



10. Please state cause of epilepsy (if known):
11. Have you ever had an EEG (Electroencephalogram)?
If YES, what were the results?
12. If you do not know the results, please provide the name, contact number and address of the doctor who will have these results.

<p>I, the Life to be Insured, declare that the answers to the questions on this Personal Statement are true and complete to the best of my knowledge. I understand that the information I provide on this form in conjunction with any other statements made in connection with this application for life insurance will be used by TOWER Australia, to decide whether to extend life insurance cover to the Policy Owner in respect of my life.</p>		
<b>SIGNATURE OF LIFE TO BE INSURED ✕</b>	<b>DATE</b>	/ /
<b>FULL NAME AND SIGNATURE OF WITNESS ✕</b>	<b>DATE</b>	/ /

**TOWER Australia  
GPO Box 5380  
Sydney NSW 2001**