

Voluntary Consent to use Genetic Information

Notes on using genetic information in our assessment.

Thank you for the application for life insurance with Zurich Australia Limited.

This form is to be completed by the life insured ('you') or the authorised agent of the life insured (the financial adviser) to provide consent for Zurich to use protected genetic information as part of the assessment of an application for life insurance.

Protected genetic information includes any information about:

- whether the life insured or a genetic relative has undergone, intends to undergo, or has been recommended to undergo, genetic testing; or
- any such tests undergone, including the results.

By law, we cannot use protected genetic information when making a decision about the application for life insurance unless **all** of the conditions below are met:

- The life insured, or the authorised agent, or a treating medical practitioner authorised by the life insured, provided the genetic information knowingly, and it was not requested or solicited by Zurich.
- You (or the authorised agent) consent in writing to genetic information being used in our underwriting process.
- The use of the genetic information when making a life insurance contract decision does not lead to any disadvantage to the insured person or third-party beneficiary under any contract entered into.

Important Information

- The provision of genetic information is not a requirement
- We do not ask for the provision of genetic information

Declaration and consent

By signing this consent form, I the life insured (or authorised agent on behalf of the life insured):

- Consent to Zurich Australia Limited (and any relevant service providers) using the genetic information in its assessment of the application for life insurance.
- Confirm that the genetic information is/was knowingly provided.
- Confirm that Zurich Australia Limited did not request, solicit or encourage the provision of any genetic information.
- Understand that providing this information will not disadvantage the outcome of the application for life insurance.

Please complete and sign below.

Name of life insured

Signature of life insured

Date

X

/ /

OR

Financial Adviser's name (as the authorised agent)

Financial Adviser's signature

Date

X

/ /

To return this form please email to: life.newbusiness@zurich.com.au or via your Financial Adviser.

If you have any questions about providing consent:

- You may wish to speak to your financial adviser
- You can also contact Zurich Australia Limited on 1800 244 306

Privacy

Zurich is bound by the Privacy Act 1988 (Cth). In completing the forms or questions herein this consent form you will be providing us with your personal and, perhaps, sensitive information. The collection and management of this information is governed by the Privacy Act 1988. For a more detailed explanation of Zurich's Privacy Policy please visit our website at www.zurich.com.au or contact the Zurich Privacy Officer on 132 687 or email us at privacy.officer@zurich.com.au

In relation to any information (including any protected genetic information) provided as part of your application process, please also refer to the Privacy Collection Statement in the Product Disclosure Statement (PDS)