



Plan number(s)

Surname (please print)

Given name(s)

The Life to be Insured is requested to supply full and complete answers to the following questions:

1 Doctor's name and address

2 Date of check-up

3 For what specific reason did you attend the doctor?

4 What were the doctor's findings?

5 Was any treatment prescribed or investigation recommended? No Yes If yes, what?

6 Are you still receiving treatment or taking any form of medicine? No Yes If yes, what?

7 Do you have to report back to the doctor? No Yes If yes, when?

Declaration

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.

Name

Signature

Date

Please send completed form(s) to:
AXA Australia Customer Service Centre
PO Box 14330
MELBOURNE VIC 8001

Telephone 132 987 Facsimile (03) 8688 5799