

Application reference number:

Declaration and consent

- **Product Disclosure Statement** Your financial adviser has provided you with, and you have read, the current insurance PDS. Your insurance needs have been discussed with your financial adviser, and you will retain this PDS for future reference.
- **Duty of disclosure** You have read the PDS, and your financial adviser has drawn to your attention the Duty of Disclosure Statement set out in the Important information for applicants section. You are required to fulfil your obligations in accordance with your duties as explained in this PDS. (Warning: you have a duty to disclose on your application form all information relevant to the insurer's decision to accept your application.)
- **Truth and accuracy** You are required to check the truth, accuracy and completeness of the information contained in your application – whether this is a paper-based application or one submitted online by your financial adviser.

If your financial adviser submits your application online and you have not signed a printed copy, your financial adviser is required to send you a copy within five working days of submission. You are required to check your application for truth, accuracy and completeness and contact AXA on 132 987 to notify us of any amendments. If you do not receive a printed copy of your online application within five working days you are required to contact your financial adviser and ask for a copy to be provided immediately.

- **Online application** Your financial adviser may submit your insurance application to AXA online.
- **Changes in material circumstances** Any change in material circumstances between the time you provide personal information to your financial adviser and the issue of your plan documents must be disclosed to the insurer. Failure to do so may result in the insurer avoiding the contract of insurance.
- **Policy conversions and revised terms** If you are converting an existing AXA insurance policy, any loadings and/or exclusions that applied to that existing policy will continue to apply to this policy that you are applying for.
- **Medical and financial information** You are authorising any medical practitioner, doctor, health professional, hospital, clinic, and other insurers or other professional, such as a financial adviser or accountant, to disclose any information they may possess about you, whether held in hard copy, or in any other format, that is related to:
 - an application for insurance
 - any claim under a policy of insurance

to the insurer The National Mutual Life Association of Australasia Ltd (also trading as NMLA, AXA and/or AXA Australia), or to its representatives who are appointed to collect the details of your health, medical history and any other information on its behalf.

- **Privacy use and disclosure of personal information** By proceeding with your application you are authorising AXA to disclose any information related to your application for insurance to any person/authorised third parties. We will only share sensitive information such as medical or financial details where it is necessary to do so to properly assess your application. You are deemed to have agreed that limited personal information may be disclosed to third parties, where that disclosure is for the purpose of assisting AXA in making a decision in relation to your application for insurance or in relation to a claim made under the policy of insurance. You give the insurer permission to advise your usual doctor of the reason(s) behind any adverse assessment of your application if it was based on health evidence obtained during the assessment of your application.
- **Privacy** You are required to read and understand the Privacy Statement contained in this PDS. You consent to your personal information being collected and used in accordance with the Privacy Statement. You can opt out from the use of that information for the purpose of direct marketing by telephoning 131 737.

Acceptance of your application is subject to the insurer searching its records for any other business with the person to be insured. The insurer may vary the terms of the policy of insurance to be issued on the basis of any information contained in its records.

For all Plans except Life Insurance Superannuation Plan or Income Insurance Superannuation Plan

- **Application** By proceeding with your application you are asking the insurer to provide insurance on the usual conditions set out in this PDS – including any modifications to the Plan that the insurer considers appropriate given the information submitted for your application.
- **Nomination of beneficiary** The payment of benefits from the Life Insurance Plan will be made on the basis of the latest nomination received in writing to AXA.

The issuer of all plans except the Life Insurance Superannuation Plan and the Income Insurance Superannuation Plan is The National Mutual Life Association of Australasia Limited ABN 72 004 020 437 AFS Licence No. 234649

The issuer of the Life Insurance Superannuation Plan and the Income Insurance Superannuation Plan is N.M. Superannuation Proprietary Limited ABN 310 084 28 322 AFS Licence No. 234654, Trustee of both the Super Directions Fund ABN 78 421 957 449 and the Wealth Personal Superannuation and Pension Fund ABN 92 381 911 598

This application form is dated 19 September 2011

The National Mutual Life Association of Australasia Limited
ABN 72 004 020 437 AFS Licence No. 234649
Registered Office: 750 Collins Street Docklands Victoria 3008
axa.com.au

Declarations, consent and signatures (continued)

For the Life Insurance Superannuation Plan or Income Insurance Superannuation Plan

Prospective members of the Super Directions Fund

- **Application** By submitting your application you are applying to N.M. Superannuation Proprietary Limited for membership of the Super Directions Fund. You are asking the Trustee to propose to the insurer to provide insurance on the usual conditions set out in this PDS – including any modifications to the Plan that the insurer considers appropriate given the information submitted for your application. You are confirming you are eligible to contribute to superannuation, and agree to notify the Trustee of the Fund in writing immediately if you cease to be gainfully employed or if you cease to be eligible to contribute to the Fund. You should review your binding nomination every three years, or as your circumstances change.
- **Fund Membership** You are submitting your application for the Life Insurance Superannuation Plan and/or the Income Insurance Superannuation Plan as a prospective member of the Super Directions Fund.

Prospective members of the Wealth Personal Superannuation and Pension Fund

- **Application** By submitting your application you are confirming you are already a member, or have applied to become a member, of the Wealth Personal Superannuation and Pension Fund.
- **Fund Membership** In applying for the Life Insurance Superannuation Plan and/or Income Insurance Superannuation Plan you are doing so as a plan holder or prospective plan holder of North, Summit, Generations or iAccess as part of the Wealth Personal Superannuation and Pension Fund.
- **Nomination of beneficiary** The payment of benefits from the Superannuation Plans will be determined by the Trustee of the Fund. For more information please refer to the Holding your policy in superannuation section of your PDS.

Signature of person to be insured

To be completed for all insurance plans

Title/name of person to be insured

Signature of person to be insured

Date of birth

Date signed

Signature of Plan owner – only for individuals

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

For Plan owners (must be aged 16 years or over)

Title/name of Plan owner

Signature of Plan owner

Date of birth

Date signed

Title/name of Plan owner

Signature of Plan owner

Date of birth

Date signed

Declarations, consent and signatures (continued)

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

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

Company seal	Name of company/self-managed superannuation fund		
<input type="text"/>	<input type="text"/>		
	Signature 1	Signature 2	Date signed
	<input type="text" value="X"/>	<input type="text" value="X"/>	<input type="text" value="/ /"/>
	Print title/full name of person signing for and on behalf of the above company/self-managed superannuation fund		
	<input type="text"/>	<input type="text"/>	

- Company seal and two directors 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'.
- For SMSFs, if there are more than two trustees, please provide their full name(s) and signature(s).

Adviser details

Adviser name	Account/Adviser number	
<input type="text"/>	<input type="text"/>	
Telephone	Email address	
<input 2"="" type="text" value="()</input></td><td colspan="/> <input type="text"/>		