have you smoked tobacco in the last 12 months:  Yes  No

Address ..... Suburb/Town .....

Telephone... (.....) ..... Email .....

### 3. Your Declaration and Privacy Act 1993 Acknowledgements

I acknowledge that:

Personal information concerning me provided to Greenwich, a business division of DPL Insurance Limited and related or associated companies and my advisor/agent, whether contained in an application or otherwise obtained is provided and may be held, used and disclosed by DPL Insurance Limited and my advisor/agent:

- To enable any application I may make or any policy I hold with DPL Insurance Limited, or any other insurance office to be processed, underwritten, reinsured and/or accepted;
- To enable any policy held with DPL Insurance Limited to be serviced and maintained and to enable any claim I make against such a policy to be processed;
- To enable DPL Insurance Limited and its authorised advisors/agents to provide me or have provided to me advice and information concerning life insurance or other products and services;
- The personal information provided in this application is collected by and will be held by DPL Insurance Limited (address at the top of the application form) and my advisor/agent (whose name and contact details are below);
- I have the right under the Privacy Act 1993 to request access to and request correction of any personal information held by DPL

Insurance Limited and my advisor/agent concerning me.

I understand that:

- This application will form part of the contract for an insurance policy.
- If I fail to provide any information requested in this application, DPL Insurance Limited may be unable to fairly assess and/or accept this application, and any policy subsequently issued may be cancelled or avoided, premiums forfeited and benefits paid will have to be refunded.
- DPL Insurance Limited may either cancel the insurance contract and/or forfeit premiums and reclaim paid and/or forfeit premiums and reclaim benefits paid and/or reduce insurance benefits if any information provided in this application is not true and complete.

I declare that:

- All the answers in this application are true and complete.
- I have told DPL Insurance Limited about every matter that I know (or could reasonably be expected to know) that may affect the decision to accept the risk and terms of the insurance applied for.
- I do not currently reside in a hospital or long-term care facility.
- I agree to accept the terms and conditions and exceptions specified in the Policy.
- I accept the full disclosure of terms, conditions, exclusions and definitions will be forwarded to me in due course.

Insured Signature X .....

Policy Owner Signature X .....

Date .....

Date .....