

Policy 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 When did you first develop indigestion symptoms?

2 Have you attended a medical practitioner for these symptoms? No Yes

If yes, give:

(a) Dates

(b) Names and addresses of doctors:

(c) The doctor's diagnosis:

(d) The nature of treatment given:

(e) Any tests performed? (eg endoscopy, stomach X-ray):

(f) Duration of symptoms?

3 Do you still suffer from indigestion symptoms or abdominal pain? No Yes

If yes, details of frequency:

4 Are you currently on any form of treatment, prescribed or otherwise? No Yes

If yes, please provide details of treatment:

5 Have you had an operation for this complaint? No Yes

If yes, please provide dates and doctor details:

6 Have you ever vomited blood or passed blood (black motions) from the bowel? No Yes

7 Do you smoke? No Yes

If yes, give details

8 How many standard drinks containing alcohol do you consumer per week on average?

(standard drink: 1 nip spirit, 100ml wine, 285ml beer) standard drinks per week

Declaration

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

<input type="text"/>	X	<input type="text"/>
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Name Signature

Date

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Please send completed form(s) to:

AXA Australia Customer Service Centre PO Box 14330 MELBOURNE VIC 8001 Telephone 132 987 Facsimile 1800 502 072