



Plan number(s)

Two empty text boxes for plan numbers

Surname (please print)

Given name(s)

Two empty text boxes for names

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

1 When did you first suffer from an eye/ear disorder?

Empty text box for answer 1

2 What was the cause?

Empty text box for answer 2

3 Which eye/ear was involved?

Empty text box for answer 3

4 Please describe symptoms fully:

Large empty text box for answer 4

5 a) Which doctors have treated your disorder?

Empty text box for answer 5a

b) Please provide approximate dates of consultations:

Empty text box for answer 5b

c) What was the nature of the treatment?

Large empty text box for answer 5c

6 Is the condition becoming worse?

Empty text box for answer 6

7 Have you had any recurrence of eye/ear trouble? No Yes

If 'yes', please provide details:

Large empty text box for answer 7 details

8 How much time from your occupation have you lost through your eye/ear disorder?

Empty text box for answer 8

9 For how long have you been completely free of all symptoms?

Empty text box for answer 9

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

Empty text box for name

Text 'X' in a box for signature

Empty text box for date with slashes

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

Telephone 132 987 Facsimile (03) 8688 5799