

Thank you for requesting this Product Disclosure Statement from Funds Focus.

How to Apply

Please have a read through the PDS and if you would like to invest the application pages can generally be found towards the back of the document. You will only need to send the application section back with a cheque/direct debit payable direct to ACE IRM, the distributors for Zurich (not ourselves).

Then mail the completed application directly to us.

We will then check to ensure your form is completed correctly before forwarding your document on to the investment provider on your behalf.

Wealth Focus Pty Ltd
Reply Paid 760
Manly
NSW 1655

Should you wish to take advantage of our free annual valuation and tax report for all your investments you should complete our broker nomination form for The Wealth Focus Investment Service.

Regards



Sulieman Ravell
Managing Director



Involuntary Unemployment



Important information – Please read the following before completing this proposal.

Privacy

Zurich respects your privacy. Before we collect personal information you should know the following things:

We require personal information about you to assess your request for insurance and to administer the policy.

- Where relevant for this purpose, we will disclose your personal information (other than sensitive information such as health information) to your intermediary.
- We will also, where relevant, disclose your personal information, including sensitive information, to our service providers (including loss adjusters, administrators, reinsurers) and to our business partners for this purpose. By submitting your personal details, you consent to those organisations collecting and us disclosing personal and sensitive information about you for this purpose.
- A list of the type of service providers and business partners we commonly use is available on request, or on our website. Go to www.zurich.com.au and click on the Privacy link on our homepage.
- If you do not provide the requested information, your proposal may not be accepted, we may not be able to administer your policy or you may breach your duty of disclosure, the consequences of which are set out in the Duty of Disclosure notice.
- We may also disclose personal information about you where we are required or permitted to do so by law.
- In most cases, on request, we will give you access to the personal information we hold about you. In some circumstances, we may charge a fee for giving you access, which will vary but will be based on our costs.

If you would like to find out more, you may contact us by telephone on 132 687 or email at Privacy.Officer@zurich.com.au or in writing to:

The Privacy Officer
Zurich Australian Insurance Limited
PO Box 677 North Sydney NSW 2059

Duty of Disclosure

Before you enter into this contract of insurance with us, the Insurance Contracts Act 1984 requires you to tell us everything of which you are aware, which you know, or which a reasonable person in the circumstances could be expected to know is relevant to our decision, whether and on what terms, your proposal for insurance is acceptable and to calculate the premium required for your policy.

The Act imposes a different duty the first time you enter into the policy with us, from the duty that applies when you renew, vary, extend, reinstate or replace your policy. We set these duties out below.

Your duty of disclosure applies when you enter into this policy with us for the first time

You will be asked various questions when you first apply for this policy. When you answer these questions, you must:

- give us honest and complete answers;
- tell us everything you know;
- tell us everything that a reasonable person in the circumstances could be expected to tell us.

Who needs to tell us

It is important that you understand, that you are disclosing to us and answering our questions for both you and anyone else who you want to be covered by the policy.

Client Reference number

Memo Number

Policy Number

Intermediary

Duty of Disclosure (continued)

If you do not tell us

If you do not answer our questions honestly or do not properly disclose to us, we may reduce or refuse to pay a claim or may cancel the policy. If you act fraudulently in answering our questions or not disclosing to us, we may refuse to pay a claim or treat the policy as never having existed. This would mean that you were never insured.

Your duty of disclosure applies when you renew, vary, extend, reinstate or replace your policy.

When you renew, vary, extend or reinstate your policy, your duty is to tell us before the renewal, variation, extension or reinstatement, every matter known to you, which:

- you know; or
- a reasonable person in the circumstances could be expected to know;
- is relevant to our decision whether to insure you and, if so, on what terms.

What you do not need to tell us when you renew, vary, extend or reinstate your policy

You do not need to tell us about any matter:

- that diminishes our risk;
- that is of common knowledge;
- that we know or should know as an insurer; or
- that we tell you we do not need to know.

Non-disclosure or Misrepresentation

If you make a misrepresentation to us, or if you do not comply with your duty of disclosure and we issue your policy with terms and conditions that are different to the terms and conditions that would have been issued had there not been any misrepresentation, or your duty of disclosure had been complied with, then:

- we may reduce the cover provided, so that we are placed in the same position as we would have been in, had there not been any misrepresentation and your duty of disclosure had been complied with; and
- we may also cancel your policy; or
- we may treat your policy as if it never existed if the misrepresentation or your non-compliance with your duty of disclosure was fraudulent.

Reasonable precautions and fraudulent acts

You must take all reasonable precautions for the maintenance and safety of the Insured Property and prevention of loss. We will not be liable for any loss, damage, injury or liability arising from a deliberate or fraudulent act committed by you or on your behalf.

Policy details

For full details of cover, please refer to the Product Disclosure Statement and the Policy wording which sets out the terms and conditions of covered offered. This is available from your intermediary or your local Zurich branch office.

All questions in this proposal form must be answered

Proposed period of insurance

Period of insurance: From / / To / / at 4pm

Details of person to be insured

Title Mr Mrs Miss Ms Other

Surname _____ Given name _____

Date of birth / / _____

Address _____ State _____ Postcode _____

Postal address (if different to above) _____ State _____ Postcode _____

Contact details

Work _____ Home _____

Mobile _____ Email _____

General insurance

Has any insurance company refused to meet a claim lodged by you in respect of this class of insurance? Yes No

If 'Yes', please provide details

Has any insurance company succeeded in denying a claim lodged by you on grounds of non-disclosure, misrepresentation and/or fraud, in respect to this class of Insurance? Yes No

If 'Yes', please provide details

Do you have or intend any additional insurance with any other insurer in connection with this class of insurance? Yes No

If 'Yes', please provide details

Is there any additional information or detail of which you are aware and which may assist Zurich to better assess the nature of the risk? Yes No

If 'Yes', please provide details

Has any insurance company?

(a) Declined to accept a proposal from you? Yes No

(b) Cancelled a policy, contrary to your wishes? Yes No

(c) Declined to renew a policy, contrary to your wishes? Yes No

If 'Yes', please provide details

General insurance (continued)

List all period/s of unemployment in the last five years.

Date ceased employment	Employers name	Period of unemployment
		From / / To / /
		From / / To / /
		From / / To / /
		From / / To / /
		From / / To / /

Current employment details

What is your current occupation?

Position held

Select the industry that you currently work in?

- | | |
|--|---|
| <input type="checkbox"/> Personal and other services | <input type="checkbox"/> Cultural and recreational services |
| <input type="checkbox"/> Health and community services | <input type="checkbox"/> Education |
| <input type="checkbox"/> Government administration and defence | <input type="checkbox"/> Property and business services |
| <input type="checkbox"/> Finance and insurance | <input type="checkbox"/> Communication services |
| <input type="checkbox"/> Transport and storage | <input type="checkbox"/> Accommodation, cafes and restaurants |
| <input type="checkbox"/> Retail trade | <input type="checkbox"/> Wholesale trade |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Electricity, gas and water supply |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Agriculture, forestry and fishing | <input type="checkbox"/> Other please specify..... |

Name of your current employer

Employer's address in full State Postcode

ABN

Address of your place of work if different to above

Person to contact if necessary to confirm employment

Employee number Date started / /

Current employment status options

- Full-time Employed
 Part-time (at least 30 hours per week)
 Contract
 Temporary
 Casual

If contract give dates From / / To / /

Are you in a probationary period? Yes No

Percentage shareholding in company % If none state none

Previous employment

If less than 5 years with current employer.

1. Employer's name

Employer's address State Postcode

Position held

Industry

From / / To / /

2. Employer's name

Employer's address State Postcode

Position held

Industry

From / / To / /

Benefit Selected\$3,000 or \$5,000 **Underwriting details**

Are you an Australian citizen / permanent resident of Australia? Yes No

If No, do you have the appropriate working visa? Yes No

If Yes, when does your working Visa expire? / /

Are you now and have been for the past 12 months in continuous permanent employment? Yes No

Is your work temporary, casual or seasonal (including any work from a temporary, employment agency)? Yes No

In the past 24 months, have you been or are you currently involved in any dispute or disciplinary action with your employer? Yes No

Do you know of any redundancies, restructure, reorganisation, financial or contractual threats within the business you work in even if you do not believe these actions will result in you becoming unemployed? Yes No

Declaration

I in effecting insurance in accordance with the information furnished in this proposal, declare and warrant:

- (a) the statements in this proposal form are true;
- (b) I have disclosed all matters which to my knowledge you should be aware of;
- (c) no insurance company has ever cancelled, declined or refused to renew or imposed special terms or cancelled any policy held by me and
- (d) that I agree to accept the terms, exclusions, conditions and limitations of the Zurich Business Insurance contract.

Signature of proposer

Date

X

/ /

For Internal Use Only

Memo number	Date entered
Cover approved	Date payment received
Intermediary number	

Wealth Focus Pty Ltd
 Reply Paid 760
 Manly, NSW 1655
 AFSL 314872
 Tel 1300 559 869

PAYING YOUR PREMIUM

INCORPORATE INTO YOUR LOAN



You may choose to incorporate your premium into your total loan amount and have the premium paid at the time your loan is disbursed.

To make these arrangements you will need to complete the payment instruction form with your broker and forward a copy to our office and to your solicitor or conveyancer and or your financier to arrange for the payment to be made. Please contact your broker or our customer service team on 1300 738 223

CREDIT CARD PAYMENT



Simply complete all of the details below and fax (07 3807 1311) or post to ACE IRM with the completed policy application form.

PAYMENT BY MAIL



Return the completed Policy Application form together with the completed Credit Card Payment Authority below or cheque. **MAIL TO:** ACE IRM Insurance Broking Group
PO BOX 302
Beeneleigh Qld 4207

Please make cheques payable to ACE IRM Insurance Broking Group Pty Ltd. Please write the name of the insured on the back of the cheque. Do not send cash.

DIRECT CREDIT PAYMENT

EFT

Direct credit funds to the following bank account

Bank: NAB
Branch: 084 120
Account: 02766 1431
Name: ACE IRM Insurance Broking Group Pty Ltd
Reference: Your name or invoice number

YOUR RESPONSIBILITY

If you do not pay your policy premium by the due date, the policy may lapse and your valuable protection will be lost. You may re-apply for cover but your application may have to be reassessed and you could be required to provide updated information about your employment, health and pastimes.

ENQUIRIES

Please contact our Customer Service Team on 1300 738 223 8:30am - 5:00pm EST

CREDIT CARD PAYMENT

CREDIT CARD PAYMENT AUTHORISATION

To pay your premium by credit card, please complete this form and return to ACE IRM Insurance Broking Group. Your premium will be deducted from your credit card at the time we receive your payment instructions.

Please debit my Mastercard Visa

Card Number

Expiry Date / Payment Amount \$

Cardholder Name

Signature Date / /