

MBF Accidental Death Plan application to increase cover

Collection, use and disclosure of your personal information

By providing your personal information you acknowledge and declare that, and consent to:

1. we can collect and use your personal information for the following purposes: to process your current and any subsequent transaction request, and to administer your policy;
2. for these purposes we can collect your personal information from, and disclose it on a confidential basis to: our related entities; government departments and agencies; investigators; lawyers; advisers; and the agent of any of these;
3. where you provide personal information to us about another person, you are authorised to provide information to us, and that you will inform that person, (unless doing so would pose a serious threat to the life or health of any individual) who we are, how we use and disclose their information, and that they can gain access to that information;

Our information handling policy

Further information on how we handle your personal information is explained in our Information Handling Policy including:

- How to contact us regarding Privacy;
- How to inform us to change your marketing consent; and
- How to access your personal information.

If you have any questions, comments or concerns regarding privacy matters or any other matter please call us on 132 623.

1. Your details

Policy number

Policy owner Surname

Given name(s)

Initial Title

Life insured Surname

Given name(s)

Initial Title

Work phone no.

Home phone no.

2. Increase to insured amount

I would like to increase the life insured's benefit to the following level (please tick)

- \$100,000 \$150,000 \$200,000 \$250,000
\$300,000 \$350,000 \$400,000

3. Declaration

- I/we apply to change an existing MBF Accidental Death Plan and agree to abide by the terms of that policy;
- the answers I/we have given in this application are true and correct;
- I/we understand that the change to my/our policy does not begin until MBF Life Limited accepts my/our application and I/we have paid the additional premium (or signed authority);
- I/we have read and consent to the collection, use and disclosure of my/our personal information as set out in the *Collection, use and disclosure of your personal information* section.

Signature of Policy owner	
<input type="text"/>	DATE / /
Signature of Life insured	
<input type="text"/>	DATE / /