

Please note that any amendments to this ETA must be signed for, with the exception of changes to the quotation reference number.

Quotation Reference Number

Life Assured 1: Full Name

Life Assured 2: Full Name

Application Documents

Please note: The information requested below is compulsory and must be completed.

I hereby instruct Unilife to email any documents pertaining to my/our application to:

Email address

I hereby instruct Unilife to send text communication in respect of the application process to:

Mobile phone number

Starting Date

The starting date will be the date that the Premium is received following the acceptance of the benefits.

General Terms and Conditions

- This signed Electronic Transaction Authority (ETA) form permits electronic transactional functionality, including the electronic submission of information to conclude a transaction, between you, your financial adviser/Intermediary and Unilife (meaning Unilife as well as all of its current or future subsidiaries or successors in title).
- 'Transaction' includes any contract, application, revival, alteration, variation, claims or servicing change made to any contract.
- The policyholder may cancel the ETA by written notice/representation to Unilife.
- The policyholder may not sign any blank or partially completed form relating to an insurance transaction where another person will be required to fill in other details.
- The policyholder/life assured acknowledges and understands that failure to disclose any important information that could impact on the assessment of his/her/their risk, may result in transactions being voided or cancelled, and benefits terminated.
- Any medical information not disclosed in a document forming part of Unilife's application process, whether orally or in writing, may constitute material non-disclosure. If the information was disclosed to a medical practitioner practising for his/her own account, this practitioner will not act as an agent of Unilife. The policyholder/life assured would still need to disclose this information to Unilife.

Policyholder Declaration

- I declare that I am fit to contract with Unilife and that I am not insolvent, under administration or pending liquidation or administration.
- I have read the quotation(s) with unique quotation reference number(s) as completed above and I confirm that my financial adviser /Intermediary has explained its/their contents. I agree that it/they are binding.

- I understand that as soon as Unilife receives all the relevant information furnished in the proposal for an insurance policy, Unilife will send a text message and email a copy of the quote, application information and Terms and Conditions relevant for the issue of a policy contract to the contact details I have supplied above. In the rest of the form, these documents are referred to as 'the application documents'.
- I understand that, if I do not receive the text message and/or email, it is my responsibility to seek from Unilife or my financial adviser /Intermediary a copy of the application documents.
- I acknowledge and understand that it is then my duty to check and verify all the information detailed in the application documents once I have received them, and to inform Unilife immediately if any of this information is incomplete or incorrect so that it can be rectified at once. Failure to do so may invalidate any future claims that I may wish to make. This information will be regarded as material to the assessment of the risk of the life/lives assured and will form the basis of the policy contract.
- I will comply with all reasonable requests and instructions from Unilife in respect of underwriting protocols.
- Unilife will provide these standard standard Terms and Conditions. These shall be issued alongside a copy of the application form, and again when the policy contract is issued. I accept that in any dispute surrounding a policy transaction, the Terms and Conditions of the policy contract shall prevail.

Life Insured Declaration

- I consent to being an insured life on this proposal for an insurance policy and understand that my application data will be made available to the policyholder and Unilife, to which I do not object.
- I warrant that all information provided electronically, telephonically or in writing in the proposal for an insurance policy, and in any other documents signed or to be signed by me in connection with the proposal, is true and correct. This includes information submitted in response to a counterproposal.
- I shall comply with all reasonable requests and instructions issued by Unilife in respect of underwriting protocols. I understand that I will be required to undergo a HIV test.

Premium Payer Declaration

- I authorise Unilife to debit the specified credit card with any premium amounts payable as agreed in the terms of the policy contract.
- If I am acting on behalf of a legal entity/trust, I hereby declare that I have a mandate and am duly authorised to act on behalf of the legal entity/trust.
- I accept that Unilife may debit the specified credit card on a date other than that which I have selected. I further accept that all premiums are payable in advance.
- If there is a change to the credit card details I have supplied at any time, I will notify Unilife of such alteration.

Consent

- The policyholder/life assured accepts and understands the limitation of their right to privacy by signing this ETA. To enable the assessment of the risks and the calculation of the premium and to assist in considering any claim for benefits, the policyholder and/or the life assured authorises Unilife to:
 - obtain from any person, other insurer, medical aid, medical practitioner or institution, any information that Unilife requires to underwrite this application and/or for claims arising from this policy. The policyholder/life assured authorises such person(s) to provide this information to Unilife; and
 - share with other insurers any information in this application or in any related policy or other document, either directly or through a database operated by or for insurers as a group, at any time (even after my death) and in such detailed, abbreviated or coded form as Unilife or the operators of such a database may decide from time to time; and
 - disclose my medical information to any parties that Unilife uses in providing services in connection with the policy.

The policyholder/life assured acknowledges that this authorisation cannot be cancelled and that it will endure after their death.

- The policyholder/life assured agrees to notify Unilife in writing if a change takes place to any aspect of the details of the life/lives assured, such as:
 - personal health
 - family history
 - occupation
 - participation in any hazardous pursuits
 - travel
 - residence
 - lifestyle (such as smoking, alcohol consumption, taking of drugs etc)

These change(s) relating to the life/lives assured will have occurred between the date of the application and either the starting date of the policy, or the acceptance date, whichever occurs last. Failure to disclose these changes may result in the cancellation of the benefits and premiums paid may be used to offset expenses incurred by Unilife.

Disclaimer

Unilife will take all reasonable steps to ensure the security and confidentiality of the information submitted. Unilife also ensures the integrity and security of its electronic data systems and warrants that it will comply with all relevant legislation relating to electronic communications. However, Unilife will accept no liability for loss or damages of any nature resulting from:

- Your or your financial adviser’s negligent usage of this electronic platform for transactional purposes.
- The application data being incorrectly captured on your behalf and any subsequent claim that is submitted as a result of the application data being incorrect.
- The premium collection details or the premium payer details being incorrect.

Financial Adviser Declaration – General

- I accept that Unilife records my activities when using the Unilife online capturing systems.
- I declare that, when I have nominated a third party to capture information on behalf of the policyholder, this has to the best of my knowledge, been carried out truthfully and accurately.
- I declare that I understand the consequence of using the Unilife online capturing systems in a fraudulent manner.

Declaration Acceptance by all Role Players

I accept that I shall be bound by this ETA and all Terms and Conditions. These Conditions will apply in all future dealings with Unilife.

Signed at

Signature(s) of Contract Roleplayer(s)

Full Name

Please indicate the role(s) Life Insured Policyholder Premium Payer

Signature Date

Full Name

Please indicate the role(s) Life Insured Policyholder Premium Payer

Signature Date

Full Name

Please indicate the role(s) Life Insured Policyholder Premium Payer

Signature Date

Full Name

Please indicate the role(s) Life Insured Policyholder Premium Payer

Signature Date

Full Name

Please indicate the role(s) Life Insured Policyholder Premium Payer

Signature Date

Full Name

Please indicate the role(s) Life Insured Policyholder Premium Payer

Signature Date

Signature(s) of Financial Advisers(s)

Servicing Intermediary contact telephone number

Financial adviser name and surname

Signature Date

UL ETA 12.16

If you require any further details, please ask your financial adviser.
Alternatively you can contact your nearest Unilife office, details of which are available on our website, or get in touch using our email address:
administration@unihealthandlife.com