



# Occupational Duties Questionnaire & Smoker Declaration

## 3 Member declaration

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- I acknowledge that I have read the notice explaining my duty of disclosure above and understand that this duty also applies until formal notification of acceptance.
- I have read and checked any answers not completed in my handwriting, and to the best of my knowledge and belief all the answers to the questions in this application and any supplementary application or personal statement that relate to me are true and correct and no information material to the assessment of this insurance has been withheld.
- I authorise and direct any medical or other practitioner to divulge at any time to TOWER Australia Limited, the Fund Trustee or to any lawfully constituted tribunal any and all information concerning my state of health and medical history acquired in the course of professional attendance or consultation. A photocopy of this authority is as valid as the original. To this extent, all professional confidence and privilege is waived.

Member signature

Date   /   /

Please forward all correspondence and queries to

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