

## Diversa Group Life Pool - Quote Request

### Insured Person's Details

Title:  Mr  Mrs  Miss  Ms  Other: \_\_\_\_\_ Gender:  Male  Female  
Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_  
Date of Birth (dd/mm/yy):    /    /    Australian Resident: Yes/No (non residents are not eligible for cover)  
 Smoker     Non Smoker    Occupation Title: \_\_\_\_\_  
Main Occupation Duties: \_\_\_\_\_

### Details of Insurance Cover Requested

Default (automatic) Cover    Premiums Paid     Annually  Semi-annually  Quarterly  Monthly

OR

#### Underwritten Cover

Death    Amount: \$ \_\_\_\_\_

Death & Total & Permanent Disability    Amount: \$ \_\_\_\_\_

TPD Definition:     Own Occupation     Any Occupation

- Notes:**
1. TPD cover cannot be provided without death cover
  2. Own occupation TPD definition is only available for white collar and professional occupation categories
  3. A loading of 25% is applicable for TPD Own occupation cover
  4. Quotes are for illustration purposes only. The actual premium payable will be advised at the time that the insurance cover is accepted.

### Contact Details

Super Fund / Employer Name (if applicable): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Position Held (if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

OR

Adviser (where applicable): \_\_\_\_\_

Adviser Service Fee  Standard     Rebated     Other \_\_\_\_\_%

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Please email the completed Quote Request to:

Diversa Superannuation Services Limited E: [insurance@diversa.com.au](mailto:insurance@diversa.com.au)

If you have any questions regarding this form or the Group Life Pool, please contact us on 1300 734 359.  
Group Life Pool PDS, forms & FAQs can be found on the website [www.diversa.com.au](http://www.diversa.com.au)

### OFFICE USE ONLY

Quote:

Date in: \_\_\_\_\_ Time: \_\_\_\_\_

Date out: \_\_\_\_\_ Time: \_\_\_\_\_

Prepared - Signature: \_\_\_\_\_  Checked - Signature: \_\_\_\_\_