

Financial questionnaire

Reference No.

Name of life to be insured

Date of birth

 / / (DD/MM/YYYY)

GENERAL INFORMATION

1. Please provide details of all existing insurance cover on your life:

Company	Type of Cover (e.g. Life)	Sum Insured	Purpose for Cover	Year Commenced	Is this to be replaced?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are you currently applying, or do you intend to apply, for additional insurance cover with any other company? If yes, please provide details:

Yes No

Company	Type of Cover (e.g. Life)	Sum Insured	Purpose for Cover

3. Please provide details of the income that you received from all sources for the last two years:

	Last year	Prior year
Salary		
Bonus		
Commission		
Interest		
Dividends		
Rental (net)		
Your share of profit from primary business activities		
Other:		
Other:		
Total:		

PERSONAL INFORMATION

4. Please provide details of assets and liabilities:

Assets	
Primary Residence	
Personal Effects	
Motor Vehicle/s	
Retirement Savings	
Cash	
Shares	
Investment Property	
Business (approximate market value of your share)	
Other:	
Other:	
Other:	
Total:	

Total Assets

Liabilities	
Primary Residence	
Personal Effects	
Motor Vehicle/s	
Retirement Savings	
Cash	
Shares	
Investment Property	
Business (approximate market value of your share)	
Other:	
Other:	
Total:	

5. Are you married? Yes No

6. Do you have any dependants? If yes, please provide details including the relationship and age of each dependant: Yes No

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YOUR DUTY OF DISCLOSURE

Before you enter into or become insured under a contract of insurance with TOWER Australia Limited (ABN 70 050 109 450) (TOWER), you and any life to be insured have a duty, under the Insurance Contracts Act 1984, to inform TOWER of every matter that you or any life to be insured know, or could reasonably be expected to know, is relevant to TOWER'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 TOWER before you extend, vary or reinstate a contract of insurance. Your duty however does not require disclosure of a matter that reduces TOWER's risk, is common knowledge, that TOWER knows or ought to know in the ordinary course of business, or as to which compliance with your duty is waived. Your duty of disclosure applies even after this Application is completed until TOWER advises acceptance of insurance. If you or any life to be insured fail to comply with your duty of disclosure and, if the failure had not occurred, TOWER would not have entered into the contract on any terms, TOWER may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, TOWER may avoid the contract at any time. Instead of avoiding the contract TOWER may, within three years of entering into it, reduce the sum insured in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to TOWER.

PRIVACY STATEMENT

Privacy laws are designed to protect the privacy of individuals. The way in which we collect, use, disclose and handle your information is described in the TOWER Privacy Policy available at www.toweraustralia.com.au. If you have any questions regarding your privacy or would like to obtain a copy of our Privacy Policy please contact our Privacy Officer.

Please be aware that whenever you provide information to us, the duty of disclosure explained in the insurance documentation applies. If you fail to comply with the duty of disclosure TOWER may be entitled to cancel or avoid the insurance policy. Full details about the duty of disclosure are contained in the Product Disclosure Statement.

DECLARATION (TO BE COMPLETED IN ALL CASES)

I understand and acknowledge that I am bound by the Duty of Disclosure. I declare that the foregoing answers are true and complete and I agree that this Declaration shall be held to form part of the application for insurance on my life now made to the Company.

Signature of
life to be insured

X

Date

/ /

Please return the completed form to:

TOWER Australia Limited, PO Box 142, Milsons Point NSW 1565, 80 Alfred Street, Milsons Point NSW 2061

Telephone: (02) 9448 9000 **Fax:** (02) 9465 2065 **Customer Service:** 1800 666 136

Email: priskadmin@toweraustralia.com.au **www.toweraustralia.com.au**