

Policy Owner Details

Policy Owner

Policy No.

In connection with the Proposal on the Life of:

Life Insured's Date of Birth

Duty of Disclosure

DISCLOSURE NOTICE

We use the information you give us to decide whether to insure you and on what terms. When you apply for cover and when you renew, extend, vary or reinstate a life insurance policy with us, you also have a duty under the Insurance Contracts Act 1984 (Cth) to tell us anything you know, or could reasonably be expected to know, that is relevant to our decision whether to accept the risk under your policy and if so on what terms, having regard to factors including (but not limited to) the nature and extent of the cover to be provided and the class of persons who would ordinarily apply for that type of cover.

Your duty however does not require disclosure of a matter:

- that diminishes our risk;
- that is of common knowledge;
- that we know or, in the ordinary course of our business, ought to know; or
- where we waived the requirement for you to comply with your duty of disclosure.

Non-Disclosure

If you fail to comply with your duty of disclosure and we would not have entered into the Policy on any terms if the failure had not occurred, currently we may avoid the Policy within three years of entering into it. If your non-disclosure is fraudulent, we may currently avoid the Policy at any time.

If we are entitled to avoid the Policy we may instead, within three years of entering into it, elect to reduce your Sum Insured in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to us.

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 during the last 12 months? Yes No
2. Have you ceased smoking for medical reasons? 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 or tumour of any kind? Yes No

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, AIA Australia 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 the notice on this application regarding disclosure and understand what is meant by that notice.

Signature of Life Insured:

Date:

Signature of Policy Owner:

Suburb

State

Postcode

Address of Policy Owner:

Please return this form to MaxLife Customer Service, PO Box 1192, Chatswood NSW 2057.