

You could pay less or get higher cover if your work is classified as Low Risk or Professional. To apply to have your insurance cover (that is Death, Total & Permanent Disablement (TPD) and/or Income Protection) changed to a Low Risk or Professional work rating, you must complete all parts of this form. Please complete in pen using CAPITAL letters. Print to mark boxes where applicable.

1. PERSONAL DETAILS

| | | | | | | | | | | | | | | | | | |
|----------------------|--|--|--|--|----------------------|--|--|--|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|---|---|
| Surname | | | | | | | | | | Mr | Ms | Mrs | Miss | Dr | | | |
| <input type="text"/> | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Given names | | | | | | | | | | Date of birth | | | | | | | |
| <input type="text"/> | | | | | | | | | | D | D | M | M | Y | Y | Y | Y |
| Street address | | | | | | | | | | | | | | | | | |
| <input type="text"/> | | | | | | | | | | | | | | | | | |
| Suburb | | | | | | | | | | State | | Postcode | | | | | |
| <input type="text"/> | | | | | | | | | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | |
| Telephone (BH) | | | | | (AH) | | | | | Mobile | | | | | | | |
| <input type="text"/> | | | | | <input type="text"/> | | | | | <input type="text"/> | | | | | | | |
| Email | | | | | | | | | | Member number | | | | | | | |
| <input type="text"/> | | | | | | | | | | <input type="text"/> | | | | | | | |
| Occupation | | | | | | | | | | | | | | | | | |
| <input type="text"/> | | | | | | | | | | | | | | | | | |

Please don't email me information about super products and services, investment information, or third-party products.

2. ELIGIBILITY FOR LOW RISK OR PROFESSIONAL WORK RATING

- Have you been off work due to illness or injury for a total of 4 or more weeks in the last 12 months (at the date of this application)? YES NO
- Have you been diagnosed with an illness that reduces your life expectancy to less than 12 months? YES NO
- Are you, at the date of this application, due to injury, accident or illness:
 - off work; or YES NO
 - restricted from being capable of performing your full and normal duties on a full-time basis (for at least 30 hours per week) even though your actual employment can be on a full-time, part-time or casual basis? YES NO

Note: if you answered YES to any of the questions (1) through to (3) you will not be eligible to change your work rating to Low Risk or Professional. Your cover will be provided under your previous work rating. You are not required to complete the remaining sections of this form.

- Is the work you do limited to 'white collar' tasks that do not involve manual work, and take place entirely (or at least 80%) within an office environment (excluding travel between offices)? YES NO
- Are you earning more than \$80,000 a year from your profession? YES NO
- Do you have a tertiary qualification or are you a member of a professional institute or registered by a government body? YES NO
- Are you in a management role? YES NO
- If you answered NO to Question 4, but your work is of a 'white collar' nature, tell us your occupation and write a brief description of your duties below.

Please note:

- Eligibility for a Low Risk or Professional work rating is subject to acceptance by TAL Life Limited ABN 70 050 109 450 AFSL 237848 (the Insurer).
- If accepted, all cover (whether it is Death or TPD cover on either the units of cover or fixed premium rates, or Income Protection) will be at the accepted work rating.
- If the Insurer rejects your application for a Low Risk or Professional work rating, all of your Death or TPD cover will be provided under your previous work rating. Similarly all of your Income Protection cover (if applicable) will be based on your previous work rating.

