

YOUR APPLICATION FOR NEOS PROTECTION



DECLARATIONS

The following pages contain the declarations that form part of an application for life insurance with NEOS Life.

This form has been designed for use by a financial adviser, should they wish to capture a client's physical signature confirming the client's agreement with the declarations of the application.

1. Client details

Plan owner details:

Insured person details
(if different from plan owner):

2. Application details

Reference number:

Date of submission:

 / /

3. Duty of Disclosure

Before the plan owner enters into a contract of insurance with an insurer, they, and any person to be insured, have a duty to disclose everything that they know, or could reasonably be expected to know, is relevant in the assessment of the application. The Duty of Disclosure is outlined in the NEOS Protection Product Disclosure Statement (PDS) available at: neoslifecom.au/PDS.

4. Client confirmation

By signing this form, you confirm you agree:

- that the answers you've provided to the application questions are true and complete and you've not withheld anything material from your application; and
- with the declarations outlined on page 2 of this form.

Plan owner signature:

Date signed:

 / /

Insured person signature
(if different from plan owner):

Date signed:

 / / 

neoslifecom.au

GPO Box 239, Sydney NSW 2001

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NEOS Life is a registered business name of Australian Life Development Pty Ltd ABN 96 617 129 914 AFSL 502759. NEOS Protection is issued by NobleOak Life Limited (NobleOak) ABN 85 087 648 708 AFSL 247302. NEOS Super Plan is issued by Tidswell Financial Services Limited (Tidswell) ABN 55 010 810 607 AFSL 237628 RSE L0000888 as trustee of both the Max Super Fund ABN 22 508 720 840 RSE R1067897, and the Tidswell Master Superannuation Plan ABN 34 300 938 877 RSE R1004953. NEOS Life provides administration services in relation to NEOS Protection and NEOS Super Plan on behalf of NobleOak and Tidswell, respectively.

5. Application declarations

Declaration for the plan owner (where they are an individual) and the person to be insured (if they are not the plan owner)

You must carefully read the following declarations.

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

- I/we have been provided with a copy of the NEOS Protection Product Disclosure Statement (PDS) by my adviser and I/we have read and understood the important information about the product contained in the PDS, including the privacy information, the “cooling off” period and situations when the insurer won’t pay claims. My/our decision to apply for insurance cover is based on the information in the PDS. I/we understand that, except for Interim Accident Cover, and subject to specific terms and conditions, insurance cover will not commence until my/our application for insurance cover is accepted and a Plan Schedule is issued.
- I/we have read and understood the Duty of Disclosure as set out in the PDS.
- I/we am aware of the consequences of non-disclosure. I/we understand that the Duty of Disclosure also applies to Interim Accident Cover and that the Duty of Disclosure continues to apply until my/our application is accepted and a Plan Schedule is issued.
- I/we have provided NEOS with true, accurate and complete answers in my/our application (including this application form, quotes and all other forms, questionnaires and other information I/we have provided to NEOS), whether answered by me/us personally or by my adviser.
- The person to be insured will review a summary of the application and disclosures received by email and will notify NEOS directly of any answer which is incorrect, incomplete or inaccurate, within five business days of receipt. I/we will cooperate with NEOS, on behalf of the insurer NobleOak, if modifications to the plan conditions are required because of any changes to the answers NEOS are notified of.
- 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 understand that the email address(s) provided is for the purpose of receiving communication from NEOS. 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.

Additional declaration for the plan owner

- I understand that my financial adviser is my agent and is not the agent of the insurer.
- I understand that NEOS, on behalf of the insurer, may accept information from my financial adviser, or their representative, and that NEOS will rely on any such information in deciding whether or not to accept my application and in relation to all matters of administration.
- I consent to NEOS, on behalf of the insurer, disclosing or discussing with my financial adviser any matter relevant to the assessment of my application for insurance including financial, medical and other matters, whether disclosed in this application, obtained from third parties such as doctors and accountants, or otherwise discovered as part of the assessment process. NEOS will not provide copies of medical reports to my financial adviser, or their business, without first obtaining my consent (and the insured person’s consent if they are different to the plan owner).
- In the event my application is not accepted on standard terms:
 - I authorise NEOS to inform my financial adviser, or their representative, of the reasons for that decision.
 - I understand that NEOS will not provide copies of medical or other reports to my financial adviser, or their business, without first obtaining my consent (and the insured person’s consent if they are different to the plan owner); and
 - I authorise my financial adviser, or their representative, to communicate to NEOS my acceptance of any revised terms on my behalf.



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