

This form is for use in the conversion of an Income Insurance Plan granted to an Australian temporary resident, to an age 60, age 65 or five year benefit period under the Income Insurance Plan or Income Insurance Plus Plan. Conversion is conditional on the granting of Australian permanent residency. This offer is only available on our Income Insurance and Income Insurance Plus Plans.

Plan number(s)

Life to be insured

Address

Street number and name

Town/Suburb

State

Postcode

Important notice – your duty of disclosure

When answering our questions, you must be honest and you have a duty under law to disclose to us anything known to you, and which a reasonable person in the circumstances could reasonably be expected to know which is relevant to our decision whether to accept the risk of insurance and, if so, on what terms. You have the same duty to disclose those matters to us between the time of the initial income insurance application and acceptance of this new Income Insurance Plan.

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

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

Since the date of the initial acceptance of the income insurance, I have been granted permanent Australian residency and:

- | | |
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| 1 I have not had or contemplated having any medical examination, advice, treatment or counselling of any kind, any surgical operation, X-ray, electrocardiography or any other test (eg cholesterol, HIV, hepatitis, genetic test) or investigations | <input type="checkbox"/> True <input type="checkbox"/> False |
| 2 I have not had a reduction in my current annual income from my main occupation and I do not intend to change my occupation, duties or employment situation | <input type="checkbox"/> True <input type="checkbox"/> False |
| 3 I have not engaged in or intend to engage in any sport or hazardous pursuit | <input type="checkbox"/> True <input type="checkbox"/> False |
| 4 I have not applied for any form of life, superannuation, sickness, accident, trauma, lump sum disablement or disability insurance | <input type="checkbox"/> True <input type="checkbox"/> False |
| 5 I have not had any of my parents, brothers or sisters suffer 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. | <input type="checkbox"/> True <input type="checkbox"/> False |

If you have answered ‘False’ to any of the statements above, please provide details below:

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I declare that the statements given above are complete and true and I understand that AXA Australia will be relying on the complete accuracy of the statements in assessing my application for insurance.

Please tick this box to confirm that your adviser has supplied a quote from the Premium quoting tool.

Name	Signature	Date
	X	/ /