



Financial Planner & Office Use Only	
Financial Planner number	Plan number
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Declaration and Consent form

I _____ (name) apply for insurance and rely on the Generic Personal Statement declared by me on _____ (date). All declarations made in the Generic Personal Statement are made to AMP Life Limited for the purpose of considering my application for insurance.

I, the insured person, agree and declare that:

- I have read the duty of disclosure [b] the [W ffYbh: `YI JV`Y `DfchYV]cb` -bgi fUbW`DYfgcbU`GHJH`a Ybh. I have [Ydh'a m]duty of disclosure in mind when completing the Personal Statement and I understand any plan [ggi YX] by AMP will be based on information I give in the attached Personal Statement, any additional questionnaire(s), form(s), and statement(s), as well as telephone underwriting (if applicable).
- I consent to AMP Life contacting me on the phone number(s) listed in the application to clarify any details contained in this proposal for insurance.
- I understand I must tell AMP of any change in my health, occupation or pastimes and of any other thing that happens to me which may in any way affect the risk of insuring me, where this change occurs after I have completed this Personal Statement right up to the time that AMP issues the plan.
- All the information provided in the Personal Statement attached to this declaration is complete, accurate and up to date. I understand that if I do not comply with my duty to disclose all information completely and accurately, the insurance might be cancelled or the terms may be altered by AMP.
- I authorise any doctor, hospital or other health service provider that I have or may attend to release details of my personal and family medical history, including referrals to or treatment by other practitioners, to AMP. The purpose is to allow AMP to assess my application for new/additional/reinstated insurance (as applicable) and assess any claim that might arise. I understand that, under Government Privacy legislation, I may access a copy of these reports from AMP. I have been advised by AMP of the ways this information may be used, and to whom it may be disclosed, and approve those purposes.
- I have read the Privacy Information [b] h`Y`W ffYbh: `YI JV`Y `DfchYV]cb` -bgi fUbW`DYfgcbU`GHJH`a Ybh and U[fYY`hc` the various uses and exchanges of my personal information and acknowledge my right to U[VV]gg`personal information held about me by the AMP Group.
- I have read the HIV Antibodies Test information [b] h`Y`W ffYbh: `YI JV`Y `DfchYV]cb` -bgi fUbW`DYfgcbU`GHJH`a Ybh. I agree that if an HIV test is required to assess my application for insurance, that I [W`bgYbh`hc` gi W`U` test being performed and that I will provide advice at the time of blood collection U[g`hc` k` \ca` `=k` jg` \`hc` be notified in the event of a positive HIV antibody result.

IMPORTANT This agreement and declaration must be signed after you have read your duty of disclosure and privacy information and completed your Personal Statement. Only sign this declaration and consent form if you agree to make the declaration.

My signature to this declaration and consent form confirms my agreement to all of the above

Insured Person

Date

Signature of my parent/guardian If I am under age 16

Parent/guardian if applicable

Date