

Client Acceptance Authority

In accepting the purchase of this product, I acknowledge that:

- I have received the relevant Product Disclosure Statement (PDS) and Financial Services Guide.
- Neither the Adviser named below nor any other Adviser of Oasis Insurance Pty Ltd has given me any Personal Advice, nor made any form of, or implied, recommendation about the product.
- Neither Oasis Insurance Pty Ltd nor any of its Advisers shall be responsible in any matter for any loss or damage suffered or arising from the purchase of the product.
- It has been explained to me that the advice given has been General in nature and that my objectives, financial situation and/or particular needs have not been considered or taken into account by the adviser when preparing the purchase and calculating the cost of the above product. purchase and calculating the cost of the above product.
- I acknowledge that I have been given sufficient information, including the PDS, to make my own informed decision about purchasing the product under general advice only.
- I have answered all the medical, personal and lifestyle questions honestly and completely on the applicable product application form as required by the product issuer
- I further confirm that I have thoroughly reviewed and re-checked the answers recorded on the application form and these answers are completely correct as I have directed the adviser. I understand that any failure to fully disclose my medical history or any other relevant matters is my responsibility and may void my policy or contract. I take full responsibility of any non-disclosure on any applicable application form.
- I'm aware that Oasis Insurance Pty Ltd & the Adviser receive brokerage, as disclosed in the applicable prospectus, information brochure, product disclosure statement or other brochure, for arranging the product for me
- If I do not continue with the purchased insurance product for a full 2 yrs. or my policy is voided due to any non-disclosure & the brokerage received by the adviser is returned to the product issuer, then if requested, I agree to reimburse the adviser the amount returned to the product issuer for his/her services.

I hereby direct the authorised representative of Oasis Insurance Pty Ltd named below to arrange the Insurance Policy/s below on my behalf and I accept and agree that I have only received General Advice in relation to this product.

Direction authorised by:

Client 1 name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Client 2 name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Adviser name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Policies to be submitted

Client 1 Cover type	Company	Benefit Amount	Premiums p.a.	Frequency
Client 2 Cover type	Company	Benefit Amount	Premiums p.a.	Frequency

Preferred payment method

Client 1	Direct Debit	Credit Card	From super as a partial rollover *
Client 2	Direct Debit	Credit Card	From super as a partial rollover *

When funding insurance through super you should be aware your super account balance will reduce by the amount of the insurance premium. The choice of which fund to deduct your insurance premium from is determined by the client only. *