



Plan number(s)

Two empty rectangular boxes for plan numbers.

Surname (please print)

Given name(s)

Two empty rectangular boxes for names.

The life to be insured is requested to supply full and complete answers to the following questions:

- (a) When did you last smoke? Date []/[]/[]
(b) In what forms did you smoke? [] Cigarettes [] Cigars [] Pipe [] Other (please specify substance below)
(c) What was your daily average consumption in the 12 months prior to quitting?
(d) Have you given up smoking due to a medical condition or on advice from a medical practitioner?
(e) Have you ever suffered from any condition or ailment which may have been associated with or aggravated by your smoking?

Declaration

I declare that the statements given above are complete and true and I understand that the insurer will be relying on the complete accuracy of the answers when assessing my application for insurance on my life.

I also understand that my premium rates will be determined on the basis of the above questions and answers and that any premium alteration will be made at AXA's discretion and will not be backdated prior to the date the change is approved.

Name, Signature (with 'X'), and Date fields.

Please send completed form(s) to:

AXA
Customer Service Centre
PO Box 14330
MELBOURNE VIC 8001
Telephone 132 987 Facsimile (03) 8688 5799