



INDIVIDUAL APPLICATION

Construction Income Protection Ltd. ABN 43 110 841 962

TITLE

FIRST NAME

SURNAME

DATE OF BIRTH

MEMBER NUMBER

ADDRESS (STREET)

(SUBURB / TOWN)

(STATE)

(POSTCODE)

TELEPHONE

MOBILE

FACSIMILE

EMAIL ADDRESS

PRODUCT DISCLOSURE STATEMENT / FINANCIAL SERVICES GUIDE RECEIVED

TO CONSTRUCTION INCOME PROTECTION LTD.

Application is hereby made to become a B Class Member of Construction Income Protection Limited (the Company). I/We hereby agree to be bound by the Constitution and By Laws of the Company and to make Insurance Contributions to the Insurer at a rate to be determined by the Directors of the Company in accordance with the terms of the Constitution from time to time.

In accordance with clause 3.1 of the Constitution I/We appoint (severally) the Company to be my agent:

I/We must pay:

- (i) to give notices required by Laws 2 and 3 to the Administrator;
- (ii) to receive from me and pay or deliver to the Insurer my Insurance Contribution;
- (iii) to select a reputable insurance company carrying on business in Australia as the Insurer; and
- (iv) to agree adjustment to Benefits in accordance with By Law 4.

- (i) my insurance Contributions as and when required by the Insurer; and
- (ii) to the Company, on account of costs incurred in administering or supervising the recovery of any late payment of Insurance Contributions, an amount equal to the sum of any outstanding Insurance Contribution multiplied by the interest rate per annum from time to time prescribed by the Board for the period from the due date for payment of the Insurance Contribution until the Insurance Contribution is received by the Insurer

This Application is to take effect from: ____ / ____ / ____.

Signature: _____

Web

PLEASE COMPLETE AND RETURN TO:

JANICE MORAN, LEVEL 6 101 WICKHAM TERRACE, SPRING HILL QLD 4004
PO BOX 329, SPRING HILL QLD 4004 / P: 07 3832 8311 / M: 0448 709 553 / F: 07 3832 3799
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