

FUTURE INCREASE BENEFIT APPLICATION

How to complete this form

The form is writable, so you can save a copy to your computer, type in your responses, print, sign and email the completed form to customer@encompassprotect.com.au

Important: The form must be emailed to us from the insured person's email address or be signed by the insured person.

If the form is being sent by a financial adviser, the insured person and policy owner must sign the declarations and a scanned copy should be emailed to customer@encompassprotect.com.au

Questions?

We're here to help. If you have any questions in relation to this form, please contact us on **1300 476 030** or email us at customer@encompassprotect.com.au. Alternatively, please contact your financial adviser.

Duty to take reasonable care not to make a misrepresentation

When applying for insurance, you agree to take reasonable care not to make a misrepresentation to us before we issue your contract of insurance. The duty to take reasonable care is set out in the Encompass Protection Product Disclosure Statement and Policy Document (PDS) available on our website www.encompassprotect.com.au/PDS

What is a misrepresentation?

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

If you do not meet your duty to take reasonable care

If you do not take reasonable care not to make a misrepresentation, this can have serious impacts on your insurance. Your policy and/or cover could be cancelled and/or avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

Privacy statement

By completing this form, you consent to any personal information we may collect about you in the normal course of our business being used as outlined in our privacy policy. Our policy, which is designed to protect your interests and is consistent with the Privacy Act, can be found on our website at www.encompassprotect.com.au/privacy-policy

1. Policy details

Policy number/s

Insured person

2. Future Increase Benefit

The Future Increase Benefit allows you to increase your Life, Critical Illness, Total and Permanent Disability (TPD), and/or Income Protection cover sum(s) insured after certain, specified events, without having to supply further medical evidence to us. Full terms and conditions are set out in the Encompass Protection Product Disclosure Statement and Policy Document (PDS) available on our website www.encompassprotect.com.au/PDS

The events, and the maximum increase amounts applicable to each event, are shown in the tables on the following pages.

3. Eligibility checklist

- a) Have you been paid a claim, is a claim being assessed or are you eligible to make a claim under your policy or another Encompass Protection policy on your life? Yes No
- b) Was your policy issued with a medical loading? Yes No
- c) Is this increase request being made:
- outside 30 days of the occurrence of the event; or
 - outside 30 days of the policy anniversary date immediately following the event?
- d) Have you increased your cover using the Future Increase Benefit within the last 12 months? Yes No
- e) Are you older than 55 at your next policy anniversary? Yes No
- f) FOR INCOME PROTECTION ONLY - are you currently working 20 hours or less per week? Yes No
- g) FOR INCOME PROTECTION ONLY - was your policy issued with an exclusion? Yes No

If you answered yes to any of the above questions, the Future Increase Benefit is not available.

Important things to note

Any premium loadings, exclusions or varied terms which applied to your original cover will also apply to your increased cover.

Your increased sum insured will not apply until we've confirmed it in writing to you, which will be no later than 30 days from the date you satisfied our requirements. Your premium will also be increased to reflect the increase in your cover. Your premium for the increased sum insured will be based on your age at the time of the increase.

Within the first six months of an increase to a sum insured, the increased amount of the sum insured may only be payable for death, total and permanent disability or a Critical Illness Event (as applicable) which results from an accident.

4. Date of event and increase amounts

Date of event / /

Please advise the amount by which you would like to increase your cover

Cover type	Amount of increase	Sum insured after increase
Life Cover	\$	\$
TPD Cover	\$	\$
Critical Illness Cover	\$	\$
Income Protection Cover (per month)	\$	\$

5. Life, TPD and Critical Illness – Personal events

Event	Evidence required
<input type="checkbox"/> You or your spouse adopt or give birth to a child	Copy of the birth/adoption certificate
<input type="checkbox"/> You get married, divorced, enter into or end a de facto relationship	Copy of the marriage certificate, divorce certificate, partnership registration, de facto agreement or cancelled agreement
<input type="checkbox"/> You complete an undergraduate degree at a Government recognised university	Copy of the degree
<input type="checkbox"/> You received an increase in your earnings of at least 10% in the last 12 months	<ul style="list-style-type: none"> • Written confirmation from your employer detailing your total remuneration package (salary, superannuation, commission etc.) before and after the increase; or • most recent payslips showing annual and/or year to date income before and after the increase, or • last two years personal income tax returns or PAYG payment summaries (if they clearly show the increase)
<input type="checkbox"/> You have a child who starts secondary school	Written confirmation of the child's enrolment in secondary school.

Maximum increase available

Lesser of:

- 25% of your *sum insured* at the cover commencement date; and
- \$200,000

Event	Evidence required
<input type="checkbox"/> You take out, or increase, a mortgage to purchase or improve your home	Written confirmation from your mortgage provider showing the mortgage amounts before and after the increase, or for a new loan, a copy of the loan agreement.

Maximum increase available

Lesser of:

- 50% of your *sum insured* at the cover commencement date
- the value of your new mortgage
- the value of the latest increase to your existing mortgage; and
- \$200,000

6. Life, TPD and Critical Illness – Business events

Event	Evidence required
<input type="checkbox"/> The original purpose of your cover was to support a business purpose such as a buy/sell arrangement, a share purchase agreement or a business continuation agreement, and the value of that business has increased (using the same methodology as was used to determine your original cover).	<ul style="list-style-type: none"> Complete section 6.1; and provide the relevant business entity profit and loss accounts and balance sheets for the last two years
<input type="checkbox"/> You're responsible for a business loan and there has been an increase in the loan liability.	Written confirmation from your loan provider showing the loan amounts before and after the increase.

Maximum increase available

Lesser of:

- 25% of your *sum insured* at the cover commencement date
- the amount of the increase in the value of the financial interest in the business or the amount of the loan; and
- \$200,000

Event	Evidence required
<input type="checkbox"/> You're a key person in a business and your value to the business has increased	<ul style="list-style-type: none"> Complete section 6.2; and written confirmation from your employer detailing your gross remuneration package (salary, superannuation, commission etc.) for the last three years

Maximum increase available

Lesser of:

- 25% of your *sum insured* at the cover commencement date
- five times the average of the last three annual increases in your gross remuneration package; and
- \$200,000

6.1 Buy/Sell, share purchase agreement, business succession agreement

a) Please provide the name and type of business entity (i.e. company, partnership etc.).

b) What is your percentage ownership interest in the above entity (directly or otherwise)?

c) What is the current value of the business and how has the value been calculated?

d) Please provide the following details

	Current Financial Year	Previous Financial Year
Business income (turnover)	\$	\$
Gross profit	\$	\$
Expenses	\$	\$
Net profit (before tax)	\$	\$
Total assets	\$	\$
Total liabilities	\$	\$

6.2 Key person protection

a) Please provide the name of the business entity.

b) Does the insured person have any ownership interest in the business (directly or otherwise)?

 Yes No

If **YES**, please advise the percentage ownership interest in the business.

c) What is the insured person's occupation title, role, and duties?

d) What was the value of the insured person's gross remuneration package over the last three years?

	Current Financial Year	Previous Financial Year	Year before last
Amount	\$	\$	\$

e) What loss would the business expect to occur in the event of the insured person's death/disablement and how has the amount been calculated?

7. Income Protection event

Event	Evidence required
<input type="checkbox"/> You received an increase in your earnings	For employees - Complete section 7.1 For self-employed - Complete section 7.2

7.1 Employee

Please provide the following details

	After Increase (current)	Before Increase
Salary	\$	\$
Statutory superannuation contributions*	\$	\$
Salary sacrifice items (e.g. superannuation contributions, motor vehicle)	\$	\$
Regular, ongoing overtime, bonuses, and commission	\$	\$
Total	\$	\$

* Statutory superannuation contributions are not included as earnings for income protection cover.

Evidence required

- Written confirmation from your employer detailing your total remuneration package (salary, superannuation, commission etc.) before and after the increase; or
- Last two years personal income tax returns or PAYG payment summaries (if they clearly show the increase); or
- Most recent payslips showing annual and/or year to date income before and after the increase

7.2 Self-employed

a) What is your percentage ownership interest in the business (directly or otherwise)?

b) Please provide the following details

	Current Financial Year	Previous Financial Year
Income	\$	\$
Expenses	\$	\$
Net Profit	\$	\$
Your share of the net profit	\$	\$
Personal salary	\$	\$
Statutory superannuation contributions*	\$	\$
Director's Fees/Allowances	\$	\$
Salary sacrifice items (e.g. superannuation contributions motor vehicle)	\$	\$
Other	\$	\$
Total	\$	\$

* Statutory super contributions are not included as earnings for income protection cover.

Evidence required

1. Last two years personal income tax returns; plus
2. Last two years profit and loss accounts and balance sheets for all entities you have an ownership interest in (directly or otherwise); plus
3. Last two years business entity tax returns for all entities you have an ownership interest in (directly or otherwise).

8. Policy Declaration

Declaration and Authority for the policy owner (where they are an individual) and the insured person (if they are not the policy owner)

You must carefully read the following declarations.

Note: By selecting "I/we Agree" to each declaration, you have indicated your consent to the Declaration and Authority.

By selecting "Yes, I/we Agree" you have indicated your acceptance to all the terms and conditions as set out in the PDS.

I/we declare that I/we have read the following statements and I/we agree and acknowledge that:

- I/we consent to receive all notices electronically.
- I/we understand the terms and conditions relating to increases (including exclusions) as set out in the PDS, continue to apply to this increase.
- I/we have read and understood the notification of 'Your duty to take reasonable care not to make a misrepresentation'.
- I/we have provided the Insurer and/or the Administrator with true, accurate and complete answers in my/our increase application (including this increase application form, quotes and all other forms, questionnaires and other information I/we have provided to the Administrator), whether answered by me/us personally or by my adviser.
- My/our decision to increase/alter my/our policy is based on the information in the PDS. I/we understand that subject to specific terms and conditions, changes to my/our policy will not commence until my/our increase application is accepted and a Policy Schedule is issued, except for Interim Accident Cover and Interim Rollover Cover that will apply subject to specific terms and conditions.
- I/we have read and understood the section in the PDS headed "Your Privacy". I/we consent to the collection, use and disclosure of my/our personal information in accordance with that section.
- I/we authorise the Insurer to forward any information obtained by it to any reinsurer, service provider or third party as is reasonably required for the purpose of assessing the application, administration of the insurance policy, assessment of a claim made under the policy and as otherwise may be required to comply with legal obligations.
- I/we consent to the Insurer and Administrator sending notices or communications regarding my application or insurance to an email address or mobile number provided by me/us and agree that any communications received by the Insurer or Administrator from this email or mobile number will constitute valid communications or instructions from me/us. I/we acknowledge my/our personal and sensitive information may be sent to that email address.
- In relation to any tax returns submitted in support of this application, I/we confirm that these tax returns were submitted to the Australian Taxation Office and no subsequent adjustments have been made or are expected.

9. Additional Declaration and Authority for the policy owner

- I understand that my financial adviser is my agent and is not the agent of the insurer.
- I understand and agree that the insurer and/or the Administrator may accept information from me or from my financial adviser (or their representative), by any means acceptable to the Insurer (including electronically) and that they will rely on any such information in deciding whether or not to accept my increase application and in relation to all matters of administration.
- I consent to the Insurer and/or Administrator disclosing or discussing with my financial adviser any matter relevant to the assessment of my application for insurance increase including financial, medical and other matters, whether disclosed in this application, obtained from third parties (e.g. doctors, accountants) or otherwise discovered as part of the assessment process.

I declare that the answers to the preceding questions are true and complete and I have not withheld any material information from this questionnaire.

Yes, I agree as the insured person

Insured person

Signature

Date / /

Yes, I agree as the policy owner

Policy owner 1 full name (please print)

Signature

Date / /

Policy owner 2 full name (please print)

Signature

Date / /



encompassprotect.com.au

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Encompass Protection is issued by MLC Limited (MLC Life Insurance, the Insurer) ABN 90 000 000 402 AFSL 230694. NEOS Life (NEOS, the Administrator) is a registered business name of Australian Life Development Pty Ltd ABN 96 617 129 914 AFSL 502759. NEOS provides administration services (excluding the administration of claims) in relation to Encompass Protection on behalf of the Insurer.