

General Medical Condition questionnaire

Reference No.

Name of life to be insured

Date of Birth / / (DD/MM/YYYY)

QUESTIONNAIRE

1. What was the condition and which part of the body was affected?

2. What was the date symptoms first started including a description of the symptoms?

3. What was the medical diagnosis including results of x-rays and investigations?

4. What was the frequency (daily, weekly, etc) of attacks or symptoms?

5. What was the severity (mild/moderate/severe) and the duration of attacks or symptoms?

6. For how long were you unable to work or perform your normal duties/activities due to this condition?

7. If a hospital visit was required, please provide date and duration of your stay.

8. What advice/treatment did you receive?

9. Are you still receiving treatment? If so, please advise nature and frequency of treatment.

QUESTIONNAIRE CONTINUED

10. When did you last suffer from any symptoms?

11. What is your degree of recovery (%)?

12. Please supply the name and address of all doctors or hospitals consulted for this specific condition.

13. Does your current GP have records for this condition?

14. Please provide any further information you think may assist in underwriting your application including the name and address of the Doctor who treats this condition.

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

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

Date

Please return the completed form to:

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