

## ClearView **LifeSolutions**

# Application to cancel and replace due to change of ownership

### When to use this form

This form may only be used if you are replacing an existing inforce LifeSolutions or LifeSolutions Super policy due to a change of ownership from non-superannuation to superannuation or vice versa. This includes a change to a flexi-linking structure, such as replacing Income Protection with Income Protection Super Solutions.

This form is not available if you are on claim or eligible to claim at the time of your request.

If you are applying for new cover, increasing your level of cover, adding an option, or changing to a less restrictive option, this form is not available. You will need to instead complete the full ClearView LifeSolutions Application form.

We suggest you read the relevant Target Market Determination (**TMD**), which can be found at [clearview.com.au/tmd](https://clearview.com.au/tmd) or by contacting us on **132 979**.

### Your duty to take reasonable care not to make a misrepresentation

Both the person applying and the person whose life will be insured have a legal duty to take reasonable care not to make a misrepresentation when applying:

- for new cover;
- to change existing cover; or
- to reinstate cover.

#### What your duty means

When giving us information as part of your application, you must do so based on your honest belief the information you are providing is true, correct and complete. You should not leave out important information or give answers that are misleading, even if unintentionally.

This duty continues up until we issue your policy certificate (when the cover or change you have applied for officially starts) and includes:

- when you answer questions in an application form;
- if we ask you follow-up questions, including over the phone; and
- if we ask you to confirm that previous answers are still accurate.

If you need to change your answers during the application process, including if you become aware that your previous answers are no longer accurate, we ask that you notify us. This could save time because any changes might require further assessment or investigation, or result in cover being offered on different terms.

Letting us know early can help save time because any changes might require further assessment, investigation, or result in cover being offered on different terms.

## Getting help with the application

If you need help answering any of our questions, please speak to your financial adviser or contact us on 132 979.

If a financial adviser or someone else helps you to answer the questions, you should check every answer as you are still responsible for ensuring that the answers provided are accurate.

## What happens if this duty isn't met?

If you do not take reasonable care when giving us information, there can be serious consequences depending on the situation. For example, we may:

- cancel the policy from the beginning and treat it as if it never existed (we'll refund your premiums, but you won't be able to claim);
- reduce the amount of cover, using a set formula and the premium we would have charged you had we received the correct information (which could mean a claim benefit payable under your policy may be reduced); or
- change the terms of your cover in line with how it would have been offered had we received the correct information (for example, we might add exclusions).

Our rights to apply the above actions depend on a number of factors, such as:

- whether we would have offered you cover at all, or on different terms, if the correct information had been given;
- how long ago the cover started or when the change or reinstatement of your cover came into effect; and
- whether your actions were fraudulent.

If your policy includes multiple types of cover, we may apply different actions to each type.

If we find a potential issue with the information you gave, we'll contact you first. We'll explain what we've found, how you can respond or give us more information, and what to do if you disagree with our decision.

## Sending your application form

Please send the application form to us, along with a copy of the premium quotation via email or mail.

### Email

**clearviewlifewebusiness@clearview.com.au**

### Mail

ClearView  
Reply Paid 4232  
Sydney NSW 2001

# Section 1: Authority to cancel existing ClearView policy

Policy number

If this cancellation and subsequent replacement policy applies only to specific benefit(s), please specify:

Full name of person insured (and policy owner if same)

Full name of policy owner 1/trustee 1/director 1 (if different to person insured)

Full name of policy owner 2/trustee 2/director 2

## Declaration

I/We request that the above mentioned policy be cancelled on the issuing of the new policy as applied for in this application form.

Signature of person insured

Date

Signature of existing policy owner 1/trustee 1/director 1

Date

Signature of existing policy owner 2/trustee 2/director 2

Date

**If there is more than one policy owner, this authority to cancel the existing policy(ies) must be signed by all policy owners.**

## Section 2: Policy owner(s) of the replacement policy/policies

If flexi linking cover, (including TPD Super Solutions or Income Protection Super Solutions) one policy must be owned by a superannuation fund and the other owned outside superannuation - please provide the policy owner details for both policies.

### A. Individual ownership

#### Policy owner 1

Title

Mr  Mrs  Ms  Miss  Dr  Other

Gender

Male  Female

Date of birth

Given name(s)

Surname

#### Residential address or mailing address

Street number and name

Suburb

State

Postcode

#### Contact details

Home number (  )

Work number (  )

Mobile

Preferred contact method  Post  Email

Email address

#### Policy owner 2

Title

Mr  Mrs  Ms  Miss  Dr  Other

Gender

Male  Female

Date of birth

Given name(s)

Surname

Residential address or mailing address

If the address is the same as policy owner 1, please tick this box

Street number and name

Suburb

State

Postcode

Contact details

Home number (  )

Work number (  )

Mobile

Email address

B. Self managed super fund (SMSF) ownership

Please provide address details for the SMSF in Part D

Full legal name of SMSF (For example "Mr John Smith and Mrs Jane Smith ATF The Smith Family Superannuation Fund")

ABN (if trustee is a company)

Trustee company name

Trustee 1/Director 1

Title

Mr  Mrs  Ms  Miss  Dr  Other

Given name(s)

Surname

Trustee 2/Director 2

Title

Mr  Mrs  Ms  Miss  Dr  Other

Given name(s)

Surname

## C. Family trust or company ownership

### Please provide address details for the trust or company in Part D

Family trust or company name

  

Australian Business Number (ABN)

#### Trustee or Director

Title

Mr  Mrs  Ms  Miss  Dr  Other

Given name(s)

Surname

#### Trustee, Director or Secretary

Title

Mr  Mrs  Ms  Miss  Dr  Other

Given name(s)

Surname

## D. Address of SMSF or family trust or company

Street number and name

  

Suburb

State

Postcode

## E. Other approved superannuation fund ownership

This section should only be completed where the policy is to be owned by the trustee of a superannuation fund for which we have entered into a written service agreement with the trustee for the provision of life insurance to the fund's members.

### Fund details

Australian Business Number (ABN)

Fund name

  

Membership or account number

Fund phone number

(  )

## F. ClearView LifeSolutions Super (risk only superannuation)

This section should only be completed where the policy is to be owned by HTFS Nominees Pty Limited (Trustee) the trustee of the HUB24 Super Fund (Fund) and you are the person to be insured, as named on page 2 of this application. Please refer to the 'ClearView LifeSolutions Super' section of the PDS and Policy Document for information on eligibility to contribute to super, collection and use of your tax file number and allowable contributions.

### Eligibility to contribute

Are you eligible to make contributions, or have contributions made on your behalf, into ClearView LifeSolutions Super?

Yes  No

### Tax file number (TFN)

Please refer to the TFN tear off section below. If you do not provide your TFN the Trustee will not accept your application to become a member of the Fund.

### Contributions to meet premiums

If you are paying your premiums with a contribution, rather than a rollover from another complying superannuation fund, please specify what type of contributions will be made. Please tick one box only.

Personal contribution

Spouse contribution

**Please note, in order to claim a tax deduction for your personal contributions you will need to complete a valid deduction notice in an approved ATO format. We will provide you with this notice each year which must be completed and returned to us within the nominated period of time.**

### Tax file number (TFN)

**Declining to quote your TFN is not an offence. However, if you do not provide your TFN, ClearView will not accept your application. For further information on providing your TFN, refer to the PDS and Policy Document.**

I agree to provide my TFN

TFN  -  -

## Section 3: Declaration and authorities

### A. Declaration of the person insured and policy owner(s)

- I have received and read the PDS and Policy Document including any relevant Supplementary PDS (**SPDS**) for the product I am applying for (either ClearView LifeSolutions and/or ClearView LifeSolutions Super) and agree to abide by the terms of the policy.
- I have read and understand my duty to take reasonable care not to make a misrepresentation, as set out on page 1 in the 'Applying for cover' section of the PDS and Policy Document.
- I agree that any premium loadings, exclusions or varied terms which applied on the original cover will also apply to the equivalent cover under the replacement policy.
- I understand that any nomination of beneficiaries on my existing policy in respect of any death benefits will not be transferred to my replacement policy, and that I may nominate beneficiaries by completing a Nomination of Beneficiary Details form which is available from **clearview.com.au**.
- I understand that this application is to replace an existing policy and ClearView is relying on the answers given in the application for the current policy for accepting cover under the replacement policy (including on what terms).
- I confirm that unless I have told ClearView otherwise, the answers given in the application for the existing policy were true, correct and complete and confirm the answers were my own.
- I understand that any failure in respect of the answers for the application for the existing policy may have serious consequences for the replacement policy including changes to terms, reduction of cover or treating the cover as if it never existed.
- I acknowledge that I am responsible for the answers and declarations given to ClearView even if they have been completed by someone else and that I have provided all the answers and declarations to that person and that I checked the answers and declarations to ensure that they were true, correct and complete.
- I understand that my insurance cover does not commence until I have received written notification of acceptance from ClearView and I have paid my first premium (or provided a signed Payment authority or Ongoing rollover transfer request and authority form).
- If there is unpaid premium on my existing policy, I request and authorise my replacement policy to start from when my existing policy was last up to date on premiums. I understand my application will only be processed if my policy is still in force.
- I have read and understand the Direct Debit Request Service Agreement in the PDS and Policy Document and authorise ClearView to debit my nominated account as set out in section B (if applicable).
- I understand that the existing ClearView policy referred to on page 3 of this application form will be cancelled on the issuing of the replacement policy.
- If any cover under my existing policy (linked cover) will be linked to cover under my replacement policy, I authorise and request the cancellation of the linked cover and its reissue on the same terms. Any payment authority I have given in relation to the existing policy will apply to my reissued policy.
- I have read and consent to the collection, use and disclosure of my personal information as set out in the 'Privacy and your personal information' section of the PDS and Policy Document and the Privacy Policy available at **clearview.com.au**. I understand and agree that information (including sensitive information) disclosed by the current policy owner or insured person may be disclosed to the new policy owner.
- When I provide personal information to ClearView or the Trustee about another person, I confirm that I am authorised to provide information and will inform the person (unless doing so would pose a serious threat to life or health of any individual) of the content of this form, who ClearView or the Trustee is, how ClearView or the Trustee will use and disclose information, that they can gain access to that information, and all other matters set out in the 'Privacy and your personal information' section of the PDS and Policy Document and confirm that they have read the ClearView and the Trustee's privacy policies.

**The below only applies if applying for cover in ClearView LifeSolutions Super**

- I apply to become a member of ClearView LifeSolutions Super and agree to be bound by the terms of the trust deed for the HUB24 Super Fund (Fund), as amended from time to time.
- I acknowledge that I have had the opportunity to read the Fund trust deed, available by calling **132 979** or online at **clearview.com.au**.
- I confirm that I am eligible to contribute to super or have contributions made on my behalf, as per the contribution rules explained in the PDS and Policy Document.
- I will notify the Trustee in writing immediately if I am no longer eligible to be a member of the Fund. (If you are over age 65, please refer to the 'ClearView Life Solutions Super' section of the PDS and Policy Document regarding contribution eligibility rules.)
- I have read and understood the 'Payment of death benefits' and 'Who is a dependent' sections of the PDS and Policy Document.
- I understand that paying premiums from super may impact my retirement savings objectives.
- I understand that some cover types and features are not available if cover is held through super, and that my eligibility to receive benefits may be impacted by the terms of the trust deed and the SIS Act conditions of release, which must be met in order for proceeds to be made available.
- I understand that the taxation treatment of claims may differ for claims paid inside and outside super.

**Signature of the person insured and policy owner(s)**

I have read and agree to the declarations which are set out on the previous page (7).

Full name of person to be insured (and policy owner if same)

Signature of person to be insured

Date

Full name of policy owner 1 (if different to person to be insured) and position with company (if applicable)

Signature of policy owner 1/trustee 1/director 1

Date

Full name of policy owner 2 and position with company (if applicable)

Signature of policy owner 2/trustee 2/director 2

Date

If the policy owner(s):

- is/are the individual trustee(s) of a self managed super fund: this declaration is to be signed by all trustees or person(s) authorised to sign and enter into a contract of life insurance on behalf of the trustee(s) in accordance with the fund's trust deed and rules.
- is a company: this declaration is to be signed by two directors, a director and company secretary, or the sole director/company secretary.
- is the Trustee for ClearView LifeSolutions Super or the trustee of an approved superannuation fund: this declaration only needs to be completed and signed by the person insured.

Please make a copy of this declaration if more signatures are required.

## B. Payment authority

Please make a copy of this page if flexi linking cover and you require multiple accounts or credit cards to be debited. Where applicable, this payment authority must be signed by both account holders to be valid.

Direct debit request by credit card

I authorise the debit of my

Visa  MasterCard

Name on card

Card number

Expiry date

Premium frequency

Monthly  Yearly

Signature of card holder 1

Date

Signature of card holder 2

Date

Direct debit request from bank account

I request and authorise ClearView (User identification number 622710/622712), to debit my account at the financial institution nominated below. I confirm that I have read the 'Direct Debit Request Service Agreement' in the PDS and Policy Document and that I have the authority to make these payments.

Name of bank

Account name

BSB number

Account number

Premium frequency

Monthly  Yearly

I/We acknowledge and authorise that this debit be made through the Bulk Electronic Clearing System (**BECS**) from my account held at the bank I/we have nominated in this Application Form and will be subject to the terms and conditions of the 'Direct Debit Request Service Agreement'.

By providing a valid instruction in relation to my Direct Debit Request, I/we understand and agree to the terms and conditions governing the debit arrangement between myself and ClearView Life Assurance Limited as set out in this request and in the Direct Debit Request Service Agreement.

I/We understand that where a payment is dishonoured a fee may be charged.

Signature of account holder 1

Date

Signature of account holder 2

Date

## C. Ongoing rollover transfer request and authority form

This form gives ongoing authority for ClearView to perform the following transactions on your behalf for covers held in ClearView LifeSolutions Super by you:

- **Inward rollover transfer:** transfer funds with ongoing partial rollovers (tax paid) **FROM another nominated superannuation fund TO the HUB24 Super Fund** to fund the premiums for your ClearView LifeSolutions Super policy, where you have or are applying for an accumulation interest in ClearView LifeSolutions Super Rollover. If you wish to fund your super premiums with a rollover of a single lump sum amount, please contact us at **132 979**.
- **Outward rollover transfer:** transfer funds within super (such as claim proceeds, excess premiums and refunds) **FROM the HUB24 Super Fund TO another nominated superannuation fund.**

Please complete a separate form for each policy and return the form(s) to ClearView.

### Personal details

Title

Mr  Mrs  Ms  Miss  Dr  Other

Gender

Male  Female

Date of birth

Given name(s)

Surname

### Residential address or mailing address

Street number and name

Suburb

State

Postcode

### Contact details

Home number (  )

Work number (  )

Mobile

Email address

### Tax file number (TFN)

Declining to quote your TFN is not an offence. However, if you do not provide your TFN, ClearView will not accept your application. Please refer to the ClearView LifeSolutions Super Rollover PDS for details.

TFN    -    -

## HUB24 Super Fund - ClearView LifeSolutions Super

Australian Business Number (ABN)

6 0 9 1 0 1 9 0 5 2 3

Fund name

C L E A R V I E W L I F E S O L U T I O N S S U P E R  
R O L L O V E R

ClearView LifeSolutions Super Rollover is a division of the HUB24 Super Fund

Policy number

Fund phone number

1 3 2 9 7 9

Unique Superannuation Identifier (USI)

N R M 0 0 4 3 0 A U

If you have multiple account numbers with this fund, you must complete a separate form for each account you wish to transfer funds from.

### Notice of complying superannuation fund

This notice confirms that the HUB24 Super Fund (Fund) (of which ClearView LifeSolutions Super is a part):

- is a resident regulated superannuation fund within the meaning of the SIS Act; and
- is not subject to a direction under section 63 of the SIS Act.

Pursuant to section 25 of the Superannuation Guarantee (Administration) Act 1992 (Cth), a contribution by an employer for the benefit of an employee to the Fund is conclusively presumed to be a contribution to a complying superannuation fund if the employer receives a copy of this Complying Superannuation Fund Notice at or before the time that the contribution is made, except in the limited circumstances set out in that section.

### Nominated superannuation fund details

Australian Business Number (ABN)

Fund name

  

Membership or account number

Fund phone number

(  )

Unique Superannuation Identifier (USI) - non-SMSF

If you have multiple account numbers with this fund, you must complete a separate form for each account you wish to transfer funds from. If this fund is an SMSF, you will need to complete a rollover authority for each transaction.

#### For SMSFs only

Account name

BSB number

 - 

Account number

Electronic service address

## Inward rollover transfer authorisation to the HUB24 Super Fund

By signing this request form I am making the following statements:

- I apply to become a member of ClearView LifeSolutions Super Rollover and agree to be bound by the terms of the trust deed for the HUB24 Super Fund (Fund), as amended from time to time.
- I acknowledge that I have had the opportunity to read the Fund trust deed, available by calling **132 979** or online at **clearview.com.au**.
- I have received and read the PDS and Additional Information brochure for ClearView LifeSolutions Super Rollover.
- I declare that I have read and agree to the collection, use and disclosure of my personal information as set out in the 'Privacy and your personal information' section of the ClearView LifeSolutions Super Rollover Additional Information Brochure. ClearView's Privacy Policy is available at **clearview.com.au** or by contacting ClearView on **1800 265 744**. The Trustee's privacy policy is available at [eqt.com.au/global/privacystatement](http://eqt.com.au/global/privacystatement) or by contacting the Trustee's Group Privacy Officer on (03) 8623 5000.
- When I provide personal information to the Trustee about another person, I confirm that I am authorised to provide information and will inform the person (unless doing so would pose a serious threat to life or health of any individual) of the content of this form, who the Trustee is, how the Trustee will use and disclose information, that they can gain access to that information and all other matters set out in the 'Privacy and your personal information' section of the ClearView LifeSolutions Super Rollover Additional Information Brochure, and confirm that they have read the Privacy Policy.
- I am aware I may ask my superannuation provider for any information I reasonably require for the purpose of understanding my benefit entitlements, including information about any fees and charges that may apply or any other information about the effect this transfer may have on my benefits, and that I do not require any further information.
- If I am providing my TFN, I have read and understand the 'Tax File Number (TFN)' section in the ClearView LifeSolutions Super Rollover Additional Information Brochure setting out information with respect to the collection of tax file numbers.
- I am aware of any fees and charges that may apply in relation to a full or partial rollover of benefits from any other superannuation account, and I have considered where my future contributions will be paid and the effect of the rollover on any benefit entitlements (including insurance).
- If my nominated superannuation fund is a self managed superannuation fund (SMSF), I confirm that I am a trustee (or director of a corporate trustee) of the SMSF.
- I discharge the superannuation provider of my nominated superannuation fund of all further liability in respect of the benefits paid and transferred to the HUB24 Super Fund.
- I authorise my financial adviser and representatives of the Trustee of the HUB24 Super Fund to make inquiries and be provided with information about this transfer on my behalf.
- I request and consent to the transfer of superannuation from my nominated superannuation account on an annual basis for the full amount of my annual insurance premium (less any rollover tax benefit applicable) and authorise the superannuation provider of each fund to give effect to this transfer.
- This authority continues until the earliest of the following:
  - it is revoked by me in writing
  - the HUB24 Super Fund receives a replacement authority signed by me
  - my cover in ClearView LifeSolutions Super ceases, or
  - I die.

Name

Signature of account holder

Date

## Outward rollover transfer authorisation from the HUB24 Super Fund

By signing this request form I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct.
- I am aware I may ask my superannuation provider for any information I reasonably require for the purpose of understanding my benefit entitlements, including information about any fees and charges that may apply or any other information about the effect this transfer may have on my benefits, and that I do not require any further information.
- If my nominated superannuation fund is a self managed superannuation fund (**SMSF**), I confirm that I am a trustee (or director of a corporate trustee of the SMSF).
- I discharge the superannuation provider of the HUB24 Super Fund of all further liability in respect of the benefits paid and transferred to my nominated superannuation fund.
- I authorise my financial adviser and representatives of the Trustee of the HUB24 Super Fund to make inquiries and be provided with information about this transfer on my behalf.
- I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer.
- If I am providing my TFN, I have read and understand the 'Tax File Number (**TFN**)' section in the ClearView LifeSolutions Super Rollover Additional Information Brochure setting out information with respect to the collection of tax file numbers.
- I am aware of any fees and charges that may apply in relation to a full or partial rollover of benefits from any other superannuation account, and I have considered where my future contributions will be paid and the effect of the rollover on any benefit entitlements (including insurance).
- This authority continues until the earliest of the following:
  - it is revoked by me in writing;
  - the HUB24 Super Fund receives a replacement authority signed by me;
  - my cover in ClearView LifeSolutions Super ceases; or
  - I die.

Name

Signature

Date

# Section 4: Financial adviser details

This section must be completed by the financial adviser for all applications

## Financial adviser 1 (servicing adviser)

Full name

ClearView adviser number

Office assistant name

Phone number

(  )

Remuneration split

%

## Financial adviser 2 (non-servicing adviser)

Full name

ClearView adviser number

Office assistant name

Phone number

(  )

Remuneration split

%

## Target Market Determination

I have provided personal advice to the applicant(s) in relation to all covers being canceled and replaced.

Yes  No

If you answered 'no' above, please answer the following question.

I have considered the TMD(s) relevant to the cover(s) being canceled and replaced and confirm that the applicant(s) is in the relevant target market

Yes  No

## Adviser declaration

I certify that I have provided my client with the current ClearView LifeSolutions PDS and Policy Document, including any relevant SPDS, and ClearView LifeSolutions Super Rollover PDS (if applicable).

Unless I have instructed here otherwise, I give permission for ClearView to contact my client directly to clarify any matter in relation to this application.  Do not contact

Signature of financial adviser 1

Date

Signature of financial adviser 2

Date

## Section 5: Financial adviser authority

**Complete this section if you want to authorise your financial adviser to provide us with instructions on your behalf in relation to your insurance policy and to authorise ClearView to accept those instructions from your adviser.**

### Limits of this authority

This authority will apply to all insurance policies held by you with ClearView for the financial adviser unless you specify otherwise. This authority is limited to the following changes.

#### Contact details

- Change of address, phone number, or email
- Change of preferred contact method
- Provide missing details required by ClearView to complete a client's request (name, date of birth, address or previous address, superannuation fund ABN or USI)

#### Premiums and payments

- Update credit card expiry
- Direct debit arrears
- Change premium type (level to stepped)
- Change of premium debit date
- Reinstate a policy where underwriting is not required (within 30 days of lapse)

#### Cover maintenance (must be made in writing in addition to this authority)

- Apply premium freeze
- Remove an extra cost option or change to a lower cost option
- Decrease or cancel a benefit
- Decline an indexation benefit
- Suspend benefit

### Policy owner declaration

*This section is to be completed by the policy owner/s of one or more LifeSolutions policies. If the policy owner is the trustee of the HUB24 Super Fund, this section is instead completed by the person insured.*

I/We, the policy owner/s named below:

- appoint the financial adviser named below (Financial Adviser) as my/our agent with authority to act on my/our behalf and bind me/us within the 'limits of this authority' described above.
- authorise ClearView to accept instructions provided by the Financial Adviser whether made or agreed to in writing, electronic communication or any other form of communication (including by telephone) as if those instructions were provided by me/us.
- agree that ClearView is entitled to rely on instructions provided by the Financial Adviser without further inquiry.
- indemnify ClearView against any claim, liability, loss, damage, expense (including legal costs on a full indemnity basis) incurred in connection with this Authority and reliance by ClearView on instructions received from the Financial Adviser.
- agree that this appointment and authority is terminated at the earlier of the date at which the Financial Adviser is no longer the listed financial adviser in relation to the policy or policies listed below or the date at which ClearView receives written notice of termination of this appointment and authority from me/us.

Policy owner name

Signature of the policy owner

Date

Policy owner name

Signature of the policy owner

Date

### Financial Adviser declaration

- I have fully explained the consequences and implications of this Financial Adviser Authority (**Authority**) to each policy owner.
- I accept my appointment to act on behalf of the policy owner/s and each insured person in accordance with the Authority.
- I will act honestly, on the specific instructions of the policy owner/s and only in accordance within the 'limits of this authority' as described. Where there is more than one policy owner, I will obtain and confirm instructions from each policy owner.
- I agree to provide evidence of any instructions I receive from the policy owner/s if and when requested by ClearView.
- I will immediately notify ClearView if there is any actual or apparent dispute in relation to instructions I have provided to ClearView under the Authority.
- I understand the Authority is cancelled when I am no longer the listed financial adviser on the policy or policies identified by the policy owner above.

Financial adviser name

Signature of financial adviser

Date

## **ClearView Life Assurance Limited**

GPO Box 4232  
Sydney NSW 2001

### **132 979**

ClearView LifeSolutions issued by:  
ClearView Life Assurance Limited  
ABN 12 000 021 581  
AFS License No. 227682

[clearview.com.au](http://clearview.com.au)

ClearView LifeSolutions Super and ClearView LifeSolutions Super  
Rollover issued by:

HTFS Nominees Pty Limited  
ABN 78 000 880 553  
AFSL 232500  
RSE Licence No L0003216