



CONFIDENTIAL

APPLICATION FOR REINSTATEMENT

Policy Owner Details

Member Number	
Title	
Surname	
First Name	
Other Name(s)	
Date Of Birth	
Residential Address:	Postcode:

Hereby make application for the reinstatement of this policy which has been cancelled

Duty of Disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows, or in the ordinary course of their business, ought to know; as to which compliance with your duty is waived by the insurer.

Non-disclosure: If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within 3 years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within 3 years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

This duty continues to apply until the insurer notifies you that the risk has been accepted. It also applies when you extend, vary or reinstate a contract of life insurance



CONFIDENTIAL

APPLICATION FOR REINSTATEMENT

Declaration

I/We agree that:

- a) The original application form for this policy, as varied by this application and the Statement overleaf, shall form the basis of the contract with NobleOak Life Limited for reinstatement of this policy.
- b) If this policy is reinstated, reinstatement will be based on the truth of the answers made in the Statement overleaf.
- c) NobleOak Life Limited will not pay:
 - (i) for suicide within 13 calendar months from the date of reinstatement; or
 - (ii) critical conditions/trauma benefits; within 3 calendar months from the date of reinstatement.
 - for cancer if first diagnosed,
 - for heart attack, out of hospital cardiac arrest or stroke if first occurred, or
 - for heart surgery events if the disease or condition which the surgery is directed at is first diagnosed,

Please refer to your policy document for further details.

I/We declare that the statements made in this statement are true and complete and agree that they shall form part of the application for insurance and shall be relied upon by NobleOak Life Limited in deciding whether to issue a policy including the premiums and terms to offer.

To the extent that if the answers are not in my/our own handwriting they have been checked by me/us and I/we certify that they are correct to the best of my/our knowledge.

I/We have read and acknowledge the Duty of Disclosure to NobleOak Life Limited and understand that this duty continues to apply until the insurance applied for has been accepted by NobleOak Life Limited. I/We also acknowledge that the Duty of Disclosure will also apply if I/we extend, vary or reinstate a contract of insurance.

Any statements I/we have made on or with an application to another insurer and which I/we have presented to NobleOak Life Limited are intended by me/us as declarations and representations to NobleOak Life Limited and I/we acknowledge that NobleOak Life Limited will use them in assessing this insurance application.

I/We have read and understood the NobleOak Life Limited privacy statement.

I/We consent to NobleOak Life Limited to using my/our personal information for the purposes outlined in that privacy statement and to NobleOak Life Limited disclosing my/our personal information to (and obtaining information from) other parties including the parties mentioned in that statement, for the disclosed purposes.

I/We understand that the insurance application for reinstatement where applied for will not become effective until my/our application is accepted by the insurer in writing

Life Insured's Name	
Signature of Life insured	
Date	/ /

Owner Name	
Signature of the policy owner	
Date	/ /



CONFIDENTIAL

APPLICATION FOR REINSTATEMENT

Statement of Person to be Insured

Please provide full details to all questions whether you feel it relevant or not. You have a legal duty to provide full information and failure to comply may affect a future claim.

NOTE: A parent holding a Policy on the life of a child under the age of sixteen may answer the questions in the statement.

Name of Life insured:

Title	
Surname	
First Name	
Other Name(s)	
Date Of Birth	

	Yes	No
1. Since the date of your original application have you consulted, been examined or treated by or received advice from any doctor, psychologist, chiropractor, physiotherapist, natural therapist, or any other health care professional, been in a hospital, had an operation or had any tests (including genetic tests), eg. x-ray, ECG, mammogram, pap smear etc?		
2. Do you have any physical impairment or disability or departure from good health or are you taking prescribed medication on a regular basis (other than the contraceptive pill)?		
3. Do you intend to seek any medical examination, advice, treatment, tests or an operation in the future?		

If you answered 'Yes' to any of the above , please provide details in the table below:

Question No.	Sickness, Injury or Tests	Test Results	Date Commenced	Time Off Work	Degree of Recovery	Date of last symptoms	Treatment received	Full name and address of doctor or hospital



CONFIDENTIAL
APPLICATION FOR REINSTATEMENT

4. Height (CM)	
5. Weight (KG)	

6. Please answer the following N.B. If you do not have a regular doctor, answer the following questions with reference to your most recent medical consultation.

Name of your regular doctor/medical centre			
Address			
Phone Number		Fax Number	
How long have you been a patient of this Doctor		Date of Last Consultation	/ /
Reason for consultation			
Outcome			

7. Have you ever smoked tobacco or any other substance in the last 12 months No: Proceed to question 8
 Yes: Provide details below

Type (eg. Cigarettes)	
Daily quantity?	
How many years?	
Date ceased (If applicable)?	
Other	

8. Are there now any circumstances which would render Insurance on your life more than usually hazardous? (i.e. change of occupation, engaging in aviation, proceeding abroad, etc) No: Proceed to question 9
 Yes: Provide details below

9. Current Occupation

a. What is your present occupation	
b. Describe your usual duties	
c. What is your annual salary or current earned income before tax but net of business expenses? (Income Protection and Business Expenses only)	\$



CONFIDENTIAL

DIRECT DEBIT REQUEST SERVICE AGREEMENT

Definitions

Account means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

Agreement means this Direct Debit Request Service Agreement between you and us.

Banking Day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

Debit Day means the day that payment by you to us is due.

Debit payment means a particular transaction where a debit is made.

Direct Debit request means the Direct Debit Request between us and you.

Us or we means NobleOak Services Limited (the Debit User) you have authorised by signing a direct debit request.

You means the customer who signed the direct debit request.

Your financial institution is the financial institution where you hold the account that you have authorised us to arrange to debit.

1. Debiting your account

1.1 By signing a direct debit request, you have authorised us to arrange for funds to be debited from your account. You should refer to the direct debit request and this agreement for the terms of the arrangement between us and you.

1.2 We will only arrange for funds to be debited from your account as authorised in the direct debit request.

1.3 If the debit day falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following banking day. If you are unsure about which day your account has or will be debited you should ask your financial institution.

2. Changes by us

2.1 We may vary any details of this agreement or a direct debit request at any time by giving you at least fourteen (14) days' written notice.

3. Changes by you

3.1 Subject to 3.2 and 3.3, you may change the arrangements under a direct debit request by contacting us on the Client Service Line on 1300 551 044.

3.2 If you wish to stop or defer a debit payment, you must notify us in writing at least seven (7) days before the next debit day. This notice should be given to us in the first instance.

3.3 You may also cancel your authority for us to debit your account at any time by giving us seven (7) days' notice in writing before the next debit day. This notice should be given to us in the first instance.

4. Your obligations

4.1 It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the direct debit request.

4.2 If there are insufficient clear funds in your account to meet a debit payment:

you may be charged a fee and/or interest by your financial institution; you may also incur fees or charges imposed or incurred by us; and you must arrange for the debit payment to be made by another method or arrange for sufficient funds to be in your account by an agreed time so that we can process the debit payment.

4.3 You should check your account statement to verify that the amounts debited from your account are correct.

4.4 If NobleOak Services Limited is liable to pay goods and services tax (GST) on a supply made in connection with this agreement, then you

agree to pay NobleOak Services Limited on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

5. Dispute

5.1 If you believe that there has been an error in debiting your account, you should notify us directly on the Client Service Line on 1300 551 044 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly.

5.2 If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

5.3 If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding.

5.4 Any queries you may have about an error made in debiting your account should be directed to us in the first instance so that we can attempt to resolve the matter between us and you. If we cannot resolve the matter you can still refer it to your financial institution which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

6. Accounts

You should check:

with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions;

your account details which you have provided to us are correct by checking them against a recent account statement; and with your financial institution before completing the direct debit request if you have any queries about how to complete the direct debit request.

7. Confidentiality

7.1 We will keep any information (including your account details) in your direct debit request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

7.2 We will only disclose information that we have about you: to the extent specifically required by law; or for the purposes of this agreement (including disclosing information in connection with any query or claim).

8. Notice

8.1 If you wish to notify us in writing about anything relating to this agreement, you should write to NobleOak Services Limited, GPO Box 4793, SYDNEY NSW 2001.

8.2 We will notify you by sending a notice in the ordinary post to the address you have given us in the direct debit request.

8.3 Any notice will be deemed to have been received on the third banking day after posting.



CONFIDENTIAL

Credit Card Authority

Membership Number:
Frequency of payment: <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Please debit my: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Card number: Expiry Date: _____ / _____ Exp: /
Name as it appears on card:
This authority enables NobleOak Services Limited to debit your credit card every month if monthly payments are indicated, or annually, until you advise NobleOak Services Limited in writing to cancel this authority.
Given Name/s:
Surname:
Address:
Suburb: _____ State: _____ Postcode: _____
Cardholder's Signature:
Date: / /
Phone:



CONFIDENTIAL

Direct Debit Request

Request and authority to debit the account named below to pay NobleOak Services Limited

1. Request and authority to debit		
Membership Number		
Surname or company name:		
Given names or ACN/ABN/ARBN:		
("you") request and authorise NobleOak Services Limited [User ID Number 246884] to arrange through its own financial institution, for any amount NobleOak Services Limited may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below and paid to the Debit User, subject to the terms and conditions of the Direct Debit Request Service Agreement (and further instructions provided below).		
2. Insert the name and address of financial institution at which account is held		
Financial Institution Name:		
Address:		
Suburb:	State:	Postcode:
3. Insert details of account to be debited		
Name Of Account:		
Phone:		
Given Name/s:		
BSB number:	Account Number:	
4. Acknowledgement		
By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and NobleOak Services Limited as set out in this Request and in your Direct Debit Request Service Agreement.		
5. Payment details		
Frequency of payment: <input type="checkbox"/> Monthly <input type="checkbox"/> Annually		
6. Insert your signature and address		
Signature:		
(If signing for a company, sign and print full name and capacity for signing e.g. director)		
Address:		
Suburb:	State:	Postcode:
Phone:		
Date:	/	/