TOWER

ABN 70 050 109 450 / AFSL 237 848

IOOF

Bankruptcy Statement

1 Full name of the life insured

Policy number

2 Were you declared bankrupt by a court?

No ☐ Go to 3

Yes ☐ Please give details

Date of court order : : :

Amount of debt owed $

Date of discharge from bankruptcy : : :

3 If you were not declared bankrupt by a court, did you make any arrangement, assignment, compromise or agreement with your creditors?

No ☐ Go to 4

Yes ☐ Please give details

Date of arrangement : : :

Amount of debt owed $

Termination date of arrangement : : :

4 Have you been declared bankrupt by a court or have you made an arrangement, assignment, compromise or agreement with your creditors on any other occasion?

No ☐ Go to 5

Yes ☐ Please give details

Date of court order or arrangement : : :

Amount of debt owed $

Date of discharge from bankruptcy or termination date of arrangement : : :

5 Please specify the circumstances relating to the answers you gave above in Questions 2, 3, and 4.

6 Has a company of which you are or were a director ever been placed in liquidation, receivership or been the subject of a scheme of arrangement?

No ☐ Go to 7

Yes ☐ Please give details

Date of court order or arrangement : : :

Amount of debt owed $

Date of discharge from bankruptcy or termination date of arrangement : : :

Please specify the circumstances relating to the answers you gave above

7 *Privacy laws protect your privacy. The way in which we collect, use, disclose and handle your information is described in our Privacy Statement. Please contact our Privacy Officer on (02) 9448 9416 if you have any additional questions or would like to request a copy of our Privacy Policy.*

I understand and agree that the statements contained on this statement shall form part of the original application with TOWER Australia.

Signature of the life insured ✘

Date / /

Please return the completed form to:
TOWER Australia
GPO Box 5380
Sydney NSW 2001

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