

2. Life insured (continued)

Employer's name

Occupation

Annual income/salary \$ pa

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

What is the nature of your duties (for example, clerical, light manual, counter sales, manual work, etc)

Qualifications

3. Your duty of disclosure

Before you enter into, or become insured under, a contract of insurance you have a duty, under the Insurance Contracts Act 1984, to disclose to the Insurer every matter that you know, or could reasonably be expected to know, which is relevant to the Insurer's decision 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 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 business, ought to know, and
- as to which compliance with your duty is expressly waived by the Insurer.

4. 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 insurance may, within three years of entering into it, elect not to avoid it, but to reduce the sum that you've 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.

5. Benefit details

Standard Insurance Cover – Life and Total & Permanent Disablement (TPD) Protection*

Amount of units required (whole units only):

* Standard Insurance Cover is only available for Asgard Employee Super members.

OR

Life and Total & Permanent Disablement (TPD) Protection

Life protection sum insured \$ (total amount required)

TPD protection sum insured* \$ (total amount required)

Standard occupation Home duties**

* The TPD protection sum insured can not exceed the life protection sum insured.

** This definition only applies to non-working spouses.

Salary continuance

Salary continuance monthly benefit \$ (\$30,000 maximum)

Waiting period 30 days 60 days 90 days

Benefit period 2 years age 65

Superannuation contributions benefit % (maximum of 15%)

! 6. Signature — Mandatory section

I declare that,

- I have read and understood my duty of disclosure (section 3 above), and
- I have read and understood the implication of non-disclosure (section 4 above).

Signature

Date

<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	--	----------------------	----------------------	--	----------------------	----------------------	----------------------	----------------------

Employee Super Insurance personal statement



ADVISER USE ONLY

Medical required Yes No

Medical arranged Yes No

i This symbol indicates a required field/section.

1. Medical details (completing this section is optional if you are having a Medical Examination)

Please answer the following questions. If you answer **Yes** to any of the questions a) to g) below, please circle the specified conditions and provide details in the table below.

- a) Have you ever had high blood pressure, heart or vascular disorder, chest pain, rheumatic fever, stroke, diabetes, kidney, bladder, liver or bowel disease, asthma or any lung disease, blood disorder, epilepsy or fits, multiple sclerosis, tumour, cancer or cyst of any kind? Yes No
- b) Have you ever had any disease of or injury to the spine including neck or back such as back strain, disc disorder, sciatica, or suffered a serious personal injury or had an injury, deformity or disease (for example, arthritis, gout) involving any joint or limb or tendonitis or muscle overuse syndrome? Yes No
- c) Have you ever had any mental disorder, depression, stress, anxiety or chronic fatigue or any eye, ear or skin disorder? Yes No
- d) Have you ever: Yes No
 - i) – suffered from AIDS or been infected with the HIV virus; or
– used or injected yourself with any illicit drugs not prescribed by a medical practitioner; or
 - ii) In the past 5 years have you:
 - engaged in male to male sex without a condom (except in a relationship between you and only one other person where neither of you have had sex without a condom with anyone else in the past 5 years) or
 - had sex without a condom:
 - with someone you know or suspect to be HIV positive, or
 - with someone who injects non prescribed drugs, or
 - with a sex worker or as a sex worker?
- e) During the past five (5) years, have you undertaken any tests, including blood tests, ECG, X-Ray or consulted a doctor or other health professional for medical or surgical advice or treatment of any kind (not including minor colds or influenza)? Yes No
- f) Have you had any other operation, disability illness or injury and/or have you been advised or do you intend to seek medical advice or treatment in the near future? Yes No
- g) Have any near relatives suffered from diabetes, heart disease, mental disorder or breakdown, haemophilia, Huntington’s Chorea, kidney disease, high blood pressure, cancer or any hereditary disease? Yes No
- h) For females only – are you pregnant? If ‘Yes’, specify expected delivery date. Yes No

If you answered Yes to any of questions 1a) to 1g) inclusive, please give details in the table below.

If there is insufficient space below, please attach a separate schedule.

Letter	Name of illness	Date commenced	Time off work	Details of treatment including date of last symptoms and degree of recovery	(%) Name and address of doctor or hospital (if any)

! 2. Doctor's details — Mandatory section

What is the name and address of your usual doctor, or the last doctor you consulted if you do not have a usual doctor?

Name

Address

 State Postcode

Phone number How long have you been his/her patient?
 years

Date of last consultation

Reason for last consultation

Result of your last consultation (including treatment given and degree of recovery)

! 3. Additional details — Mandatory section

What is your height (without shoes)? cm What is your weight (clothed)? kg

Indicate your smoking habits (include tobacco and other substances)
 I have never smoked I do not currently smoke, but I used to I currently smoke

Type Quantity Daily

Date stopped (if applicable)

Indicate your alcohol consumption habits:
 I have never drunk alcohol I do not currently drink alcohol, but I used to I currently drink alcohol

Type Quantity Daily

Quantity Weekly

Are you likely to travel or reside overseas? Yes No

If yes, give details including destination, for how long and reason (for example, holiday, business)

Have you any intention of engaging in aviation other than as a fare paying passenger, any hazardous sporting or other recreational activities, such as motor sports, scuba diving, parachuting, football, rock climbing, etc? Yes No

If yes, complete a Sports and Pastimes Statement (available from the financial adviser for your account)

! 4. Other insurance details — Mandatory section

- a) Do you have any other life, TPD, income protection, business expenses or trauma insurance with any insurance company, including the Insurer, or are you currently applying to any other company for such insurance? Yes No
- b) Have you ever had an application for life, TPD, income, business expenses or trauma insurance declined, deferred or offered on special terms? Yes No
- c) Have you ever claimed on any type of TPD, trauma, sickness, accident, or workers' compensation insurance? Yes No

If you answered Yes to question a, b or c complete the details below.

Letter	Name of company	Cover type	Sum insured	Comments	To be replaced
			\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$		<input type="checkbox"/> Yes <input type="checkbox"/> No

5. General declaration

1. I have read my 'Duty of disclosure' on page 2 of the insurance application and understand my duty to disclose continues after I have completed this application until the Insurer has given written acceptance of the risk.
2. I agree the following.
 - a) The answers to all the questions and declarations on this personal statement are true and the answers given, together with any special conditions, will form the basis of the contract.
 - b) If any answers to the personal statement are not in my own handwriting, I certify that I have checked them and they are correct.
 - c) If the proposed policy includes any disablement benefits, the policy will provide that such benefits will not be payable in the event of disablement occurring as a result of war.
 - d) Insurance cover will not commence until the Insurer accepts the insurance proposed or receives a signed acceptance of such alternate conditions as may be offered and the appropriate first premium has been received.
 - e) No information has been withheld which may affect the Insurer's decision to provide insurance.
3. I acknowledge that premiums are paid to, and benefits provided by the Master Policy are liabilities of, AIA Australia Limited, ABN 79 004 837 861 (the Insurer). They are not deposits in, nor liabilities of and not guaranteed by any bank or company whether related to the Insurer or not.
4. I authorise the Insurer and any person appointed by the Insurer to obtain information on my medical, claims and financial history for the Insurance Reference Association and any other body holding that information.
5. I acknowledge that my duty of disclosure applies to Interim Accident Cover and that I may not be entitled to Interim Accident Cover if I fail to comply with my duty of disclosure in relation to my application.
6. I authorise the Insurer to collect, use and disclose any information in connection with this application for insurance and any medical reports, to other entities involved in providing or administering the insurance, reinsurers, medical consultants and legal advisers.
7. I acknowledge that the Trustee is the owner of the Master Policy effected with the Insurer, that I will become a Life Insured under that policy and that I have no interest in that policy.
8. I authorise the Trustee to deduct the premiums for this insurance from my account, retain the administration fee and pay the balance on my behalf to the Insurer.

My decision to apply for this insurance is based on the material received in the Asgard Employee Super PDS and my understanding of the information. The declaration covers the application and personal statement that I have completed.

6. Authority

I hereby request and direct any medical practitioner who has been (or may thereafter be) consulted by me, to divulge to Asgard or the Insurer or any legal tribunal, any information he or she may have acquired about me and I expressly waive all professional confidence and provisions of law as to privilege or otherwise forbidding disclosure of such information. Such information shall include symptoms given, findings made, opinions formed on or subsequent to examination, or treatment prescribed.

! 7. Code of Practice declaration – Mandatory section

(Please tick the most appropriate box below)

- I have provided all the information requested by the financial adviser for my account to complete a fact finder and needs analysis and I elected to purchase the policy recommended by the financial adviser for my account.

OR

By indicating one of the following alternatives I understand that I risk making a financial commitment to a policy that may or may not be appropriate to my needs and objectives.

- I elected only to receive advice about a limited range of products; or
- I did not wish to provide all the information my financial adviser requested; or
- I did not wish to receive any advice or have a fact finder completed; or
- I chose a policy that differed from the financial adviser for my account's recommendation.

The financial adviser for my account has provided me with a copy of the PDS for the policy to which this application relates.

- Yes No

8. Privacy statement

Privacy laws protect your privacy. The way in which we collect, use, disclose and handle your information is described in the 'Privacy statement' in the Asgard Employee Super Product Disclosure Statement. Please be aware that the Duty of disclosure explained in your application for insurance applies to the information you give in this form. If you fail to comply with this duty you may be in breach of it. The consequences of this are explained in your application.

We may collect and use or disclose your personal information (including health and sensitive information) to assess, verify and process your application.

We may collect or disclose information relating to you or your application to or from a range of services including: reinsurers, superannuation trustees, past or present medical practitioners, health professionals, hospitals, government department(s) which retain health records or as part of our regulatory requirements, personal accountants or current or former employers or lawyers.

You have a right to access any personal information held about you unless we are legally entitled to deny access. If you want to know more about our approach to privacy or you want to know more about your application, you can call us on 1800 998 185 or AIA Australia Limited on 1800 333 613.

! 9. Signature section — Mandatory section

The 'Declarations' in the Asgard Employee Super PDS cover the application and Personal Statement. Please include a Sports and Pastimes Statement only if you were required to complete it.

Read this application carefully and correct any mistakes or omissions. All corrections must be initialled.

Check that you've complied with your 'Duty of disclosure' as described on page 3 of the insurance application.

Before you sign this application and declarations, Asgard or the financial adviser for your account is obliged to provide you with a brochure containing the summary of the important information in relation to this product. This information will help you to understand the product and to decide whether it is appropriate to your needs.

Signature of life insured

Date

Signature of witness

Date

Name of witness

! 10. Medical authority — Mandatory section

I hereby authorise any hospital, physician or any person who has attended or examined me to give the Insurer any and all information with respect to any illness, injury, medical history, consultation, prescription or treatment and copies of all hospital or medical records. A photocopy of this authorisation shall be considered as effective and valid as the original.

Signature of life insured

Date

! 11. Contact authority (adviser to complete) — Mandatory section

Asgard and/or the Insurer can telephone me directly on

if they need to ask me about my application.

If additional financial information is required, I authorise Asgard and/or the Insurer to telephone my accountant

on

Signature

Date

Life insurance adviser's report

Adviser's company

Adviser's name

Adviser's phone

Adviser's code

 BA

Dealer's name

Are there any applications being submitted simultaneously?

Yes No

Dealer stamp

Life insurance adviser's checklist

Please enclose the following items where applicable

- Application
- Personal statement
- Sports and Pastimes Statement
- Copy of quote