

HEALTH DECLARATION

Please answer all questions and sign and date this questionnaire. If you fail to do so we will be unable to assess and process your application. Please print.

PART A YOUR DETAILS

Surname: _____ Date of birth: _____

Policy owner: _____ Policy number: _____ New sum insured amount: \$ _____

PART B QUESTIONNAIRE

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 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 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.

Since the date of your application/personal statement, have you:

(tick 'No' or 'Yes' as appropriate)

- | | | |
|--|------------------------------|-----------------------------|
| 1. Had any change in occupation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Had any change in participation in hazardous pastimes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Had any change in health or suffered from any illness or injury? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Had any reason to receive, or do you intend to seek medical examination or advice, or consult any doctor, psychologist, chiropractor, physiotherapist, natural therapist or other health care worker? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

PART C DECLARATION

I declare that the answers given are true and correct and shall form part of my application for life insurance.

Your signature: _____ Date: _____

Please return completed form to IA Life via one of the following methods:



Scan and email (with your name and policy number as the subject line) to customerservice@ialife.com.au



Mail to **PO Box 471, Seaforth NSW 2092**