

LIFE INSURANCE

This form expires on 29th February 2012

INDUSTRY GENERIC PERSONAL STATEMENT FOR USE AS AN ATTACHMENT TO LIFE RISK INSURANCE APPLICATIONS

INSTRUCTIONS REGARDING ACCESS TO THIS FORM AND CURRENCY

The 'soft' currency of the form is assured due to the availability of one version only at a time, at www.thegps.com.au

Other sites which are hyperlinked to this base site are www.fpa.asn.au and www.afa.asn.au thus the form can be accessed from any of these addresses.

If advisers save this form for use, ensure the currency is checked prior to use by referring to the expiry date. Expired forms will not be accepted by insurers.

Participating companies are listed on the base website entry page.

INSTRUCTIONS FOR USE

Please use a black pen when completing this form.

The following form is designed to provide insurers with the standard initial details necessary to commence the underwriting process on a person to be insured.

It can replace all the personal history, occupational/income and activities questions which are normally included within an insurer's product-specific application form.

Its use will be when two or more insurers are being applied to for various insurance products on the one life, regardless of the policy ownership or sum insured. It may also be used to gather personal information as part of the fact finding process if convenient and warranted. This statement should be submitted together with each insurer's application.

This document is only to be used in accordance with the usual application protocols and not for 'shopping' cases.

Be aware that if this form is being copied for several insurers, any errors /omissions in completion will be compounded across all copies and could cause underwriting delays with all insurers. Also ensure each copy is signed in the original. The simplest way to duplicate this document for several insurers is to photocopy pages 1 and 2 of 20 as many times as you need for the number of insurers this form will be submitted to; complete the insurer details and have the client sign this declaration page for each insurer and attach to the photocopy of the personal statement for each insurer **i.e. each copy must have an original signature.**

The name of the insured must be inserted into the footer on every page. This is to ensure that if a single sheet goes astray it can be matched to the statement.

There remains a need to complete information such as policy ownership, nomination of beneficiaries, PDCs etc, on the relevant insurer's own product application form. All declarations are required to be signed on the application, as well as the declaration on this form, by both the person to be insured and the policyowner.

A copy of this completed form should be kept by the authorised representative with the copy(ies) of the insurer's application form(s).

	LIFE INSURANCE INDUSTRY GENERIC PERSONAL STATEMENT V32.0	
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PERSONAL STATEMENT

FOR USE AS AN ATTACHMENT TO LIFE RISK INSURANCE APPLICATIONS

This version of this form expires on 29th February 2012

This form accompanies the application being submitted to: *(insurer name)*

On: *(date being submitted)*

Each copy has been signed in the original by the person to be insured and the policyowner.

INSURED'S DUTY OF DISCLOSURE

TO BE READ BY THE PERSON TO BE INSURED AND THE POLICYOWNER BEFORE COMPLETING THE APPLICATION

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, is relevant to the insurer's decision whether to accept the risk of your application for insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer until the insurer notifies you that the risk has been accepted and before you extend, vary or reinstate a contract of 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 the 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 the 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 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.

Insured Name

LIFE INSURANCE INDUSTRY GENERIC PERSONAL STATEMENT V32.0
Version expires 29th February 2012

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DECLARATION

TO BE READ AND SIGNED BY THE PERSON TO BE INSURED AND THE POLICYOWNER(S)

I, _____ **declare that:**

The following information is to be read as part of my application for insurance
dated _____ to _____ (insurer).

I have been provided with and have read the current Product Disclosure Statement for the relevant
insurance product.

I understand that this information may be used to apply to more than one insurer concurrently and have
signed a copy of this personal statement and declaration in respect of each of those insurers.

I have read the duty of disclosure above and acknowledge all of its implications as further set out in the
application of which this statement forms part. This duty continues to apply until the insurer notifies me
that the risk has been accepted.

I acknowledge that the duty of disclosure applies to any form of interim cover if it is available on
the application.

All the information provided in this form is complete and correct even if the information has been
written by someone else. No information has been withheld which may affect the insurer's decision to
provide insurance.

I understand the Privacy Statement which is contained in the PDS application (of which this statement
forms part). I wish my privacy consent as set out and signed in the accompanying application for
insurance to apply to the information contained in this personal statement.

I acknowledge that a copy of the personal statement will be required for each separate insurer, and that the
individual insurer name has been inserted in this declaration, above, and on the top of the previous page of
this generic personal statement, prior to me signing the forms.

Life to be insured signature:

Date:

Policyowner signature (if different):

Date:

A LIFE INSURED DETAILS

1 Title

2 Surname (*maiden name in brackets if applicable*)

3 Given names

4 Male Female

5 Date of birth

6 Age current /next /nearest

7 Proof of age: (*circle*) attached to follow already submitted not provided

8 Marital Status

9 Relationship to Policyowner(s)

B CONTACT DETAILS

10 Residential Address

11 Postal address (*if same as above leave blank*)

12 Home phone number

13 Business phone number

14 Mobile phone number

15 Fax number
Email

16 If we need to get more information from you, may one of our underwriters phone you? YES NO
(*This can save time and ensure that the underwriter fully understands your circumstances*)

If yes:

17 When is the most convenient time and place? (*circle*)

At work At home Days: Times: from to

C RESIDENCY

18 Were you born in Australia? YES NO

If yes go to question 24

If no:

19 Are you a permanent resident of Australia? YES NO

If yes go to question 24

If no:

20 How long have you lived in Australia?

Yrs

mths

21 What was your last country of residence?

22 Have you applied for or are you intending to apply for permanent residency? YES NO

If no go to question 24

If yes:

23 Please give details

24 Do you plan to travel overseas, live or work in another country? YES NO

If no go to question 26

If yes:

25 When?

For how long?

Reason

Where? (*time in each country*)

Frequency of travel (*if appropriate*)

D INSURANCE HISTORY

26 Are you covered by, or are you applying for, life, disability, trauma (critical illness), income protection, or business expenses insurance with any company including this one – including benefits under superannuation, business or credit insurance, or provided by an employer? YES NO

If no go to question 28

If yes:

27 Give details for each:

Type of Insurance	Start Date	Insurance Company	Policy/ Application Number	Sum Insured or Monthly Amount	Waiting Period & Benefit Period#	Is this Applic. replacing?*

*You should not cancel the existing policy(s) until you receive the new policy document(s). If you have indicated that it is your intention to replace insurance you currently have with the cover you are now applying for, the policy under which the replacement cover is issued, may specify that the new insurance only starts when the old policy is cancelled.

For Income Protection and/or Business Expense

28 Have you ever had an application for insurance on your life declined, postponed, cancelled, accepted with an exclusion or a higher than standard premium (a loading), or modified in any way?

YES NO

If no go to question 30

If yes:

29 Please provide details

30 Are you in receipt of, or have you ever made a claim for, any type of accident or sickness (including lump sum total and/or permanent disablement, workers compensation or third party insurance) or have you ever applied for unemployment, sickness or accident benefits or other Centrelink or Veteran's Affairs benefits? YES NO

If no go to question 32

If yes:

31 Give dates, benefit type, reasons and date finalised

E OCCUPATION

32 What is your principal occupation?

33 What industry do you work in?

34 What are the principal duties of your occupation and where do you perform these duties?

Duties	% of time	Describe specific duties	Location
Sedentary/Administration			
Supervising manual work			
Light manual work			
Heavy manual work			
Site visits/Inspections			

35 Does your occupation involve:

(a) Contact with explosives, acid, corrosives, poisons or other dangerous substances? YES NO

If yes:

Type of explosive/substance?

Approximate hours per week?

(b) Working underground or underwater? YES NO

If yes:

Depths worked at?

Approximate hours per week per depth?

(c) Working at heights over 10 metres? YES NO

If yes:

Maximum height?

Approximate hours per week at max height?

(d) Any other hazardous duties? YES NO

If yes give details:

**THE FOLLOWING QUESTIONS ARE REQUIRED FOR ALL INCOME PROTECTION,
BUSINESS EXPENSES AND TOTAL AND PERMANENT DISABLEMENT APPLICATIONS
(INCLUDING TPD INBUILT UNDER TRAUMA COVER)**

36 Please give details of your current and previous occupation or jobs over the last 5 years, including any period unemployed, travelling, studying etc. If you have a second occupation please provide details of this in question 53.

Occupation	From	To	Industry	Own company? Trust? Self-employed? Employed? Partnership?

37 How many hours do you work per week in your main occupation?

38 How many weeks do you work per year?

39 What is the name of your employer or your trading name?

40 What is the street address of your place of employment?

41 Are you self-employed (answer yes if you are a sole trader, an employee of your own company or trust, or are in a partnership)? YES NO
If no go to question 49
If yes: (circle)

42 Sole trader? Employee of own company or trust? In a partnership?

43 If a company what percentage do you own?

44 Has the business had a net operating loss in the last two years? YES NO

45 Are there any businesses or related entities, service or management companies, other than your main operating entity? YES NO
If no go to question 47
If yes:

46 Please provide name, relationship and principal function

47 How many people do you employ (excluding you and your spouse)?
Full time Part time

48 What percentage of work is:
Freelance Contract

49 Have you or any business with which you have been associated ever been made bankrupt or placed in receivership, involuntary liquidation or under administration? YES NO
If no go to question 51
If yes:

50 Please give details including dates and when discharged

51 Do you hold any tertiary qualifications or trade licensing certification relevant to your occupation and/or are you a member of a professional or trade body? YES NO
If no go to question 53
If yes:

52 Please provide details

53 Do you earn income from a second occupation or part-time work? YES NO
If no go to question 58
If yes:

54 What are your duties?

55 Hours per week?

56 Annual income from this work \$

57 How long have you been doing this second job?

58 To the best of your knowledge is your place of full-time employment insolvent or under/contemplating voluntary administration? YES NO

59 If your present employment situation commenced within the past 12 months, please describe the circumstances under which you changed to your current occupation eg promotion, purchased established practice etc.

60 Do you intend to change your occupation or duties, employment status or take extended leave in the next 12 months? YES NO
If no go to question 63 or 64, whichever is applicable
If yes:

61 Details of change?

62 Date of change?

F INCOME

IF YOU ARE APPLYING FOR TERM LIFE, TOTAL AND PERMANENT DISABLEMENT OR TRAUMA (CRITICAL ILLNESS):

- 63** What were your earnings before tax from your principal occupation for the last 12 months?
Do not include investment income. \$

Now go to question 81

IF YOU ARE APPLYING FOR INCOME PROTECTION OR BUSINESS EXPENSES:

Please refer to the relevant insurer's Product Disclosure Statement for their terminology for income or 'personal earnings'. 'Personal earnings' will be the generic term used in this document.

Please refer to the relevant insurer's additional financial evidence requirements applicable to your application.

Having read the definition relating to income or 'personal earnings' in the accompanying Product Disclosure Statement of which my application (and this personal statement) forms part, I now answer the following:

- 64** Are you an employed person with no ownership interest in a business? YES NO
If no go to question 66
If yes:
- 65** Please provide details of your personal earnings (as assessed for income tax) for the last two financial years

For the last two financial years provide the following details:

Type of income	Year to 30/6/	Year to 30/6/
Wages and salary received		
Allowances, car, director's fees etc.		
Superannuation		
Bonus, commission, overtime		
Total \$		

Go to question 77

66 If you are self-employed ie you are a sole trader or you own part or all of the entity which employs you or you are in a partnership:
Please provide business income in the table below for the last 2 financial years for which tax returns, assessment notices and accounts are available.

For the last two financial years provide the following details:

Type of income	Year to 30/6/	Year to 30/6/
Gross income from business		
Less all expenses incurred in earning that income		
Equals net income before tax		
Your share of net income		
Add back any other income*		
Total net earned income \$		

**Refer to applicable definition of income/personal earnings in the PDS.*

67 Are you currently generating a total monthly net earned income at the same rate as shown for the most recent financial year in the table in question 66 above? YES NO
If yes go to question 70
If no:

68 Give reasons for change

69 What is your current monthly total net earned income? \$

70 In the event you are unable to work, will the business continue to operate? YES NO
If no go to question 72
If yes:

71 Give an estimate of the ongoing trading capacity

72 Will you continue to receive, or be entitled to receive, any income from your business eg salary, wages, director's fees, distribution, dividends or net profit? YES NO

If no go to question 77

If yes:

73 Estimated amount \$

74 Expected duration

75 Is there an agreement in place (written or otherwise) that determines when this entitlement will cease? YES NO

If no go to question 78

If yes:

76 Please provide details

77 Could you receive benefits from any other income protection or salary continuance policies (including those under a superannuation scheme)? YES NO

If no go to question 79

If yes:

78 Please provide details of source, duration of benefits and \$ amount per month.

79 Is any of your income likely to continue if you become disabled eg sick pay, investment income, company profit share? YES NO

If no go to question 81

If yes:

80 Please provide details of source, duration of income and estimated \$ amount per month.

G MEDICAL HISTORY

Please refer to the relevant insurer's medical evidence requirements applicable to your application.

81 Have you already arranged medical requirements in connection with a current insurance application?

YES NO

If no go to question 84

If yes:

82 Have you arranged blood tests only? YES NO

If yes go to question 84

If no:

83 Have you arranged a medical examination/health evaluation using a standard medical examination form? YES NO

If yes go to question 86

If no:

84 What is your: height weight?

Has your weight varied in the last 12 months? YES NO

If yes, please give details including amount of weight gain or loss and reason

If you answer yes to any of the following conditions in bold, please complete the separate relevant questionnaire.

If you answer yes to any of the following conditions not in bold, please complete a separate general health questionnaire - these are on page 16

85 To the best of your knowledge have you ever suffered from, received advice, had investigation or treatment for, or experienced symptoms of:

CONDITION	YES	NO
(a) Asthma, bronchitis, emphysema, tuberculosis or any other respiratory disorder?		
(b) Diabetes or abnormal blood sugar?		
(c) Neurological disorder such as epilepsy, fainting attacks or fits of any kind, multiple sclerosis, paralysis, migraine or recurrent headaches, dizziness or neuritis?		
(d) Depression, anxiety, panic attacks, stress (requiring advice from a doctor or counsellor), psychosis, schizophrenia, Alzheimer's disease, dementia, anorexia nervosa or bulimia, alcohol or substance abuse, chronic fatigue, attempted suicide, suicidal ideation or any other mental illness or nervous disorder?		

CONDITION	YES	NO
(e) Heart attack, angina, chest pain or stroke?		
(f) High blood pressure, high cholesterol, rheumatic fever, heart murmur or any other heart or blood vessel disorder?		
(g) Cyst, mole, skin lesion or tumour or growth of any kind, or breast lump(s) even if you have not seen a doctor?		
(h) Anaemia, leukaemia, haemophilia, haemochromatosis or any other blood disorder?		
(i) Recurrent indigestion, ulcer, hernia, colitis, passing blood from the bowel, or any other bowel, intestine, stomach or pancreas disorder?		
(j) Hepatitis, cirrhosis or any other liver or gall bladder disorder?		
(k) Kidney or bladder disorder such as kidney stones, nephritis, lupus nephritis or any prostate or reproductive organ disorder or sexually transmitted disease?		
(l) Arthritis, gout, fibromyalgia, tendonitis, tenosynovitis, RSI (repetitive strain injury) or any regional pain syndrome or chronic fatigue?		
(m) Back or neck pain or strain, sciatica or any other form of back or neck problem?		
(n) Any other disorder of the spine, joints, muscles, ligaments, cartilage or limbs including osteoporosis?		
(o) Any abnormality affecting physical mobility or muscular power (eg multiple sclerosis)?		
(p) Any impairment of sight, speech or hearing including symptoms such as tinnitus or blurred vision? (This does not include long- or short-sightedness corrected by glasses)		
(q) Sleep apnoea or any other sleeping disorder?		
(r) Thyroid or any other glandular disorder?		
(s) Psoriasis, eczema, or any other disorder of the skin, or any allergic or chemical sensitivity reaction?		
(t) Any sickness, injury, physical impairment or symptoms not previously mentioned?		

86 Are you left handed or right handed?

87 Do you take any prescribed medication on a regular basis (other than the contraceptive pill and medication for colds and 'flu)? YES NO

88 Have you ever had or are you considering having a genetic test? YES NO

89 Are you considering consulting a doctor or other health professional, seeking a medical examination, advice, treatment, tests or an operation (other than any mandatory examinations or tests required for this or other insurance)? YES NO

90 Please provide details of your usual doctor or other health professional – if you do not have a usual doctor or other health professional, answer these questions with reference to your most recent medical consultation

Name

Address

Phone no.

Fax no.

91 How long have you been a patient of this doctor or health professional?

92 Date of last consultation

93 Reason and outcome of last consultation

94 Have you been attending your current doctor or health professional for less than 2 years? YES NO
If no, go to question 97
If yes:

95 Name and address of previous doctor/medical centre/health professional

96 Please provide date, reason and outcome of last consultation

97 Has your mother or father, or any brother or sister had breast, ovarian, colon or other cancer, diabetes, high blood pressure, heart problems, stroke, Alzheimer’s disease, dementia, mental disorder, haemochromatosis, Huntington’s Disease, muscular dystrophy, Familial Adenomatous Polyposis, polycystic kidney or any other hereditary disease? YES NO
 If no males go to question 106; females go to question 99
 If yes:

98 Please provide details:

Relationship to insured	Condition and type (eg cancer: breast)	Age at onset (approx.)	Age at death if applicable

Males go to question 106 or general questionnaires on page 16 if applicable

99 Females only:

Have you ever had an abnormal pap smear, breast ultrasound, mammogram or complication with a past pregnancy? YES NO
 If no go to question 101
 If yes:

100 Please provide details

101 Are you currently pregnant? YES NO
 If yes:

102 What is your due date?

103 Have there been or are there expected to be any complications? YES NO
 If no go to question 105.
 If yes:

104 Please provide details

105 Have you ever had any symptom(s) of, or sought advice or treatment for any condition of the cervix, ovary, uterus, breast or endometrium? YES NO
 If no go to question 106 or general questionnaires on page 16 if applicable.
 If yes: Please provide details

Go to general questionnaires on page 16 if applicable

GENERAL QUESTIONNAIRES

Question #	Sickness, injury or tests	
Test results		
Date commenced	Time off work	
Details if your normal daily activities were/are restricted		
Degree of recovery (%)	Date of last symptoms	
Treatment received	Is treatment continuing?	If no – when did treatment cease?
Full name and address of doctor and/or hospital and/or health professional		

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Test results		
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Test results		
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Full name and address of doctor and/or hospital and/or health professional		

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Degree of recovery (%)	Date of last symptoms	
Treatment received	Is treatment continuing?	If no – when did treatment cease?
Full name and address of doctor and/or hospital and/or health professional		

H HABITS

106 Have you ever smoked tobacco or any other substance, or in the last 12 months used any nicotine replacement therapy product? YES NO

If no go to question 108

If yes:

107 Please provide details:

Type (eg cigarettes, gum, patches)	Daily quantity	How many years	Date ceased if applicable

108 Do you drink alcohol? YES NO

If no go to question 110

If yes:

109 Number of standard drinks per week

(standard = 1 nip spirits, 1 wineglass, 1 sherry glass liqueur/port/sherry, 10 oz/285 ml beer)

110 Have you ever used or injected yourself with any illegal or illicit drugs? YES NO

111 Have you ever received advice, counselling or treatment for the use of drugs, tobacco or alcohol? YES NO

If no go to question 114

If yes:

112 Please provide details:

Substance(s)	Amount	Date used from	to	Reason for reduction/cessation

113 Name and address of doctor or health professional who has details, if not your stated usual doctor in question 90

I HIV

114 Are you suffering from Acquired Immune Deficiency Syndrome (AIDS) or infected with the Human Immunodeficiency Virus (HIV) or are you carrying antibodies to HIV? YES NO

115 Are you suffering from unintentional weight loss, persistent night sweats, persistent fever, diarrhoea or swollen glands? YES NO

116 Do you intend to (or have you ever):
Work as or engage in sexual intercourse with a sex worker? YES NO

Engage in anal intercourse? YES NO *Have sexual intercourse with an intravenous drug user?* YES NO

Have intercourse with someone you suspect to be or know to be HIV positive? YES NO

117 Have you had any occupational incident in the last 6 months that may lead to infection with HIV, Hepatitis B or C? YES NO

If yes:

118 Please give dates and details

If you answer yes to any of the questions in Section I, you will be sent a separate questionnaire for confidential completion.

J

ACTIVITIES

119 Do you take part in now or do you have definite intentions to take part in any of the following activities? YES NO

- Flying as a pilot or crew in an aircraft
- Motor sports (such as motor cycle or motor boat racing)
- Water sports (such as underwater diving, ocean racing)
- Recreations involving heights (such as parachuting, abseiling)
- Other hazardous pursuits, activities or sports (eg polo, martial arts, body contact sports, underground activity, competitive riding)

If yes please complete an Activities Questionnaire.