

Full Personal Health Declaration

Policy number

Surname

Given name(s)

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 that you know, or could reasonably be expected to know, is relevant to the insurer'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 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 your insurer knows, or, in the ordinary course of its 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 3 (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 3 (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 matters to the insurer.

Your Duty of Disclosure continues until the contract of life insurance has been accepted by the insurer and confirmation is issued in writing. Please ensure all applicable questions are fully answered.

Privacy statement

We take your privacy seriously. All details provided on this form are treated confidentially. The personal information you provide on this form is protected by the Privacy and Personal Information Protection Act 1998 (NSW). Access to the information that you provide on this form is only available to yourself and those persons authorised to access this information in the course of their duties whilst accessing your application for an increase in cover.

Please send completed form to:

Once Life Customer Service Centre

E life@onceaustralia.com.au

F 1300 79 92 01

T 1300 66 23 54

How to complete the form

- To be completed by the person whose life is insured.
- Please complete the questionnaire in **BLACK** ink pen only.
- Answer all questions by marking the check box with a 'X' ie .
- If you answers "yes" to any question, please provide as much detail as possible using the space provided.
- If space is insufficient, please attach an extra sheet of paper.
- Any changes made to this questionnaire to be initialled by the person whose life is to be insured.
- Please answer all questions to the best of your ability as omissions will delay issue of your cover.

Please note that the insurance products we promote are issued and underwritten by St Andrew's Life Insurance (Pty) Limited ABN 98 105 176 243, AFSL 281731. We are responsible for the administration of these products under an agreement with St Andrew's.

Declaration

| | | | |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1 | What is your height? | m | cm |
| 2 | How much do you weigh? | kg | |
| (Tick No or Yes as appropriate) | | Yes | No |
| 3 | Do you currently have symptoms for which you are considering seeking medical advice or for which you may be required to undergo medical tests? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Have you had cancer of any kind, including melanoma, skin cancer, a malignant tumour, leukaemia or lymphoma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Have you ever been diagnosed with diabetes ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | Have you ever had a heart or vascular problem including a heart attack, stroke, rheumatic fever, heart murmur, chest pain or heart palpitations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | Have you ever been diagnosed with high blood pressure ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | Have you ever been diagnosed with high cholesterol ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | Do you have any blood disorder including haemophilia, anaemia or haemochromatosis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Have you suffered from asthma in the past 2 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | Have you ever been diagnosed with any other respiratory problem including emphysema, chronic bronchitis, TB, cystic fibrosis or sleep apnoea? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | Have you had any gastro-intestinal problems associated with your liver, gall bladder, stomach, bowel or colon, including chronic hepatitis B or C? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 | Have you been diagnosed with a kidney or bladder problem including kidney failure, nephritis, pyelitis or lupus nephritis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 | Have you had any neuromuscular problems including paralysis, Multiple Sclerosis, Alzheimer's disease, Parkinson's disease or any related degenerative disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 | Have you ever been diagnosed with epilepsy or suffered a seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 | Within the last 5 years have you had a mental illness or psychological condition including depression, anxiety or stress that required professional advice, treatment or time off work? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 | Have you injected or otherwise used illegal drugs in the past 5 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 | Do you drink on average more than 4 standard alcoholic drinks on a daily basis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 | To the best of your knowledge, are you infected with HIV or are you carrying antibodies to HIV, or have you ever engaged in any high risk activity related to HIV? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 | Have you ever had a parent, brother or sister who was diagnosed with any of these conditions before aged 60? | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Cancer (except skin cancer) | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Familial polyposis | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Stroke | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Heart disease | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Kidney disease | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Huntington's disease | <input type="checkbox"/> | <input type="checkbox"/> |
| | • None of these | <input type="checkbox"/> | <input type="checkbox"/> |

Further information

Use this space to provide more information to you any question you answered "Yes". Use additional paper if more space is required.

| Question | Details |
|----------|---------|
| | |
| | |
| | |
| | |
| | |

Life Insured's signature

I declare that the answers given are true and correct and shall form part of my application for life and disability insurance (where this benefit applies).

X

Signature

/ /

Date

Please send completed form to:

Once Life Customer Service Centre

E life@onceaustralia.com.au

F 1300 79 92 01

T 1300 66 23 54