



6 March 2006

**Personal Statement Summary**

Please complete this Statement if you are applying for insurance.  
(Please write in BLOCK LETTERS and use a black ballpoint pen.) Refer to page 14 for instructions on how to complete this form.

**YOUR DUTY OF DISCLOSURE**

Before you enter into or become insured under a contract of life insurance with an insurer, you have a duty to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer’s decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you extend, vary or reinstate a contract of life insurance.

Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of its business, ought to know; or
- as to which compliance with your duty is waived by the insurer.

**NON-DISCLOSURE**

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

**1. INSURED DETAILS**

Title

Mr  Mrs  Miss  Ms  Other

Given name(s)

Surname

Date of birth

/  /

Employer’s name

Existing account number (if known)

0 6 5

Postal address

Unit number  Street number  P.O. Box

Street name

Suburb

State

Postcode

Country

Occupation

Duties

How many hours per week do you work in this occupation?

At the date of this application:

What is your height?  cm

What is your weight?  kg

Type of insurance being applied for:

Death only  Death and Total and Permanent Disablement

**Amount of cover:**

**In addition to any existing Employer Selected Cover**

\$

and/or

Salary Continuance

Waiting period:  30 days  60 days  90 days

Benefit period:  2 years  to age 65

**Amount of cover:** \$

(This cannot be greater than 75% of your income, plus a maximum 10% allowance for superannuation contributions.)

**2. HEALTH AND MEDICAL HISTORY**

If the answer to any of the questions is ‘yes’ please give details in the space provided including dates, nature of the condition and treatment.

1. Have you ever had high blood pressure, heart or vascular disease, stroke, diabetes, kidney, bladder, liver or bowel disease, asthma or any other lung disease, blood disorder, epilepsy or fits, tumour or cancer?

No  Yes  Please give details





