



Application for Non Smoker Rates

Adviser name:

Adviser e-mail:

In connection with the Proposal on the Life of:

Proposal/Policy No.

Life Insured's Date of Birth / /

DISCLOSURE NOTICE

Your Duty of Disclosure

Before you enter into a contract of insurance with an insurer, you have a duty under the *Insurance Contracts Act 1984*, to disclose to the insurer every matter that you know, or could reasonably be expected to know, which 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 extend, vary or reinstate a contract of insurance.

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 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 contribution that would have been payable if you had disclosed all relevant matters to the insurer.

SPECIAL NOTICE

Non Smoker rates are available following acceptance of a satisfactory Non Smoker declaration from the Life Insured. The premium under the policy will then be reduced accordingly.

STATEMENT BY LIFE INSURED

1. Have you smoked tobacco or any other substance during the last 12 months?..... Yes No
If 'Yes', please state the daily quantity and what forms. (Please note 'packet' is not sufficient detail.)

2. Have you ceased smoking for medical reasons? If 'Yes', please provide details below..... Yes No

3. Since the commencement of your policy with AIA Australia, have you had, been told you had, or received any advice or investigation or treatment for any of the following:

- Chronic asthma or bronchitis, tuberculosis, obstructive airways disease or other respiratory disorder?..... Yes No
- Heart attack, chest pains, stroke, diabetes or any other heart disorder? Yes No
- Cancer or tumour of any kind? Yes No

If 'Yes', please provide details below.

... continued overleaf

DECLARATION

I/We declare that this APPLICATION FOR NON SMOKER RATES shall be deemed to be incorporated in the said Policy and form(s) part of the contract contained therein. If it is necessary to re-issue the Policy, the Company is hereby authorised to do so in the form currently used and subject to the terms and conditions applicable at this date.

I/We have read the notice on this application regarding disclosure and understand what is meant by that notice.

Signature of Life Insured:

Date:

(If Company, affix Company Stamp)

Signature of Policy Owner(s) *(If two lives, both signatures are required)*

Signature of Policy Owner 1:

Address of Policy Owner 1:

Signature of Policy Owner 2:

Address of Policy Owner 2:

MEDICAL AUTHORITY

(Name of Life Insured)

I,

authorise any medical practitioner, hospital, clinic or other person (including any life insurance company or underwriter), to disclose to AIA Australia Limited, full details of my health and medical history. I agree that a photocopy or facsimile of this authority should be considered as effective and valid as the original.

Signature of Life Insured:

Date: