



NON-EMPLOYED AUTHORISED REPRESENTATIVE ADDENDUM

Privacy Statement

DUAL Australia Pty Ltd is bound by the obligations of the Privacy Act 1988 as amended by the Privacy Amendments (Private Sector) Act 2000 regarding the collection, use, disclosure and handling of personal information. We will protect the privacy of your personal information.

We will use the information you provide in this Addendum Form (including any supplementary documentation) to consider your application for insurance, to determine policy terms, to assess a claim, etc.

We may disclose your personal information to third parties who we believe are necessary to assist us. These third parties will only use your personal information for the purposes we provided it to them (or if required by law). We may also be required to disclose your personal information to others for the purposes of public safety and/or law enforcement.

If you provide us with personal information about other individuals you must ensure that you obtain consent from those individuals to disclose that information to us.

You are entitled to access your personal information and request any correction if required.

In addition to completing this addendum, please submit Curriculum Vitae.

1. Have you within the past ten years been licensed or registered or held a Proper Authority in any State or Territory under any law which requires licensing or registration to deal or trade in securities as defined in the Corporations Law or acted as an investment adviser or for a Registered Life Insurance Broker? Yes [] No []

If YES, please advise below the name of the Dealer or Broker and whether the Proper Authority or License is current (attach copies)

2. Please provide the name of the Principal Licensed Dealer or AFS License number on whose behalf you act as Authorised Representative:

3. Are your Authorised Representative activities exclusive to this Dealer? Yes [] No []

4. Are you a member of a recognised Industry Association? Yes [] No []

If YES: please provide details:

5. Do you have an interest in or an association with any Financial Institution? Yes [] No []

6. Please provide your current AFS License Number: _____

7. Please provide details regarding any relevant experience and/or qualification as Authorised Representative:

8. Are you or have you been licensed, registered or authorised to carry on any business or profession for which a specific license, registration or Proper Authority is required by law? Yes [] No []

9. Have you ever been refused or restricted in your right to carry on any business or profession for which a specific license, registration or Proper Authority is required by law? Yes [] No []

If YES, please provide full details:

10. Has any judgement including findings in respect of fraud, misrepresentation or dishonesty ever been made against you in any civil proceedings either whilst operating under the current or any previous Dealer's AFS License?

Yes [] No []

If YES, please provide full details:

11. Have you ever had an agency agreement cancelled either whilst operating under the current or any previous Dealer's AFS License?

Yes [] No []

If YES, please provide full details:

12. Have any claims (including claims for breach of professional duty or civil liability) ever been made against you in business either whilst operating under the current or any previous Dealer's AFS License?

Yes [] No []

If YES, please provide full details:

13. Are you aware of any claims or circumstances that could result in claims (including claims for negligence, breach of professional duty, civil liability or disciplinary proceedings) against you in business or any present or former Partner, Principal, Director, Proper Authority or Authorised Representative of the business either whilst operating under the current or any previous Dealer's AFS License?

Yes [] No []

If YES, please provide full details:

14. Please provide a total of your gross fees/income in Australian dollars:

Last Financial Year: \$ _____ Current Financial Year: \$ _____

DECLARATION

I the undersigned, after enquiry, declare the following:

- (1) I am authorised by each of the persons or entities in the definition of 'Insured' to make this proposal.
- (2) I have read this addendum and the accompanying documents and acknowledge the contents is the same and to be true and complete.
- (3) I agree that this Addendum, together with the Proposal and any other information supplied by us shall form the basis of any contract of insurance effected thereon, and I undertake to inform the insurer of any material alteration to these facts whether occurring before or after completion of such contract of insurance.
- (4) I agree that the Underwriters may use and disclose our personal information in accordance with the "Privacy Statement" at the beginning of this Addendum.

Although the signing of this addendum does not bind the applicants to effect insurance, I acknowledge that the particulars and statements contained in this addendum and in the accompanying documents shall be the basis of the contract if a policy is issued.

Company Name: _____

Signature: _____
(Partner/ Principal or Director)

Signatory Name: _____
(Please print)

Dated: _____