



Your duty of disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty under the Insurance Contracts Act 1984, to disclose to the insurer every matter you know, or could reasonably be expected to know, that 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 renew, 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 the insurer knows or, in the ordinary course of 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 (or make a misrepresentation to us) and we would not have entered into the

contract on any terms if the failure (or misrepresentation) had not occurred, we may avoid the contract within three years of the commencement date. If your non-disclosure (or misrepresentation) is fraudulent, we may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within three years of the commencement date, 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.

If we allow you to replace an existing contract of insurance held with AXA with the same type of cover for the same or lesser amount of insurance, and you were previously underwritten by the insurer, then you are not required to disclose any further information relating to any matter that occurred after the commencement of the existing contract. In entering into the replacement contract of insurance, the insurer will rely on the information that you previously provided in relation to the existing contract of insurance. For that reason, the insurer's rights in relation to a breach of your duty of disclosure (or misrepresentation made) in relation to the existing policy will be applied to the replacement policy.

Plan details

Plan/Application number
Plan owner type (tick one):
Are you applying for insurance through
Application type (tick one):
Is this plan fee to be waived?

Person to be insured/owner

Title Family name (please print) Given name(s) Previous name (if applicable)
Marital status Date of birth Current age Country of birth
Gender
Occupational duties (if home duties, please provide details of dependants including ages)
Insurable Income in last 12 months
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?
What did/do you smoke?

**Life insurance only application (incorporating mortgage)
for up to \$1 million (continued)**

Product details

The Insurance Quote from the Premium quoting tool must be attached to this short form application.

Nominate beneficiary

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.

Full name, address and phone numbers of nominated person	Gender		Date of birth	% of death benefit*	Relationship of the nominated person to the Plan owner
	M	F			
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	100%	

Personal statement

To be completed by the Person to be insured.

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 to 7.00 pm regarding the details of your application.

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 - please provide detail when, 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**? Note: This includes benefits under superannuation, business or credit insurance or benefits provided by an employer.

No Yes - please provide 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

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 - please provide details:

Q5 Have you ever made a claim for trauma cover, any form of disability benefit including income protection or workers compensation?

No Yes If yes, please provide details:

Company/benefit type	Reason	Benefit amount	Date
			/ /

Doctor details (to be completed by the Life to be Insured in all cases)

Q6 Please provide details of your current general practitioner/medical centre and 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:

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Sports and pastimes details

Q7 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), any other hazardous activity, pursuit or sport not previously disclosed (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 is available from axa.com.au under forms.

Family history details

Q8 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 – please provide details including ages:

Health details

Q9 How many standard drinks containing alcohol do you consume per week on average? standard glasses per week
 [standard drink = 1 nip spirits (30ml), 100ml wine, 10oz/285ml beer]

Q10 Have you ever used recreational drugs or drugs not prescribed by a doctor? No Yes – please provide details, including the type of drug and the date(s) used:

Q11 What is your: Height cm/ft Weight kg/st

Q12 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 or gout
- (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, cyst, **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 or prostate, urinary complaint or kidney stone
- (g) No Yes **Mental illness, depression, anxiety, nervous condition, stress or post traumatic stress disorder**
- (h) No Yes Diabetes, sugar in the urine, raised blood sugar levels or thyroid disorder
- (i) No Yes Indigestion, gastric or duodenal ulcer, hernia
- (j) No Yes Bowel disorder, irritable bowel syndrome
- (k) No Yes Gall bladder or liver disorder, hepatitis (please advise type eg A, B, C or other)
- (l) No Yes **Epilepsy**, stroke, headaches, migraines, disorder of the brain or nervous system, dizziness, fainting, memory loss
- (m) No Yes Disorder of the ears, eyes or speech
- (n) No Yes Sexually transmitted infection or disease
- (o) No Yes Any other illness, injury, operation, disability or hospitalisation not already mentioned

Females only

- (p) No Yes Are you currently pregnant? If yes, please advise expected date of delivery
- (q) No Yes Have you ever had an abnormal pap smear, breast ultrasound, mammogram or investigation?

Q13 **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) for any symptoms, sickness, injury or medical condition?

If you answered ‘YES’ to any of Q12 or Q13 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 under forms. If you require more room to complete the details below please use the notes section on the last page of this form.

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 %
	/ /			/ /		%
	/ /			/ /		%

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Q14 Have you ever had, are you currently waiting for a result of, or are you considering having a genetic test? 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.

No Yes If yes, please provide full details.

Q15 Do you contemplate seeking any medical advice, investigation or treatment including surgery in the near future?

No Yes If yes, please provide full details.

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Q16 (a) No Yes Do you or any of your current or previous sexual partners have HIV/AIDS, or any sign of HIV infection?

For example, some signs are: unexplained weight loss, swollen glands or persistent diarrhoea.

(b) No Yes 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? 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 question 16 we will send you a confidential questionnaire to complete).

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 or clinic 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

X	/ /
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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

X	/ /
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Declaration, consent and signatures

- **Product Disclosure Statement** – I/We have been provided with and have retained for my/our use the current Insurance Product Disclosure Statement and other information relevant to special offers and/or member discounts.
- **Duty of disclosure** – I/We acknowledge that I/we have read the duty of disclosure Notice on page 1, and fulfilled my/our obligations in accordance with my/our duties as explained in the Product Disclosure Statement. (Warning: you have a duty to disclose all information relevant to the insurer’s decision to accept your application).
- **Truth and accuracy** – I/We have checked the truth, accuracy and completeness of the information submitted with this application form, and all statements in writing given in support of this application which shall, subject to law, form the basis of the contract of insurance. I/We have not given any further information relevant to the risks to a financial adviser of the insurer or the insurer itself.
- **Application** – I/We propose to the insurer to provide insurance on the usual conditions set out in the Product Disclosure Statement, including any modifications to the plan which the insurer considers appropriate given the information submitted in connection with this application form.
- **Changes make contract void** – I/We agree that any change of material circumstances between the time of this application and its acceptance which is not disclosed to the insurer shall allow the insurer to avoid the contract of insurance.
- **Medical and financial information** – I/We give the insurer permission to seek any medical or financial information needed in connection with this application or any plan issued as a result. I/We understand that if I/we withhold consent, AXA Australia may not be able to provide the products and services requested.
- **Privacy** – I/We have read and understood the Privacy Disclosure Statement contained in the Product Disclosure Statement. I/We consent to my personal information being collected and used in accordance with the Privacy Disclosure Statement. I/We acknowledge that I/we can opt out from the use of that information for the purpose of direct marketing by telephoning 1800 788 667.
- **Acceptance of this application** – is subject to the insurer searching its records for any other business with the Person to be insured and the insurer may vary the terms of the plan to be issued on the basis of any information contained in its records.

Product Disclosure Statements (PDSs) are updated from time to time. Please ensure that you have read the most up-to-date PDS and supplementary PDS where applicable, prior to completing this application form. To ensure that you have the most up-to-date PDS please check with your financial adviser, visit our website axa.com.au or call AXA Customer Service on 132 987.

Signature of Person to be insured/owner

Print full name of person to be insured

Signature

Date signed

**Life insurance only application
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To be completed if you are applying for an insurance plan not paid out of a North, Summit, Generations or iAccess account.
Where a SuperLink plan is applied for, with the intention to link the SuperLink plan to North, Summit, Generations or iAccess, payment authorities require completion in relation to the SuperLink plan.

Payment method and authorities

- Direct payment by cheque (payable to AXA), credit card and B_{PAY} (only available for quarterly, half yearly or yearly payments)
- Direct debit from bank account (complete direct debit authority below)
- Direct debit from credit card (complete credit card authority below)

Direct debit or credit card authority

Account holder or credit card holder name

I/We request you, until further notice in writing, to debit from my/our account described in the schedule below, any amounts which The National Mutual Life Association of Australasia Limited (the User) (User ID 109) may debit or charge me/us through the direct debit system. Your financial institution may charge a small fee for the direct debit arrangement. This will be reflected in your account statement.

Account or card holder address	Town/Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Frequency of direct debit will be as indicated on the Insurance Quote from the Premium quoting tool.

Optionally you may choose a date for bank account lodgement from 1st to 28th only

Account holder or card holder's signature	Date signed
<input type="text" value="X"/>	<input type="text"/>

Please complete either option 1 or 2 below

Option 1: Bank account deduction

Financial institution name and address

Account in name of	BSB number	Account number
<input type="text"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>

Option 2: Credit card deduction

I/We request that you, until further notice, debit my/our account detailed below, any amount that AXA may debit or charge me, through the direct debit system:

Credit card type: MasterCard Visa

Credit card number - - - Expiry date -

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Underwriting, product and commission details

Underwriting requirements

Have you arranged for any mandatory medical examinations or pathology tests to be completed? No Yes – please provide details:

Adviser checklist

Has a copy of the Insurance Quote Report been included with this application? No Yes

If changes have been made to the application, has the person to be insured initialled all changes? No Yes Not applicable

Is there any other documentation attached to this proposal? No Yes Health questionnaire Pursuits questionnaire

Has this application been faxed prior to sending? No Yes

Rewards (Workplace/Family/Membership)

AXA Workplace Rewards and/or Family AXA RACV Rewards

Title Workplace Rewards name/Family name/RACV cardholder name Workplace Rewards number/Family number/RACV card number

Business rewards ABN (for employer/key person/business partner/trustee)

Duty of disclosure

Has the person to be insured read the duty of disclosure? No Yes

Have you explained to the client the possible implications on the contract of any non-disclosure? No Yes

Are there any other circumstances or facts, such as the client's background, not fully covered by answers provided herein which you feel may assist our assessment of this application? No Yes – please provide details:

Commission payment and release basis

Up front Flat Hybrid

Note: Any Dial Down Commission shown on the Insurance Quote will be included. If this has been selected both New Business and Renewal commission do not need to reduce by the same Dial Down rate. If this is a replacement plan the commission style must be the same as the policy being replaced.

Principal servicing adviser Mortgage broker

Account/Adviser name

Account/Adviser number

Phone number

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Mobile/Fax number

Email address

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

Account/Adviser name	Account/Adviser number	% split*	State	Business Development Manager/Consultant
		%		
		%		
Total		100%		

* Percentage must be whole numbers

Renewal Business Commission splits

Account/Adviser name	Account/Adviser number	% split*	State	Business Development Manager/Consultant
		%		
		%		
Total		100%		

* Percentage must be whole numbers

