



Application for Non Smoker Rates

Adviser name:

Adviser e-mail:

In connection with the Proposal on the Life of:

Proposal/Policy No.

Life Insured's Date of Birth / /

DUTY OF DISCLOSURE NOTICE

Your duty of disclosure

Before you enter into a life insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, which may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you. You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell us anything that:

- reduces the risk we insure you for, or
- is common knowledge, or
- we know or should know as an insurer, or
- we waive your duty to tell us about.

If the insurance is for the life of another person and that person does not tell us everything he or she should have, this may be treated as a failure by you to tell us something that you must tell us.

Where you apply to be the Life Insured under an insurance contract to be entered into by another person (e.g. a trustee), a failure by you to tell us something that you know (or could reasonably be expected to know) may affect our decision to insure you and the terms on which we do so, may be treated as a failure by that other person to comply with the duty of disclosure owed by it to us in relation to that insurance contract.

If you do not tell us something

In exercising the following rights, we may consider whether different types of cover can constitute separate contracts of life insurance. If they do, we may apply the following rights separately to each type of cover.

If you do not tell us anything you are required to, and we would not have insured you if you had told us, we may avoid the contract within three years of entering into it.

If we choose not to avoid the contract, we may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told us everything you should have. However, if the contract has a surrender value, or provides cover on death, we may only exercise this right within three years of entering into the contract.

If we choose not to avoid the contract or reduce the amount you have been insured for, we may, at any time vary the contract in a way that places us in the same position we would have been in if you had told us everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

SPECIAL NOTICE

Non Smoker rates are available following acceptance of a satisfactory Non Smoker declaration from the Life Insured. The premium under the policy will then be reduced accordingly.

STATEMENT BY LIFE INSURED

1. Have you smoked tobacco or any other substance (including e-cigarettes) during the last 12 months? Yes No
If 'Yes', please state the daily quantity and what forms. (Please note 'packet' is not sufficient detail.)

2. Have you ceased smoking for medical reasons? If 'Yes', please provide details below..... Yes No

3. Since the commencement of your policy with AIA Australia, have you had, been told you had, or received any advice or investigation or treatment for any of the following:
- Chronic asthma or bronchitis, tuberculosis, obstructive airways disease or other respiratory disorder? Yes No
 - Heart attack, chest pains, stroke, diabetes or any other heart disorder? Yes No
 - Cancer, cyst, tumour or growth of any kind? Yes No

If 'Yes', please provide details below.

... continued overleaf

DECLARATION

I/We declare that this Application for Non Smoker Rates shall be deemed to be incorporated in the said Policy and form(s) part of the contract contained therein. If it is necessary to re-issue the Policy, the Company is hereby authorised to do so in the form currently used and subject to the terms and conditions applicable at this date.

I/We have read and consent to the handling, collection, use and disclosure of my/our personal and sensitive information in the manner described in the AIA Australia Privacy Policy available on the AIA Australia website at www.aia.com.au as updated from time to time or by calling AIA Australia on 1800 333 613, including exchange with third parties located in Australia and overseas.

I/We have read the notice on this application regarding disclosure and understand what is meant by that notice.

Signature of Life Insured:

Date:

(If Company, affix Company Stamp)

Signature of Policy Owner(s) *(If two lives, both signatures are required)*

All correspondence directly relating to the insurance policy/ies arising from this application will be issued to Policy Owner 1. By signing this application form you acknowledge that Policy Owner 2 (or any other Policy Owner) will not receive any correspondence directly related to this insurance application.

Signature of Policy Owner 1:

Address of Policy Owner 1:

Signature of Policy Owner 2:

Address of Policy Owner 2:

MEDICAL AUTHORITY

(Name of Life Insured)
I,

authorise any medical practitioner, hospital, clinic or other person (including any life insurance company or underwriter), to disclose to AIA Australia Limited, full details of my health and medical history. I agree that a photocopy or facsimile of this authority should be considered as effective and valid as the original.

Signature of Life Insured:

Date: