

Short form application for combined life, trauma and TPD cover up to \$1 million – Part A (continued)

Person to be insured

Title Given name(s) (please print) Family name Previous name (if applicable)

Marital status Date of birth / / Country of birth

Gender Male Female

Occupational duties (if home duties, please provide details of dependants including ages)

Hours worked in main occupation Insurable income in last 12 months \$ Insurable income in previous 12 months \$ (income after expenses but before tax)

Please give details of your specific qualifications (eg degree, trade certificate)

Residential address Town/Suburb State Postcode Country

Correspondence address Town/Suburb State Postcode Country

Email address

Home phone number () Business phone number () Mobile phone number

Do you smoke or have you ever been a smoker? No Yes - details: Daily average If you have stopped, when? month year

What did/do you smoke? Cigarettes Tobacco pipes Cigars Nicotine replacement products Other, please specify

Plan owner(s) – to be completed if the Plan owner is a company, an external trustee or an individual other than the Person to be insured. Do not complete if applying for the Life Insurance Superannuation Plan.

Title	Family/Company/SMSF	Given name(s)/Trustee name(s)*	Date of birth	Plan name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

* The names of all trustees should be listed.

Company ABN (Australian Business Number)

Only provide company details and an ABN if the Plan owner is to be a company or a trustee:

Is this application linked to a concurrent application? No Yes – if yes, please provide Plan number, name of insured or product name.

Short form application for combined life, trauma and TPD cover up to \$1 million – Part A (continued)

Product details

The Insurance Quote from the Premium Quoting Tool must be attached to this short form application. If you are applying for the Life Insurance Superannuation Plan, Part B of this short form application must also be completed.

Nominate beneficiaries – only for the Life Insurance Plan, not to be completed if applying for the Life Insurance Superannuation Plan.

The Plan owner can choose who and how the death benefit is paid in the event of the death of the Person to be insured by completing the table below.

1 Title First name Family name Gender Male Female Date of birth / /

Address

Phone number Relationship of the nominated person to the Plan owner % of death benefit* %

2 Title First name Family name Gender Male Female Date of birth / /

Address

Phone number Relationship of the nominated person to the Plan owner % of death benefit* %

3 Title First name Family name Gender Male Female Date of birth / /

Address

Phone number Relationship of the nominated person to the Plan owner % of death benefit* %

4 Title First name Family name Gender Male Female Date of birth / /

Address

Phone number Relationship of the nominated person to the Plan owner % of death benefit* %

5 Title First name Family name Gender Male Female Date of birth / /

Address

Phone number Relationship of the nominated person to the Plan owner % of death benefit* %

Total percentage

Short form application for combined life, trauma and TPD cover up to \$1 million – Part A (continued)

Personal statement

Warning: you have a duty to disclose all information relevant to our decision to accept your application. We rely on this information to assess your application. Any incorrect information may affect your entitlement to benefits.

Contact details for the Person to be insured

We may need to contact you between 8.00 am and 7.00 pm regarding the details of your application.

Hours you can be contacted Hours you can be contacted Hours you can be contacted

Home phone Business phone Mobile phone

Residence and travel details

Q1 Are you an Australian citizen or a permanent resident of Australia? No Yes – if no, please provide details including the type of visa you hold

Q2 Including annual holidays, are you likely to live, travel or work overseas? No Yes – detail where and duration

Insurance details

Q3 Other than this application, are you covered by, or are you applying for, life, disability, trauma, income insurance or business expenses insurance with **any company**, including this one? Note: This includes benefits under superannuation, business or credit insurance or benefits provided by an employer. No Yes – details:

Name of company	Type of cover	Sum insured	Date commenced	To be replaced?
			/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes
			/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes
			/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes

Important notes: If this application for insurance is intended to replace the existing plan(s) listed in the table above:

1 When the insurer notifies you that it has accepted your application for insurance, you must cancel such plan(s). If you do not cancel the existing plan(s) listed in the table above, any claim you make to AXA for the insurance applied for and accepted may not be considered.

2 Under takeover terms, the insurance cover to be replaced must have been fully underwritten and not have been accepted under modified or limited underwriting requirements or on takeover terms previously.

Q4 Has **any company** ever indicated they would not issue you insurance, or would apply a loading, modify, restrict or exclude your insurance in any way? No Yes – details of reason, date, company name and type of cover

Q5 Have you ever, or do you intend to claim benefits under any insurance plan, government scheme, armed forces, unemployment, pension or allowance or court proceedings? No Yes – details:

Company/benefit type	Reason	Benefit amount	Date
			/ /
			/ /

Health details

Q6 How many standard drinks containing alcohol do you consume per week on average? standard glasses per week
[standard drink = 1 nip (30ml) spirits, 100ml wine, 10oz/285ml beer]

Q7 Have you ever used recreational drugs not prescribed by a doctor? No Yes – details:

Q8 What is your: Height Weight

Short form application for combined life, trauma and TPD cover up to \$1 million – Part A (continued)

- Q9** At any time in your life have you **ever** suffered from, received advice for, or experienced symptoms of the following (even if you have not seen a doctor):
- (a) No Yes Arthritis, bone fracture, joint injury, eg **hip, ankle, knee, elbow, wrist, shoulder**, or experienced symptoms of muscle or joint disorder, gout, tendonitis or tenosynovitis
 - (b) No Yes Heart condition, rheumatic fever, chest pain, **high blood pressure, raised cholesterol**, vein or circulatory disorder
 - (c) No Yes Cancer, tumour of any kind, **cyst**, growth, breast lump, **mole** or **skin lesion**
 - (d) No Yes Anaemia, leukaemia, haemophilia or any other blood disorder
 - (e) No Yes **Asthma**, bronchitis, lung condition, breathing or respiratory disorder, sleep apnoea
 - (f) No Yes Disorder of the kidney, bladder, urinary complaint or kidney stone
 - (g) No Yes **Back or neck disorder, spinal condition, sciatica or whiplash**
 - (h) No Yes **Mental illness, depression, anxiety, nervous condition, stress or post traumatic stress disorder**
 - (i) No Yes **Chronic fatigue**, fibromyalgia, fibrositis, myalgia or **chronic pain syndrome**
 - (j) No Yes Diabetes, sugar in the urine or raised blood sugar levels or thyroid disorder
 - (k) No Yes Indigestion, gastric or duodenal ulcer or hernia
 - (l) No Yes Bowel disorder, irritable bowel syndrome, colitis or Crohn's disease
 - (m) No Yes Gall bladder or liver disorder, hepatitis (please advise type eg A, B, C or other)
 - (n) No Yes **Epilepsy**, stroke, headaches, migraines, disorder of the brain or nervous system, dizziness, fainting or memory loss
 - (o) No Yes Disorder of the ears, eyes or speech including hearing loss or tinnitus
 - (p) No Yes Psoriasis, eczema, dermatitis or other skin condition
 - (q) No Yes Any sexually transmitted infection or disease
 - (r) No Yes Any other illness, injury, operation, disability or hospitalisation not already mentioned

Males only

- (s) No Yes Disorder or problem of the prostate or testicle including prostate enlargement, abnormal PSA (Prostate Specific Antigen), difficulty or urgency in passing urine or undescended testicle?

Females only

- (t) No Yes Are you currently pregnant? If yes, please advise expected date of delivery
- (u) No Yes Have you ever had any complications with pregnancy or childbirth?
- (v) No Yes Have you ever had an abnormal pap smear or biopsy of the cervix or uterus, breast ultrasound or mammogram?

Q10 In addition to the conditions you have already mentioned in this application, have you in the last five years (not including colds or flu):

- (a) No Yes Had any blood test, inherited disorder, counselling of any kind, review of a previously diagnosed condition or any diagnostic test of any nature eg x-ray, medical test?
- (b) No Yes Used or are you currently using any medication, prescribed or unprescribed (taken by mouth, injections, inhaled spray, cream, ointment) or had any treatment for any symptoms, sickness, injury or medical condition?

If you answered 'YES' to any of Q9 or Q10 above, please provide details in the table below, EXCEPT for any conditions in bold text for which you should complete the relevant health questionnaire that your adviser can obtain from axa.com.au/adviserinsurance under Forms.

Item No. eg (b)	Date	Details of condition, advice or symptom including nature of treatment	Name and address of doctor, hospital or health professional consulted	Date treatment or medication ceased (if applicable)	Time off work	Degree of recovery %
	/ /			/ /		%
	/ /			/ /		%
	/ /			/ /		%
	/ /			/ /		%

Q11 Have you ever had, are you currently waiting for a result of, or are you considering having a genetic test? No Yes

Note: You do not have to provide a result if you were or are taking part in a medical research project or trial and haven't been or will not be provided with your individual result.

If yes, please provide full details.

Short form application for combined life, trauma and TPD cover up to \$1 million – Part A (continued)

Doctor details

Q12 Please provide the details of the general practitioner/medical centre you would normally consult for medical conditions or advice, including the details of your last consultation.

Name of general practitioner/medical centre

Correspondence address

Town/Suburb

State

Postcode

Phone number

Facsimile

How long have you been his/her patient?

years

Please provide the date of your last consultation, the reason and the result.

Q13 Are you contemplating, awaiting or being advised to seek any medical advice, investigation or treatment including surgery?

No Yes – details:

Family history details

Q14 Have any of your parents, brothers or sisters suffered from heart disease, stroke, high blood pressure, diabetes, breast cancer, bowel cancer, other cancer, polycystic kidney disease, Huntington's Chorea, inherited blood disease, inherited brain disease, kidney failure, muscular dystrophy, or any other inherited disease? Note: You are only required to disclose family history information relating to first degree blood related family members - living or deceased (mother, father, brothers and sisters). No Yes – details including age of onset/death:

Q15 (a) Have you or any of your current or previous sexual partners tested positive for HIV/AIDS, or have any sign of HIV infection? No Yes
For example, some signs are: unexplained weight loss, swollen glands or persistent diarrhoea.

(b) In the last three years, are you aware of any HIV risk situation to which you or any of your sexual partners may have been exposed?

No Yes

Note: HIV risk situations include but are not limited to, sex with or as a prostitute, sex with an intravenous drug user, contact with someone else's blood (for example, through injection or scratch with a used needle), anal intercourse (except in a relationship between you and one other person only and neither of you has had sex with anyone else for at least three years).

(If you answered 'Yes' to any part of Q15 we will send you a confidential questionnaire to complete).

Sports and pastimes details

Q16 Have you in the last 12 months, do you currently, or do you intend to take part in aviation (other than a fare paying passenger on a licensed public service), motor racing (including car, bike and boat), underwater diving, football, motor bike riding (including trail bike riding and commuting), any other hazardous activity, pursuit or sport (including, but not limited to: rock climbing, hang-gliding, ocean racing, martial arts, horse riding, or any other motor sports)?

No Yes – please complete the pursuits questionnaire that your adviser can obtain from axa.com.au/adviserinsurance under Forms.

Employment details

Q17 In the last five years have you worked in a different occupation or job, had any period unemployed, travelling, studying etc or do you have any other jobs or occupations? No Yes – details:

	From	To	Occupation	Employer	Employed by own company	Self-employed	Partnership	Employee	Contractor
Previous occupation	/ /	/ /			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other occupation	/ /	/ /			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other occupation specific duties and details:									

Q18 (a) Have you or any business with which you have been associated ever been made bankrupt or placed in receivership, involuntary liquidation or under administration?

No Yes – details: When Date of discharge

(b) If you are self-employed, an employee of your own company or in a partnership, has your business had a net operating loss over either of the last two financial years?

No Yes – please provide full copies of company accounts for the last two years, including associated entities.

Not self-employed

**Short form application for combined life, trauma
and TPD cover up to \$1 million – Part A (continued)**

Medical authorities

Authority to release medical information to AXA

Print full name of Person to be insured

I, authorise any medical practitioner, doctor, health professional, hospital, clinic or any other insurer to disclose to the insurer (NMLA trading as AXA and its group of companies), or representatives appointed to collect, the full details of my health and medical history. I agree that a photocopy (or similar copy) of this authorisation should be considered as valid as the original.

Signature of Person to be insured

Date signed

Authority for AXA to release medical information to usual doctor

Print full name of Person to be insured

I, authorise NMLA trading as AXA to advise Doctor

of the reason(s) behind any adverse assessment of my application if it was based on health evidence obtained during the assessment of this application. I also authorise AXA to provide copies of the relevant health evidence to the doctor noted above.

Signature of Person to be insured

Date signed

This page has been left blank intentionally.

Short form application for combined life, trauma and TPD cover up to \$1 million – Part A (continued)

► **Before you complete this page**, please read the terms and conditions of this facility in the Product Disclosure Statement(s).

Payment method

If the insurance is held via North, Summit, Generations or iAccess, payment will be deducted from your cash account.

If the insurance is not held via North, Summit, Generations or iAccess, select method of payment:

- Direct debit by credit card (please complete option 1 below)
- Direct debit by bank account (please complete option 2 below)
- Receive payment due notices (only available for quarterly, half yearly or yearly payments)

Option 1: Direct debit by credit card

► **Only complete this section to pay your insurance premiums by credit card.**

Initial premium deposit No Yes (Note: The premium will be deducted on completion of this application)

Frequency of **ongoing premium deductions** (tick one): Fortnightly Monthly Quarterly Half yearly Yearly

Credit card type: MasterCard Visa

Credit card number

- - - Expiry date -

Name as shown on credit card

Cardholder's signature

Date signed

X

/ /

Should your credit card details change at any time (eg card number or expiry date) then we will be unable to process your payment.

You will need to complete a new direct debit authority form or provide the new credit card details over the phone. To do this, please contact our Customer Service Centre.

Option 2: Direct debit by bank account

► **Only complete this section to pay your insurance premiums by direct debit.**

Initial premium deposit No Yes (Note: The premium will be deducted on completion of this application)

Frequency of **ongoing premium deductions** (tick one): Fortnightly Monthly Quarterly Half yearly Yearly

(Optional) If paying monthly direct debit, choose a date for deduction, between 1st to 28th only /

Note: Please refer to your financial institution to check your account offers direct debiting.

BSB number

Account number

-

Bank/financial institution name

Bank/financial institution branch name

Account in name of (name in full)

Company ABN (Australian Business Number)

Account holder signature(s)

Signature – account holder 1

Date signed

Signature – account holder 2 (if applicable)

Date signed

X

/ /

X

/ /

Short form application for combined life, trauma and TPD cover up to \$1 million – Part A (continued)

Non-superannuation insurance application and signatures

Do not complete if applying for the Life Insurance Superannuation Plan through the Super Directions Fund or North. Please complete Part B instead.

► Before you sign this application form, you should:

- be aware that your financial adviser is obliged to have provided you with the Product Disclosure Statement(s) and other information relevant to special offers and/or member discounts for the product(s) you are applying for
- read the **Product Disclosure Statement** because it contains important information to help you understand the product and to decide whether it is appropriate to your needs, and
- read the **Declaration and consent** of the Product Disclosure Statement and understand the terms outlined.

Signature of Person to be insured – only if different to the Plan owner below

To be completed for all insurance plans

Title	Print full name of Person to be insured	Signature	Date of birth	Date signed
		X	/ /	/ /

Signature of Plan owner – only for individuals

To be completed for all insurance plans except for the Life Insurance Superannuation Plan and Income Insurance Superannuation Plan

Title	Print full name of Person to be insured	Signature	Date of birth	Date signed
		X	/ /	/ /

Title	Print full name of Person to be insured	Signature	Date of birth	Date signed
		X	/ /	/ /

Signature of Plan owner — only for companies and trustees (including self-managed super funds)

To be completed for all insurance plans except for the Life Insurance Superannuation Plan and Income Insurance Superannuation Plan

Company seal	Print full name of company or self-managed super fund			
	Signature 1	Signature 2	Date signed	
	X	X	/ /	
	Print full name of person signing for and on behalf of the above company/self-managed superannuation fund			

- Company seal and two directors or director and secretary, or
- Company seal and one signature noted as 'sole director and secretary' where the company has only one director, or
- The signature of a person whose name is clearly written, with the words 'XXX for and on behalf of XYZ Pty Ltd', or
- For SMSFs, if there are more than two trustees, please provide their full name/s and signature/s in the space below.

Short form application – Part B

(To be completed if you are applying for a Life Insurance Plan, including plans where the insurance will be paid out of a summit, Generations or iAccess investment account.)

Nominate beneficiaries – only for Life Insurance Plan

► Only complete this page if you have applied for the Life Insurance Plan

You can choose who and how your death benefit is paid in the event of the death of the Person to be insured.

Do you wish to make a nomination? No Yes If yes, please nominate the beneficiaries to receive the payment of benefits below.

5 Title First name Family name Gender Male Female Date of birth / /

Address

Phone number () Relationship of the nominated person to the Plan owner % of death benefit* %

5 Title First name Family name Gender Male Female Date of birth / /

Address

Phone number () Relationship of the nominated person to the Plan owner % of death benefit* %

5 Title First name Family name Gender Male Female Date of birth / /

Address

Phone number () Relationship of the nominated person to the Plan owner % of death benefit* %

5 Title First name Family name Gender Male Female Date of birth / /

Address

Phone number () Relationship of the nominated person to the Plan owner % of death benefit* %

5 Title First name Family name Gender Male Female Date of birth / /

Address

Phone number () Relationship of the nominated person to the Plan owner % of death benefit* %

Total percentage **100 %**

Plan owner declaration

Plan owner family name Given name(s)
 I/We the Plan owner(s), nominate the person(s) named above to receive any proceeds that may become payable under this plan, as a result of the death of the Person to be insured.

I understand that:

- payment of benefits will be made on the basis of the latest nomination received in writing by AXA Australia
- if there is no nomination, or the nomination has been revoked, benefits will be paid to the Plan owner (or their estate)
- nominated beneficiaries should seek advice from their taxation adviser regarding the potential taxation implication of any benefit received
- if a nominated beneficiary predeceases the person insured, then that nominated beneficiary's benefit will be paid to the Plan owner (or their estate)
- the Plan owner may vary the nomination at any time by completing a Nomination of Beneficiary form and forwarding it to AXA Australia.

Signature of Plan owner Date signed / /

Short form application – Part B

(To be completed only for Life Insurance Superannuation Plan through the Super Directions Fund. For North, Summit, Generations and iAccess plans, your nomination of dependants or any changes to your nomination of dependants for distribution of your death benefits requires the completion of the appropriate death benefit nomination form available under the North, Summit, Generations or iAccess plans, as applicable. Completion of the superannuation nomination of dependants form accompanying this application will be void if your policy is under North, Summit, Generations or iAccess.)

1 Title First name Family name Gender Male Female Date of birth / /

Address

Phone number () Relationship of the nominated person to the Plan owner Financial dependant Spouse IR† Child % of death benefit* %

2 Title First name Family name Gender Male Female Date of birth / /

Address

Phone number () Relationship of the nominated person to the Plan owner Financial dependant Spouse IR† Child % of death benefit* %

3 Title First name Family name Gender Male Female Date of birth / /

Address

Phone number () Relationship of the nominated person to the Plan owner Financial dependant Spouse IR† Child % of death benefit* %

4 Title First name Family name Gender Male Female Date of birth / /

Address

Phone number () Relationship of the nominated person to the Plan owner Financial dependant Spouse IR† Child % of death benefit* %

5 Title First name Family name Gender Male Female Date of birth / /

Address

Phone number () Relationship of the nominated person to the Plan owner Financial dependant Spouse IR† Child % of death benefit* %

Total percentage

100 %

or My Legal Personal Representative (eg the executor of your will)

* Percentages must be whole numbers

† Interdependency Relationship

Short form application for combined life, trauma and TPD cover up to \$1 million – Part B (continued)

Binding nomination

I acknowledge that I have read the Additional information section of the Product Disclosure Statement concerning binding nominations and accept the conditions relating to binding nominations.

Non-binding

I acknowledge that I have read the Additional information section of the Product Disclosure Statement concerning non-binding nominations.

No nomination

Signature

X

Date signed

/ /

If you have ticked 'binding nomination', the section below must also be completed.

Witness signatures

I acknowledge that I am over 18, that I am not a nominee on this form and that the above notice was signed and dated by the applicant in my presence.

Witness A

Signature

X

Name

Date signed

/ /

Witness B

Signature

X

Name

Date signed

/ /

Short form application for combined life, trauma and TPD cover up to \$1 million – Part B (continued)

To be completed by the Person to be insured only if applying for the Life Insurance Superannuation Plan.

Superannuation membership

Are you applying for insurance through North Summit Generations iAccess

If through North please provide your existing North account number

If through Summit, Generations or iAccess please provide your existing client reference number - -

Are you applying for insurance through the Super Directions Fund? No Yes, If yes, please complete questions 1 to 3

Q1 Current employment status
 Employee ► Go to Question 2 Self employed (sole trader, partnership) Employed by own company ► Go to Question 3

Q2 Does your employer contribute to an existing superannuation fund on your behalf? No Yes

Q3 Have you selected an employer supported plan (ie your employer pays part or all of your premiums)? No Yes

Company name

Company address

To be completed by the Person to be insured

Print full name of Person to be insured	Signature	Date of birth	Date signed
<input type="text"/>	X	/ /	/ /

Superannuation insurance application and signatures

► **Before you sign this application form, you should:**

- be aware that your financial adviser is obliged to have provided you with the Product Disclosure Statement(s) and other information relevant to special offers and/or member discounts for the product(s) you are applying for
- **read the Product Disclosure Statement** because it contains important information to help you understand the product and to decide whether it is appropriate to your needs, and
- **read the Declaration and consent** of the Product Disclosure Statement and understand the terms outlined.

Signature of Person to be insured	Date signed
X	/ /

Employer details (for employer supported plans)

Employer name				
Address	Town/Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Tax file number (TFN)

I have read the information (below) and agree to provide my TFN (tick one only) No Yes

Tax file number	Signature	Date signed
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	X	/ /

TFN notification

Under the Superannuation Industry (Supervision) Act 1993, your superannuation fund is authorised to collect your TFN, which will only be used for lawful purposes.

These purposes may change in the future as a result of legislative change. The trustee of your superannuation fund may disclose your TFN to another superannuation provider, when your benefits are being transferred, unless you request the trustee of your superannuation fund in writing that your TFN not be disclosed to any other superannuation provider.

It is not an offence not to quote your TFN. However giving your TFN to your superannuation fund will have the following advantages (which may not otherwise apply):

- Your superannuation fund will be able to accept all types of contributions to your account(s).
- The tax on contributions to your superannuation account(s) will not increase.
- Other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits.
- It will be easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

This application form is dated 19 September 2011

The issuer of the Life Insurance Superannuation Plan is N.M. Superannuation Proprietary Limited ABN 31 008 428 322 AFS Licence No 234654, Trustee of the Super Directions Fund ABN 78 421 957 449 and the Wealth Personal Superannuation and Pension Fund ABN 92 381 911 598

Short form application for combined life, trauma and TPD cover up to \$1 million – Part C (continued)

Principal servicing adviser details

Account/Adviser name Account/Adviser number Phone number ()

Mobile/Fax number Email address

New Plan Commission splits (Note: Standard commission splits are not available for Rewards (Workplace/Family/Membership) applications)

New Plan Commission

Account/Adviser name	Account/Adviser number	% split*	State
		%	
		%	
		%	
Total		100%	

* Percentage must be whole numbers

Renewal Business Commission splits

Renewal Business Commission

Account/Adviser name	Account/Adviser number	% split*	State
		%	
		%	
		%	
Total		100%	

* Percentage must be whole numbers