

Pursuits Questionnaire

Information sheet

When to use this form

Use this form to provide Resolution Life with specific information about any pursuits that you currently or intend to participate in to help us assess your application for insurance.

What you need to tell us

When you apply for insurance

When you apply for insurance, the insurer conducts a process called underwriting. It's how we decide whether we can cover you, and if so on what terms and at what cost.

We will ask questions we need to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give us in response to our questions is vital to our decision.

The Duty to Take Reasonable Care Not to Make a Misrepresentation

! Read this if you are applying for insurance as the policy owner, if you will be an insured person under a policy owned by someone else, or if you will be an insured person under a superannuation plan.

Your legal duty

When you apply for insurance and up until your application is accepted by the insurer, there is a legal Duty to Take Reasonable Care Not to Make a Misrepresentation to the insurer.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

You have the same duty if anything changes, or you remember more information, while we're processing your application.

If you want to change your insurance cover at any time, extend it or reinstate it, you'll also have the same Duty to Take Reasonable Care Not to Make a Misrepresentation to the insurer at that time.

You are responsible for all answers given, even if someone assists you with your application.

We may later investigate the answers given in your application, including at the time of a claim.

Where a **policy** owned by one person covers the life of another person, it's important that the other person does not make a misrepresentation when providing information to the insurer. If the other person does make a misrepresentation, then it may be treated as a failure by the owner of the **policy** in their Duty to Take Reasonable Care Not to Make a Misrepresentation. Therefore, you must take reasonable care not to make a misrepresentation when giving us information whether you're the owner of the **policy** or an **insured person** under it.

If you do not meet your legal duty

If you do not meet your Duty to Take Reasonable Care Not to Make a Misrepresentation, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

If there is a failure to comply with the Duty to Take Reasonable Care Not to Make a Misrepresentation, there are different remedies that may be available to the insurer. These are set out in the *Insurance Contracts Act 1984* (Cth). These are intended to put the insurer in the position it would have been in if the duty had been met. Therefore, if the person who answers our questions does not take reasonable care not to make a misrepresentation, it can have serious consequences for your insurance, such as those explained below:

- we may **treat the contract (or your cover) as if it never existed**
- we may **reduce the amount you've been insured for**
 - to reflect the premium you've been paying. There is a link between the premium you pay and your level of cover. If you fail to tell us something, your premiums may have been too low. The insurer may reduce the amount you've been insured for, taking into account the premium you would have had to pay if you'd told us everything you should have. For Death cover the insurer can only reduce the amount you've been insured for within three years of your cover starting.

- we may **vary your cover** – to take into account the information you didn't tell us and put the insurer in the same position as it would've been if you'd told us. Variations could mean, for example, that waiting periods, exclusions or premiums may be different. The insurer can't make variations to Death cover.

Your total insurance cover forms one insurance contract. If you don't meet your legal duty, the insurer may treat your different types of cover as separate contracts when it takes action to address this.

Whether the insurer can exercise one of these remedies depends on a number of factors, including:

- whether the person who answered our questions took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances. This includes how clear and specific our questions were and how clear the information we provided on the duty was;
- what the insurer would have done if the duty had been met – for example, whether the insurer would have offered cover, and if so, on what terms;
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before we exercise any of these remedies, we will let you know our reasons and the information we rely on and give you an opportunity to provide an explanation.

If we decide to exercise one of these remedies, we will advise you of our decision and the process to have this reviewed or make a complaint if you disagree with our decision.

Guidance for answering our questions

When answering our questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question that we ask you.
- Do not assume that we will contact your doctor for any medical information.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it or check with us.
- Review your application carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and make corrections if needed) before the application is submitted.

Changes before your cover starts

Before your cover starts, we may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

After your cover starts

If, after the cover starts, you think you may not have met your duty, please contact us immediately.

Your privacy

Personal information

We may collect personal information directly from you or from your financial adviser.

We may also collect personal information if it is required or authorised by law, including the *Superannuation Industry (Supervision) Act 1993*, the *Corporations Act 2001* and the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

Our main purpose in collecting personal information from you is so we can establish and manage your plan. If you choose not to provide the information necessary to process your application, then we may not be able to process it.

We may also collect and use any of your personal information, including sensitive information, collected and held by Resolution Life if you authorise us to do so.

We may also use this information for related purposes—for example, enhancing customer service, product options and providing you with ongoing information about opportunities that may be useful for your financial needs through direct marketing. These may include investment, retirement, financial planning, life insurance products and enhanced customer services that may be made available by us, or our related bodies corporate (as defined in s50 Corporations Act 2001 (Cth)), or by your financial adviser. Please contact us if you do not want your personal information used for direct marketing purposes.

We usually disclose information of this kind to:

- our related bodies corporate
- your financial adviser or broker (if any)
- the owner of the plan (if applicable)
- external service suppliers who may be located in Australia or overseas, who supply administrative, financial or other services to assist Resolution Life in providing Resolution Life Financial Services. A list of countries where these providers are likely to be located can be accessed via our Privacy Policy
- the Australian Transaction Reports and Analysis Centre (AUSTRAC) where required by our anti-money laundering compliance plan
- the Australian Taxation Office (ATO) to conduct searches on the ATO's Lost Member Register for lost superannuation
- anyone you have authorised or if required by law.

Sensitive information

If sensitive information, such as health information, is collected in relation to this financial product, then additional restrictions apply. Resolution Life may collect health information using a

third party provider. The primary purpose for obtaining this health information is for the insurer, Resolution Life, to assess your application for new or additional insurance. Resolution Life may also use this information for directly related purposes—for example, deciding whether more information is needed, arranging reinsurance, assessing further applications and processing claims.

Resolution Life may disclose this type of health information to:

- your financial adviser or broker (if any)
- the Trustee
- related bodies corporate of Resolution Life
- the owner of the plan (if applicable)
- Resolution Life's reinsurers
- 'doctors'
- any person Resolution Life considers necessary to help either assess claims or resolve complaints
- anyone you have authorised or if required by law.

If you are an 'insured person', aspects of your health information may be provided to the owner of your plan in resolving terms of acceptance or if the standard plan rates are varied.

If you are an 'insured person', Resolution Life and/or their health screening provider may also speak to a third party for the sole purpose of arranging a health screening appointment. This third party may include a spouse, family member, personal assistant, financial adviser or other relevant party.

Under the current Resolution Life Privacy Policy, you may access personal information about you held by Resolution Life. The Resolution Life Privacy Policy sets out Resolution Life's policies on management of personal information, including information about how you can access your personal information, seek to have any corrections made on inaccurate, incomplete or out-of-date information, how you can make a complaint about privacy, and information about how Resolution Life deals with such complaints. The Resolution Life Privacy Policy can be obtained online at resolutionlife.com.au or by calling our Customer Service Centre on 133 731.

Please keep this information sheet for your records — don't return it with your completed form(s).

Pursuits Questionnaire

Use this form to provide Resolution Life with specific information about any pursuits that you currently or intend to participate in to help us assess your application for insurance. You are requested to supply answers to the below questions truthfully, accurately and completely.

Please print in CAPITAL LETTERS and place a cross ☒ in any applicable boxes

1. Insured person's details

Account/Plan number

Request ID (if applicable)

Title

Date of birth

Surname

Given name(s)

Residential address

Suburb

State

Postcode

Contact phone number

Mobile number

Email address

By providing your email address, you consent to receiving all future communications, including information about products and services offered by Resolution Life, to the above email address.*

2. Competitive motor sport, motor racing and motor cycling questionnaire

Please select the events and vehicles that best describe your present or expected motor sports.

Event

- | | |
|---------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> International | <input type="checkbox"/> Vintage and historic cars |
| <input type="checkbox"/> Road and circuit racing | <input type="checkbox"/> Thoroughbred racing cars |
| <input type="checkbox"/> Karting | <input type="checkbox"/> Cross country |
| <input type="checkbox"/> Speedway racing | <input type="checkbox"/> Motorcross/scrambles |
| <input type="checkbox"/> Drag racing | <input type="checkbox"/> Dirt track/tourist trophy |
| <input type="checkbox"/> Gymkhanas | <input type="checkbox"/> Enduro |
| <input type="checkbox"/> Hill climbs | <input type="checkbox"/> AUSCAR/NASCAR |
| <input type="checkbox"/> Rallies | <input type="checkbox"/> Demolition/ destruction derby |
| <input type="checkbox"/> Rally cross | |
| <input type="checkbox"/> Other off-road events | |
| <input type="checkbox"/> Record attempts or time speed trials | |

2. Competitive motor sport, motor racing and motor cycling (continued)

Vehicle

- | | |
|--------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> International
Formula 1 (FIA) | <input type="checkbox"/> Sports racing
(CAMS+NZAA Group A) |
| <input type="checkbox"/> Australian Formula 1 | <input type="checkbox"/> Marque sports car
(Schedule KMNZ) |
| <input type="checkbox"/> Australian Formula 2 | <input type="checkbox"/> Clubman |
| <input type="checkbox"/> Australian Formula 3 | <input type="checkbox"/> Midget cars |
| <input type="checkbox"/> Formula Libra | <input type="checkbox"/> Go-karts |
| <input type="checkbox"/> Formula Ford/Holden | <input type="checkbox"/> Stock car or Hot rod |
| <input type="checkbox"/> Formula Vee/ Atlantic/
Pacific | <input type="checkbox"/> Dune or Sand buggy |
| <input type="checkbox"/> Touring cars (Group A) | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Sports sedans
(CAMS Group A) | <input type="checkbox"/> Motorcycle side car |
| <input type="checkbox"/> Shellsport or Laser
sport (NZAA) | <input type="checkbox"/> Dragsters, please
specify type: |
| <input type="checkbox"/> Production sedans
(CAMS Group E) | <input type="text"/> |

Are you expecting to enter events or drive different vehicles from those specified in the previous table?

- ☐ No ☐ Yes

If yes, provide events and/or vehicles:

Are you a member of a motor racing club?

- ☐ No ☐ Yes

If yes, provide the name and location of the club:

Do you have a CAMS or NZAA licence?

- ☐ No ☐ Yes

If yes, provide the classification:

How long have you been participating in motor sports?

<input type="text"/>	months	<input type="text"/>	years
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Issue date: 26 August 2025

Resolution Life Australasia Limited ABN 84 079 300 379

* We may use or disclose your personal information to contact you for purposes relating to the administration, operation and management of your policies with us. We may also send you information about products and services offered by Resolution Life. You may opt out of receiving direct electronic marketing communications from us at any time.

2. Competitive motor sport, motor racing and motor cycling (continued)

Please supply details of your motor sports activities in the last two years:

Track or circuit location	Make of vehicle	Size of engine	Type of events and category	No. of events driven in

Do you take part in motor sports as:

- ☐ Professional
 ☐ Sponsored amateur
☐ Semi-professional
 ☐ Un-sponsored amateur
☐ Sponsor and driver

Please supply details of any accident suffered whilst participating in motor sports:

Have you ever engaged in, or do you anticipate engaging in, any demonstration or test of any vehicle or accessory equipment? For example, safety equipment, experimental vehicle or fuel etc.

- ☐ No
 ☐ Yes

If yes, provide full details:

3. Aviation questionnaire

Have you ever flown in an aircraft as:

- A pilot ☐ No ☐ Yes
 Air crew ☐ No ☐ Yes
 Non-fare paying passenger ☐ No ☐ Yes

Are you at present the holder of a current licence to pilot aircraft in Australia, New Zealand or elsewhere?

- ☐ No
 ☐ Yes

If yes, state the class:

--

Name the areas in which you fly:

--

What is the total number of hours flying completed to date?

hours

What are the name and type(s) of aircraft which you fly:

! Please supply copy of log book entries, if available.

3. Aviation questionnaire (continued)

Have you ever had an accident while acting as a pilot or student pilot?

- ☐ No
 ☐ Yes

If yes, provide details:

Have you ever engaged in or do you intend to engage in:

- Instructional flying or pilot examining ☐ No ☐ Yes
 Flight testing ☐ No ☐ Yes
 Aerobatic displays, including practices ☐ No ☐ Yes
 Ferrying aircraft internationally ☐ No ☐ Yes
 Agricultural flying including crop dusting ☐ No ☐ Yes
 spraying, deer recovery etc
 Aerial mustering or spotting ☐ No ☐ Yes
 Aerial baiting ☐ No ☐ Yes
 Aerial survey or photography etc ☐ No ☐ Yes

Type of flying	In last 12 months flying hours as:		In future, estimated yearly flying hours as:	
	Pilot or Air Crew	Passenger	Pilot or Air Crew	Passenger
Schedule airline				
Non-schedule charter				
Agricultural aviation				
Private or business in privately owned aircraft				
In aero-club, flying club or hired aircraft				
Other, please specify				

Have you used, or do you intend to use, landing or take off areas which do not meet the standard prescribed by the Civil Aviation Authority?

- ☐ No
 ☐ Yes

If yes, provide details:

Have you ever engaged in or do you intend to engage in:

- Gliding ☐ No ☐ Yes
 Parachuting ☐ No ☐ Yes
 Skydiving ☐ No ☐ Yes
 Ultralight flying or motorised hang gliding Are you a member of any gliding, parachuting, skydiving or ultralight organisation? ☐ No ☐ Yes

Have you ever had an accident?

- ☐ No
 ☐ Yes

If yes, provide details:

3. Aviation questionnaire (continued)

Please complete the following table where appropriate:

	Gliding (hours)	Parachuting (jumps)	Skydiving (jumps)	Ultralight flying or motorised flying (hours)
Date of last activity				
Total number of hours or jumps				
Expected average number of hours or jumps yearly in the next five years				

4. Underwater diving questionnaire

Please indicate how many years you have been:

	Snorkelling	Scuba diving	Other diving
Recreational			
Professional/ Recreational			

Approximately how many times:

– Did you dive in the last 12 months?

– Do you intend to dive in the next 12 months?

Do your diving activities include:

Deep sea diving	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Shoreline diving	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Sink hole diving	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Offshore from boat diving	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Abalone diving	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Inland waters diving	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Cave diving	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Wreck exploration diving	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Rig diving	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Diving more than 4 kms from shore	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Search and rescue diving	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Salvage and clearance diving	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Indicate the average and maximum depth you dive:

Average metres Maximum metres

Do you use, or intend to use, explosives while diving? ☐ No ☐ Yes

Do you ever dive alone? ☐ No ☐ Yes

Do you use diving equipment other than ordinary scuba gear? ☐ No ☐ Yes

If yes, provide details:

4. Underwater diving questionnaire (continued)

Are you a member of the Underwater Federation of Australia? ☐ No ☐ Yes

Are you a member of an organised club? ☐ No ☐ Yes

If yes, provide the name of the club:

Have you ever had:

The bends or decompression sickness ☐ No ☐ Yes

Nitrogen narcosis ☐ No ☐ Yes

Other medical conditions related to diving ☐ No ☐ Yes

Any accident or mishap related to diving ☐ No ☐ Yes

If yes, provide details:

5. Mountaineering and rock climbing questionnaire

When did you commence mountaineering or rock climbing?

Do you climb or intend to climb in Australia or New Zealand?

☐ No ☐ Yes

If yes, provide details of the locations:

Do you climb or intend to climb overseas?

☐ No ☐ Yes

If yes, provide details of the locations:

To what maximum height do you climb? metres

On average, how many times a year do you climb?

Do you ever climb alone?

☐ No ☐ Yes

If yes, provide details:

Do you belong to a mountaineering club?

☐ No ☐ Yes

If yes, provide details:

Do you use breathing equipment?

☐ No ☐ Yes

If yes, provide details:

Do you climb in all seasons?

☐ No ☐ Yes

If yes, provide details:

5. Mountaineering and rock climbing questionnaire (continued)

Have you ever suffered any injury attributable to or while mountaineering or rock climbing?

☐ No ☐ Yes

If yes, provide details:

6. Power boat racing questionnaire

When did you commence power boat racing?

D	D	M	M	Y	Y	Y	Y
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How many times per year have you competed?

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How many times per year do you expect to compete in the future?

--

In what type of racing have you competed in the past?

In what type of racing do you expect to compete in the future?

In what type of boat do you usually compete?

--

What is the engine size?

--

 cc

What is the maximum speed attained?

--

 kms

Have you ever had any accidents while racing?

☐ No ☐ Yes

If yes, provide details:

6. Power boat racing questionnaire (continued)

Do you hold a current licence?

☐ No ☐ Yes

If yes, provide details:

7. Declaration and signature

I acknowledge and declare that I have:

- read and understood the section entitled “The Duty to Take Reasonable Care Not to Make a Misrepresentation” in the **Information sheet**, and understand that any cover issued by the insurer will be based on the answers I provide to questions in this form and any other questions that are asked before the insurer advises me in writing that it has issued a policy. I understand that if the questions are not answered truthfully, accurately and completely the insurance I have applied for may be avoided (treated as if it never existed) or altered and if I have made a claim under the insurance it may not be payable or be reduced. If someone has assisted me to complete this form (such as my financial adviser) I have checked every answer (and if necessary made corrections) before this form is submitted, and
- read the privacy information in the **Information sheet** and I agree to the various uses and exchanges of my personal information as set out in that section.

Name

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Signature

X

Date

D	D	M	M	Y	Y	Y	Y
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Where to send this form

Mail or email this completed form to:

Resolution Life Customer Service
GPO Box 5441
Sydney NSW 2001
askus@resolutionlife.com.au

Any questions?
133 731