

INSURANCE POLICY SELECTION FORM

Diversa Trustees Limited (AFSL 235153) (RSE Licence No. L0000635).

Mail to
Powerwrap Limited
P O Box 16071
Collins Street West VIC 8007
Phone 03 8681 4600

COMPLETE THIS SECTION IF YOU WISH TO INCLUDE INDIVIDUAL INSURANCE COVER IN THE PLAN

Notes: References to the 'member' in the form include a prospective member of the Plan. You should read the PDS and consult your Financial Adviser prior to applying for any insurance cover.

*Title: Mr Mrs Miss Ms Dr Prof

*Given Names:

*Surname:

*Name of insurer:

*Name of Insurance Product:

*Policy Number:

Declarations and Signature (Member to complete)

I agree and declare that:

General

- a. I authorise my Financial Adviser to submit an application for an individual insurance policy to the insurer on my behalf.
- b. I have obtained, read and understand the information about insurance in the Powerwrap Limited PDS and Insurance Booklet before signing this form.
- c. I have obtained, read and understand the product disclosure document relating to any individual insurance policy that I have selected before signing this form.
- d. My selection of insurance cover has been made after obtaining independent advice from a licensed or authorised financial adviser having regard to my personal circumstances, risk profile, objectives or needs.
- e. I understand that neither the Trustee, Powerwrap Limited nor any other company associated with the operation or administration of the Plan's insurance arrangements, guarantee suitability or performance of any available individual insurance policy or insurer.
- f. I understand and acknowledge that any insurance cover applied for under the Plan does not commence until I have been notified by (or on behalf) of the Trustee that the insurer has accepted my application for insurance cover and the relevant policy has been issued in terms that are satisfactory to the Trustee.
- g. I understand and acknowledge that my insurance cover arrangements will be set out in an insurance policy issued to the Trustee on my behalf and that I should read the policy to confirm the arrangements applicable to me.
- h. I understand and acknowledge that if my cash holding in the Plan does not have sufficient money in it to meet the cost of my insurance cover, my insurance cover may not commence or will cease.
- i. I understand and acknowledge that the declarations herein are additional to, and supplement, the declarations I have made in any application form relating to the Plan.
- j. All information provided by me in this form is true and correct.
- k. I understand that I have agreed, in my application for membership, to indemnify the Trustee in relation to all acts, matters and things done or purported to be done by my Financial Adviser or any person purporting to be my Financial Adviser and that this indemnity extends to acts, matters and things done in relation to my insurance cover via the Plan.

Personal information

I understand that the Trustee may collect, hold or use your personal information for the purposes connected with my request for insurance cover pursuant to individual insurance policy.

I authorise the Trustee to release information concerning my account, insurance or superannuation entitlements to its service providers (including relevant external insurers) and to my adviser for the purposes of processing my selection of an individual insurance policy(s) and administering individual insurance cover arrangements applicable to my account in the Plan.

Member Signature:

Date:

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Financial Adviser Declarations and Signature

I agree and declare that:

- a. I have been appointed (and agree) to act on behalf of the member in accordance in relation to the member's selection of insurance cover under an individual insurance policy.
- b. I will only act in accordance with instructions I receive from the member in relation to any application for an individual insurance policy via the Plan.
- c. I will provide the member with any information or documents that they request in relation to any instructions or transactions generated under this authority in relation to any application for an individual insurance policy via the Plan.
- d. I have provided the member with access to the current product disclosure statement for their selected individual insurance policy, and will provide them with a copy of any policy that is issued if their application for cover is accepted.
- e. I have provided the member with a current written recommendation to acquire the selected insurance cover via an individual insurance policy through the Plan.
- f. I have explained to the member the differences between obtaining cover under the individual insurance policy selected by the member owned by the Trustee and under an individual insurance policy owned directly by the Member.
- g. I have fully disclosed all fees and costs associated with individual insurance via the Plan.
- h. I confirm that any adviser fees payable to me as agreed by the member are for financial services relating solely to the Plan or its investments.
- i. I confirm that any changes to adviser fees will be signed off in writing by the member prior to making any such change.
- j. All information provided by me in this form is true and correct.
- k. I understand that I have agreed, in my application for membership, to indemnify the Trustee in relation to all acts, matters and things done or purported to be done by me on the Member's behalf and that this indemnity extends to acts, matters and things done in relation to the Member's insurance cover via the Plan.

Financial Adviser signature:

Date:

The Plan cannot accept this application unless the adviser declaration is completed.