



Abbreviated Personal Statement

To be completed by the Person to be Insured

Please read the notices relating to 'Duty of Disclosure' and 'Privacy - Use and Disclosure of Personal Information' before completing the following questions.

Plan name, Plan no., Employer plan name (if applicable)

Your cover details

Death only or Death and TPD, Amount of cover, Group Salary Continuance

Your personal details

Title, Given name(s), Surname, Previous name (if applicable)

Sex, Date of birth, Age, Are you an Australian citizen or a permanent resident of Australia?

Occupation Title, Industry worked in and your daily duties

Average hours worked per week, Weeks worked per year

Current salary/income net of tax for last 12 months

We may need to contact you about the details of your application. Please provide contact number(s) and suitable contact time (8am to 8pm EST):

Contact phone numbers

Daytime, Times, After hours, Times

Please answer 'Yes' or 'No' to the questions below by ticking a box.

- 1 At the date of this application: What is your height? What is your weight?
2 (a) Have you ever been paid a disablement benefit... (b) Has any insurer ever indicated they would not insure you...
3 (a) Are you currently off work or unable to perform any duties... (b) Is there any injury or illness which restricts you...
4 Have you lost the sight of an eye or the use of a limb...
5 At any time in your life, have you ever suffered from... (a) heart complaint, high blood pressure... (b) diabetes... (c) asthma... (d) cancer... (e) disease or complaint related to kidney... (f) mental illness... (g) any disease of, or injury to, the head... (h) arthritis... (i) disorder of the eyes... (j) anaemia... (k) disease of the brain...
6 Have you had any other medical condition not mentioned above?

Group Insurance

Abbreviated Personal Statement

- 7 No Yes (a) Are you currently using any medication (taken by mouth, injections, inhaled spray, cream, ointment) for any symptoms, sickness or medical condition other than those mentioned above?
- No Yes (b) Do you or have you ever used recreational drugs or non-prescription drugs?
- 8 No Yes Do you contemplate seeking any medical advice, investigation or treatment including surgery in the future?
- 9 No Yes (a) Do you or any of your previous sexual partners have HIV/AIDS, or any sign of HIV infection? (Some signs are unexplained weight loss, swollen glands or persistent diarrhoea).
- No Yes (b) In the last three years, are you aware of any HIV situation to which you or any of your sexual partners may have been exposed?
- HIV 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 where neither of you had sex with anyone else for at least three years).
- 10 No Yes Have either of your parents, brothers or sisters suffered from heart disease, stroke, breast cancer, bowel cancer, Huntington's chorea, high blood pressure, diabetes or any inherited disease before the age of 65?
- 11 No Yes Have you ever received medical advice that you may die within the next two years as a result of any medical condition?
- 12 No Yes Have you in the last 12 months, do you currently, or do you intend to engage in any hazardous pursuit or pastime (for example, but not limited to, motor racing in any form, underwater diving, rock climbing, sky diving, hang gliding, aviation other than as a paying passenger)?

If you answered 'Yes' to any of the questions above, you will also need to complete a full AXA Personal Statement.

Your duty of disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty, under the Insurance Contract Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, that is relevant to the insurer's decision whether to accept the risk of insurance, and if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of life insurance.

Your duty however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer
- that is of common knowledge
- that your insurer knows or, in the ordinary course of its business, ought to know, or
- as to which compliance with your duty is waived by the insurer.

Non disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of entering into it. If your non disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would be payable if you had disclosed all relevant matters to the insurer.

Privacy – Use and disclosure of personal information

The privacy of your personal information is important to you and also to AXA Australia. We will only collect information about you and your immediate family background, that is necessary for the purposes of assessing your application for insurance, any claim you may make under the policy, and for managing the policy (including Group Insurance plans). Necessary information includes details about health, financial situation, occupation and lifestyle. If the information you give us is not complete or accurate we may not be able to provide you with the insurances you have applied for. In assessing your cover or any claim you may make, (including under Group Insurance plans), AXA Australia may need to disclose your personal information to other parties, such as re-insurers, claims assessors, medical professionals, policy intermediaries/advisers, the policy owner, judicial or dispute resolution bodies, and AXA Australia Group companies.

You are entitled to request reasonable access to information we have about you. AXA Australia reserves the right to charge an administration fee for collating the information you request. For AXA Australia's policy, on privacy refer to www.axa.com.au.

Declaration and consent

- Duty of disclosure – I acknowledge that I have read the Duty of Disclosure Notice located above (Warning: you have a duty to disclose all relevant information.)
- Truth and accuracy – I have checked the truth, accuracy and completeness of the answers in the Personal Statement, and all statements in writing given in support of this application which shall, subject to law, form the basis of my membership in a group insurance policy. I have not given any further information relevant to the risks to an adviser of the Insurer or the Insurer itself.
- Changes make contract void – I agree that any change to material circumstances between the time of this Personal Statement and its acceptance shall allow the Insurer to cancel the insurance cover under the group insurance contract.
- Medical information – I give the Insurer permission to seek any medical information needed in connection with this Abbreviated Personal Statement or application, or any policy as a result. I understand that if I withhold consent, AXA Australia may not provide the products and services requested.
- I have read the Privacy Disclosure Statement contained above. I consent to my personal information being collected and used in accordance with the Privacy Disclosure Statement.

Signature

Print name of Life to be Insured

Signature

Date