



Plan number(s)

Two empty text input boxes for plan numbers.

Surname (please print)

Given name(s)

Two empty text input boxes for name details.

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

We note you have answered 'yes' to either/or both of the following questions in your application for insurance:

- 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.
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?
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 have had sex with anyone else for at least three years).

Further information is now required. The following questions are to be answered by the person to be insured.

1 Have you injected yourself or ever been injected with any drug not prescribed by a medical practitioner? [] No [] Yes

If yes, please provide details:

Empty text input box for details of drug injection.

2 Have you ever had Hepatitis B or C, or any sexually transmitted disease? [] No [] Yes

If yes, please provide details:

Empty text input box for details of Hepatitis or STD.

3 Since 1980 have you worked as a prostitute or engaged in sexual activity with a prostitute? [] No [] Yes

If yes, please provide details:

Empty text input box for details of prostitution.

4 Have you engaged in anal sexual intercourse? (Except in a relationship between you and one other person only and neither of you have had sex with anyone else for at least three years.) [] No [] Yes

If yes, please provide details:

- (a) Advise number of partners in last [] 12 months [] 24 months [] 5 years
(b) Did you and your partner(s) use condoms? [] Never [] Sometimes [] Always

5 Have you had sexual contact with any person who you have reason to believe is HIV positive? [] No [] Yes

If yes, please provide details:

Empty text input box for details of sexual contact.

6 Please provide dates and results of any HIV tests:

Empty text input box for HIV test details.

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 line with fields for Name, Signature (containing 'X'), and 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