

Surname of the life to be insured

Given name(s)

Application number

## PERSONAL STATEMENT BY LIFE INSURED

Occupation

Specify full duties of your current job/occupation (*include % of time spent in manual work or supervision*)

  


Do you intend to change your occupation?

No  Yes  Give details

Have you smoked tobacco or any other substance in the last 12 months?

No  Yes  Specify type and daily quantity smoked

Since the date of original application, have you had any symptoms of ill health, medical examination or tests, advice, treatment or been in hospital?

No  Yes  Give full details including date, name and address of doctor

  
  
  


Do you engage or intend to engage in any hazardous activities or sports e.g. football, scuba diving, motor racing, rock climbing or aviation other than as a fare paying passenger travelling over recognised routes?

No  Yes  Give details

  
  
  


Has any insurance held or applied for you ever been declined, withdrawn or modified in any way?

No  Yes  Give details

  


### For Disability Income Policies Only

What was your most recent annual earned income (net of business expenses, but before tax) from your main occupation?

Financial Year Ending

30 June 20  \$

## DISCLOSURE INFORMATION

### Your 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 us before you 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 his business, ought to know; disclosure of which 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 three 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 three 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.

### Privacy Statement

Privacy laws protect your privacy. The way in which we collect, use, disclose and handle your information is described in the TOWER Privacy Statement. Please be aware that the duty of disclosure explained in your application for insurance applies to the information you give in this form. If you fail to comply with this duty you may be in breach of it. The consequences of this are explained in your application.

We may collect and use or disclose your personal information (including health and sensitive information) to assess, verify and process your application.

We may collect or disclose information relating to you or your application to or from a range of services including: reinsurers, superannuation trustees, government department(s) which retain health records or as part of our regulatory requirements, personal accountants or current or former employers or lawyers.

You have a right to access any personal information held about you unless we are legally entitled to deny access. If you want to know more about our approach to privacy or you want to know more about your application, you can contact us on (02) 9448 9416.

## DECLARATION AND SIGNATURE BY POLICYOWNER AND THE LIFE TO BE INSURED

I/We acknowledge that I/we have read the notice explaining my/our duty of disclosure. I/We have read and checked any answers not completed in my/our handwriting and to the best of my/our knowledge and belief, all the answers to the questions in this Declaration and those which relate to me/us are true and correct and no information material to the assessment of this insurance has been withheld. I/We understand and agree that this Declaration shall form part of the original application on which the contract is based.

I, the proposed Life Insured, authorise and direct any medical or other practitioner to divulge at any time to TOWER Australia or to any lawfully constituted tribunal any and all information concerning my state of health and medical history, acquired in the course of any professional attendance or consultation. To this extent, all professional confidence and privilege is waived.

I consent to my personal information (including health and sensitive information) being collected, used or disclosed by TOWER Australia or its external service providers/ contractors as contemplated in this form, including collecting it from or disclosing it to any medical practitioner or third party as required to assess, verify or process my application. This consent applies to any health and sensitive information TOWER Australia collects on this form or future forms in relation to this insurance.

Signature of the policyowner

Date

X

/ /

Signature of the life to be insured

Date

X

/ /

*Please return the completed form to:*

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