



Instructions for the completion of this form

Section A

Is to be completed in all cases by the life to be insured.

Section B

Is to be completed by the life to be insured if applying to reinstate an income protection plan.

Section C

Is to be completed by the life to be insured and the plan owner in all cases. Provided six months has not passed since the 'date paid to', the plan may be reinstated subject to completion of sections A, B and C and back payment of premiums.

The life to be insured will be reinstated with the insurance product they had previously.

In the event that the life to be insured is applying to reinstate a Life Insurance plan under Superannuation, the life to be insured is applying for reinstatement of membership within the Superannuation Fund, and the Trustee will apply to the insurer for reinstatement of the insurance cover.

Important notice – your duty of disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty under the Insurance Contracts Act 1984, to disclose to the insurer every matter you know, or could reasonably be expected to know, that is relevant to the insurer's decision whether to accept the risk of the 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 the insurer knows or, in the ordinary course of business, ought to know
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 have been payable if you had disclosed all relevant matter to the insurer.

Privacy – use and disclosure of personal information

The privacy of your personal information is important to you and also to AXA. The purpose of collecting your information is to assess your application for insurance. This includes information about your health, financial situation, occupation and lifestyle. If the information you give is not complete or accurate, we may not be able to provide you with the products and services you have applied for.

In assessing your application for insurance, we may need to disclose your personal information to other parties, such as reinsurers, medical and financial professionals, judicial or dispute resolution bodies and other Global AXA Group companies.

In the future, we may contact you about new products or special offers. If, at any time, you do not want to receive this information you can opt out by telephoning 132 987 and quoting your plan number.

You are entitled to request reasonable access to information we have about you. We reserve the right to charge an administration fee for collating the information you request.

For our policy on privacy refer to www.axa.com.au or contact AXA Customer Service on 132 987.

Section A

This section is to be completed in all cases by the life to be insured

Plan number(s)

[Empty text box for plan number(s)]

Details of life to be insured

Mr Mrs Miss Ms Other - please specify [Empty box]

Surname (please print)

Given name(s)

[Empty text boxes for surname and given name(s)]

This application form is dated 27 October 2008.

The issuer of all plans except the Life Insurance Superannuation Plan is The National Mutual Life Association of Australasia Limited

ABN 72 004 020 437 AFS Licence No. 234649 Member of the Global AXA Group

The issuer of the Life Insurance Superannuation Plan is N.M. Superannuation Pty Ltd

ABN 31 008 428 322 AFS Licence No. 234654 Member of the Global AXA Group

The Trustee of the Super Directions Fund ABN 78 421 957 449

and the Trustee of the Wealth Personal Superannuation and Pension Fund ABN 92 381 911 598

Life Insurance/Income Protection
Application for reinstatement (continued)

Contact details

We may need to contact you about the details of your application. Please provide contact telephone number(s) and suitable contact times (8:00 am to 8:00 pm):

Daytime telephone ()	Contact times to
After hours telephone ()	Contact times to
Mobile ()	Contact times to

Other policies and benefits

1 Are you covered by, or are you applying for, life, disability, trauma, income protection or business expenses insurance with any company, including this one? Note: this includes benefits under superannuation, business or credit insurance or benefits provided by an employer.

No Yes If yes, please provide details:

Name of company	Type of cover	Sum insured	Date commenced	To be replaced?
			/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes
			/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes
			/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes

2 Has any company refused or applied loadings, restrictions or exclusions to a proposal on your life, superannuation, sickness, accident, trauma, income protection, business expenses, lump sum disablement or disability insurance? No Yes If yes, please give details:

3 For any type of trauma, lump sum disablement, disability/income insurance, sickness, accident, unemployment, armed forces pension or allowance, worker's compensation, common law or third party benefit:

- (a) Have you ever made a claim? No Yes
- (b) Do you intend to make a claim? No Yes
- (c) Are you currently receiving benefits? No Yes
- (d) Are you entitled to receive benefits? No Yes

If yes, please provide details:

Company/benefit type	Reason	Benefit amount	Date
			/ /
			/ /

Sports and pastimes

4 Do you engage in or intend to engage in any of the following: aviation (other than as a fare paying passenger), underwater diving, motor sports, mountaineering, power boat racing, hang gliding, boxing, non-competitive motorcycling, football, martial arts, parachuting or any other hazardous pursuits? No Yes If yes, please give details:

5 Do you wish to be covered for the sports and pastimes activities you have disclosed in this application?

No Yes (Note this is subject to approval by AXA underwriting)

Occupation

6 Please give details of your current occupation including your job title, duties and the industry you work in:

Job title	Industry

Duties

7 How many hours per week do you spend at your principal occupation? Number of hours

Life Insurance/Income Protection
Application for reinstatement (continued)

8 Do you intend to change your occupation? No Yes If yes, please provide details below:

Health

9 What is your: Height: cm/ft Weight: kg/st

10 Do you smoke or have you smoked in the last 12 months?

No Yes If yes, please provide details including type/substance and how many smoked per day:

11 Since your plan commenced have you had any medical examination, advice or treatment, any surgical operation, X-ray, electrocardiograph, blood tests (eg cholesterol, AIDS, hepatitis, anaemia, etc) or any other test or investigation?

No Yes If yes, please give details of each instance:

Date	Name and address of doctor, hospital, etc	Details
/ /		
/ /		
/ /		

12 Since your plan commenced have you had any sickness, injury or disorder that you have not mentioned above?

No Yes If yes, please give details:

Date	Name and address of doctor, hospital, etc	Type of sickness or injury
/ /		
/ /		
/ /		

13 Do you contemplate seeking any medical advice, investigation or treatment including surgery in the near future?

No Yes If yes, please provide name of doctor, date of consultation if known and condition:

Date	Details
/ /	

14 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.

No Yes

15 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).

No Yes

(If you answered yes to Question 14 or 15, we will send you a confidential questionnaire to complete.)

Section B

This section is to be completed by the life to be insured for Income Insurance plans only – for other insurance please go to Section C

Income

1 What was your income from personal exertion in the last year? Use last financial year (June 30) or specify a more recent period upon which your answer is based.

Gross income from personal exertion	Less Business expenses incurred in earning that income	Equals Net income before tax
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

If not the last financial year (June 30) please specify the period that these figures relate to: / / to / /

Note: The amount of weekly or monthly benefit for which you are eligible depends on the amount of your net income before tax. For income protection, the maximum benefit insured shall be no greater than 75 per cent of net income before tax (subject to certain maximums and not including cover for any Superannuation Guarantee Contribution). In the event of a claim, AXA may call for evidence of your income and business expenses. Therefore, please ensure the above figures accurately reflect your financial position for the period that you have indicated.

Other claims

2 Are you, upon disablement, entitled to a pension or other benefit from a superannuation plan or your employer?

No Yes If yes, please give details:

3 Would any income benefit be payable for more than two years?

No Yes If yes, how long would it be payable:

4 Have you received unemployment benefits in the past two years?

No Yes If yes, please give details:

Reasons for unemployment	Period of unemployment		
	/ /	to	/ /
	/ /	to	/ /

Section C

This section is to be completed in all cases by the life to be insured and the plan owner

Declaration

I/We apply for reinstatement of insurance cover under the terms the previous insurance contract was provided.

I/We acknowledge that I/we have read the section headed 'Important notice – your duty of disclosure'.

I/We have read and understood the privacy disclosure statement contained in section headed 'Privacy – use and disclosure of personal information'.

I/We consent to my/our personal information being collected and used in accordance with the privacy disclosure statement.

I/We declare that all answers given are complete and true and I/we understand that the Insurer will be relying on the complete accuracy of the answers when assessing my/our application for reinstatement.

Further, I/we acknowledge that AXA has the right to avoid the reinstated plan if I/we have failed to comply with my/our duty of disclosure (or make a misrepresentation to AXA) and the Insurer would not have allowed the policy to be reinstated on any terms if the failure (or misrepresentation) had not occurred.

I/We acknowledge that if the life insured dies by his/her own hand or act within 13 months of the date upon which this plan is reinstated it will be cancelled by the Insurer and all money paid forfeited.

I/We acknowledge that for those conditions that are listed in my trauma plan document under the heading 'Medical conditions (or Trauma events) subject to a qualifying period', the Insurer will not pay me if the medical condition occurs within 90 days of the date the plan is reinstated.

I/We acknowledge that if I/we are applying for insurance provided through the Life Insurance Superannuation Plan to be reinstated where NM Superannuation Pty Ltd is the Trustee, I/we are re-applying for membership of the fund, ask NM Super to seek the reinstatement of insurance cover. I/we acknowledge that if this application is accepted any nomination of dependants will be reinstated.

Signature of life to be insured

Date

X

/ /

Signature of plan owner

Date

X

/ /

Medical authority

Authority to release medical information to AXA

Person to be insured name

I,

authorise any medical practitioner, doctor, health professional, hospital or clinic to disclose to the insurer (NMLA trading as AXA and its group of companies), or representatives appointed to collect, the full details of my health and medical history. I agree that a photocopy (or similar copy) of this authorisation should be considered as valid as the original.

Signature of person to be insured

Date signed

X

/ /