



Plan number(s)

Two empty text boxes for plan numbers.

Surname (please print)

Given name(s)

Two empty text boxes for name details.

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

- a) When was your asthma diagnosed?
b) When did you first have symptoms?
c) When did you last have symptoms?
d) How many times per year do you get symptoms? (approx)
e) Do the attacks occur in a particular season or during exercise?
f) How much time have you lost from work (or school) in the past due to asthma?
g) Please provide details of the treatment for your asthma...
h) Please provide details of the doctor who you consult for your asthma:
i) When did you last consult this doctor for asthma?
j) Have you ever been treated for your asthma with steroids...
k) Have you ever been hospitalised for asthma?
l) In the last three years, have you had a chest X-ray or respiratory function test?

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.

Signature and Date fields with a box for Name.

Please send completed form(s) to: AXA Australia Customer Service Centre PO Box 14330 MELBOURNE VIC 8001 Telephone 132 987 Facsimile (03) 8688 5799