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Permanent Life Plan

Customer Information Brochure



You should read the enclosed material carefully, especially the Key Features section.
This contains important information you should know about the product.
This brochure was issued on 1 September 2002 and is valid until 31 August 2003.
Insurance issued by The National Mutual Life Association of Australasia Limited ABN 72 004 020 437
Member of the Global AXA Group

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National Mutual – Member of the Global AXA Group

AXA is a 51% majority shareholder of AXA Asia Pacific Holdings (ABN 78 069 123 011). AXA is one of the largest financial services groups in the world with an enviable track record in meeting the superannuation, investment and insurance needs of millions of clients worldwide. AXA operates in over 60 countries and manages in excess of \$910 billion¹ dollars of assets. The group prides itself on growth, service and advice.

Important information

This brochure gives important information to the general public about the Permanent Life Plan. Details about a Plan specifically tailored to your needs are available on request.

The brochure must not be used after the expiry date of 31 August 2003.

The brochure will be withdrawn if alterations in circumstances cause any statement to become misleading.

In this Customer Information Brochure and the attached Application forms any references to 'us', 'we', 'our', and 'the insurer' means The National Mutual Life Association of Australasia Limited (ABN 72 004 020 437), a subsidiary of AXA Asia Pacific Holdings.

In this Customer Information Brochure, unless otherwise specified, 'you' means any potential customer who is likely to become either the person insured or the plan owner. However, in the Application form and Personal Statement, 'you' means the person insured unless the context requires otherwise.

References to 'the plan' and 'your plan' in this Customer Information Brochure have the same meaning as 'the policy' and 'your policy' as referred to in the Policy Document and Policy Information Statement.

How to apply

The plan outlined in this brochure can only be effected by completing the Application form at the back. Your Adviser will be able to assist you with the details.

¹ As at 31 December 2001.

Key Features Statement

Permanent Life Plan

Key Features Statement Permanent Life Plan

This Key Features Statement follows guidelines set down by the Australian Securities and Investments Commission. It will help you to:

- decide whether this product will meet your needs, and
- compare this product with others you may be considering.

Important notice

This is a long term savings Plan. If you terminate the Plan in the early years, you may receive less than you paid in. See pages 4 and 5 for an example.

You should choose this Plan only if you are sure you can save for the long term.

When deciding how much to pay into the Plan think carefully about other expenses you might have in the future and choose an amount you believe you can afford.

What the plan offers you

Our Permanent Life Plan is a Whole of Life Insurance plan that aims to provide you with life insurance for your lifetime. It offers you:

- death cover to age 95, and
- a long term savings component to age 95.

The Permanent Life Plan is designed to meet your personal and business needs in a number of ways:

Personal

- To provide loan and guarantor protection.
- To create a growing asset that could provide retirement income.
- To provide funds to cover debts and expenses of the estate.
- To provide an inheritance for family members.

Business

- To buy out a deceased business partner's share of the business.
- To protect the business against the loss of key personnel, due to death, disablement or trauma (if selected).
- To provide an asset which can be drawn upon to help fund expansion of the business in the future.

Additional Benefits may be added to your plan under the Regular Payment Option. These are detailed on page 12.

Premiums

There are two premium options available to you:

1 Regular Payment Option

You may pay your premium using a range of payment methods and frequencies. The minimum annual premium for the Permanent Life Plan is \$600, excluding any premiums paid for additional benefits.

- What happens if a premium is missed?
If your plan does not have a cash value, your plan will discontinue if you miss a premium.
If your plan has obtained a Cash Value, your premium obligations will be set up as a debt against your Cash Value and interest will be charged. This way your policy keeps going. If, however, the total of any debts and loans on your policy exceeds the Cash Value, your policy will be cancelled.

In either case, should your plan discontinue because of missed premium payments, we will retain any premiums paid.

- Protection against Inflation
To protect your plan from the effects of inflation, premiums are automatically increased each year in line with the Consumer Price Index (CPI).

This is available up to age 64 and is based on a minimum CPI increase of 5% per annum. The sum insured is increased accordingly. You can decline this increase in each or any year.

Your adviser can explain to you when CPI increases are not available.

In addition, you will usually be able to apply to increase or decrease your premium and/or level of insurance.

2 Single Payment Option

You may make a one-off payment that covers the premium for the life of your plan. The minimum payment is \$10,000.

Additional lump sum top-ups may be made at anytime. A lump sum top-up is a one-off contribution to your plan. Any additions will increase the overall value of your plan. The minimum addition is \$5,000.

General premium information

Premium guarantees

The premium will not be increased for your initial level of cover, for the life of your plan.

Premiums for any additional benefits under the "Regular Payment Option" are guaranteed for one year, from commencement of the additional benefit.

Key Features Statement

Permanent Life Plan

Benefits

Payment of benefits

Benefits are paid on the death of the Person Insured prior to age 95, or upon survival to age 95.

The benefit payable is the selected lump sum (the Sum Insured) plus Cover Growth and End Bonuses, less any debt that may exist on the plan. Debt is created if you miss premium payments, or if you take out a loan on your plan.

Where a disablement benefit is also present on a plan, a lump sum is paid in the event of the Total and Permanent Disablement of the Person Insured. Where a trauma benefit is also present on a plan, a lump sum will be paid where the Person Insured is diagnosed with a Major Trauma.

For the definitions of Total and Permanent Disablement and Major Trauma refer to pages 13 and 14.

Cash Value

The Cash Value refers to the dollar amount of your plan if you were to cancel it before maturity.

Most plans obtain a Cash Value after the plan has been operating for two years, with two years' premiums paid. The exceptions to this are:

- when premiums for the plan are payable for 10 years; or
- the Person Insured is aged 55 or above.

In these cases, the plan will obtain a Cash Value after one year, with one year's premiums paid; or

- the single payment option is selected whereby an immediate Cash Value is obtained.

Cash Values are not guaranteed, however, the law prescribes a minimum basis for the calculation of Cash Values.

When we won't pay

No amount is payable if the Person Insured dies as a result of suicide, whether sane or insane, within thirteen months of the commencement or reinstatement of the plan. This also applies to plan increases (apart from CPI), within thirteen months of that increase.

Additional exclusions and/or premiums may apply for hazardous pursuits and pastimes, and if the Person Insured's state of health or medical history justifies them.

For Major Trauma and Total and Permanent Disablement exclusions, please refer to the 'Exclusions' section on page 16.

Plan growth

We will distribute profits by allocating Cover Growth and End Bonuses to your plan, increasing your plan's overall value.

How your Cover Growth and End Bonuses are calculated

Our Board of Directors determines Cover Growth and End Bonuses annually, on the advice of our Chief Actuary. The main factors likely to influence Cover Growth and End Bonuses are:

- Claims experience
- Investment earnings
- Operational expenses
- Long term economic and market expectations.

In setting the rate of 'Cover Growth' and 'End Bonuses' we attempt to smooth the return on your plan through good and bad times.

To see our bonus rate history, refer to page 9.

Receiving Cover Growth and End Bonuses

Your plan will grow each year based on the annually determined 'Cover Growth' rate. It is applied to both your plan's sum insured and existing Cover Growth from previous years. Cover Growth is added on each anniversary, and cannot be removed once allotted.

Your plan will also receive End Bonuses. These are payable on withdrawal of your plan (claim, termination or maturity). These bonuses are based on the number of years you have held your plan, its sum insured and existing Cover Growth.

Cashing in your Plan's Cover Growth

You are able to cash in your plan's Cover Growth, however, the value payable if cashed in early will be less than the face value.

Discontinuing your Plan

Your Cover Growth and End Bonuses will be worth less than their face value if you discontinue your plan or convert your plan to a shorter term, prior to its maturity.

Fees and charges

Your premium depends on the benefits you have chosen and your age, sex, smoking status, medical history and general health. A copy of our standard

premium rates is available on request. Your premium covers all the charges on your plan.

A plan fee is built into your premium to help cover administration costs. Your plan fee varies depending on the payment option, frequency and method of payment you choose. Outlined below is our fee structure.

Please note in the event of a material change to fees and charges, we will provide notification to the plan owner at least three months prior to the change occurring.

All other changes, including those resulting from indexation, legislative changes or market variations, will be advised in the annual statement immediately following the change.

1 Regular Payment Option

Payment method	Payment frequency	Plan fee per payment
Direct e.g. cash/BPAY/ cheque/credit card (VISA, MasterCard and Bankcard only)	Quarterly	\$17.00
	Half-yearly	\$32.00
	Yearly	\$57.00
Bank account/ credit card debit (VISA, MasterCard and Bankcard only)	Fortnightly	\$3.00
	Monthly	\$6.00
	Quarterly	\$17.00
	Half-yearly	\$32.00
	Yearly	\$57.00

* Please refer to the Direct Debit Service Agreement on page 8.

Fee Variations

The plan fee is increased each year in line with the Consumer Price Index.

If you decide to alter your sum insured (for example, by accepting CPI increases, altering your sum insured or altering the maturity date of your plan), you will incur the plan fee current at the time of the change.

If the plan illustrated on page 4 was terminated in the first year, the total charges would amount to \$3,000.

Please note: you are not charged a termination charge when you withdraw your plan. However, if your plan is terminated due to missed premiums we will retain your premiums paid.

2 Single Payment Option

Your single premium payment may be made by cheque or credit card. A Plan Fee of \$250 will be built into your premium.

A fee of \$50 will be built into your premium for any additional single premiums.

Adviser remuneration

Your adviser is entitled to receive commission in return for providing advice and ongoing service. A part of the charges on your plan is paid to your adviser, who must meet their expenses from this payment and use it as income.

1 Regular Payment Option

The total commission payable to your adviser may consist of up to two separate components.

First, initial commission is paid when your policy commences and is a percentage of the first year's premiums paid. The maximum initial commission payable to your adviser is 53.65% of the first year's premium paid.

Renewal commission is the second component of commission. The maximum renewal commission payable to your adviser is 7.4% of the premium paid each year.

Should you increase the sum insured of your plan, your adviser will receive commission based on the above rates. However this is only payable on the increased amount.

For additional benefits (see page 12), the same commission rates will apply with a further 75.85% payable for the first year only.

An extra 10% of the figures shown will be paid to your adviser for GST purposes.

2 Single Payment Option

The maximum commission your adviser will receive is 7.4% of a single premium paid.

Renewal commission is 0.3% of the Cash Value of the plan each year.

An extra 10% of the figures shown will be paid to your adviser for GST purposes.

The illustrations shown on the next two pages show an estimate of total remuneration paid to your adviser depending on the payment option selected.

The amount paid to your adviser forms part of the total charges. Where other sales methods are used, lower charges will not necessarily result.

Important

- Commission is built into your premium and is not an extra cost.
- Lower levels of commission apply for 10 year term policies and if the Person Insured is aged 55 years and above.
- The actual dollar amount paid will depend on your individual plan.

Key Features Statement

Permanent Life Plan

What you will get back – Regular Payment Option

This example is based on Australian Securities and Investments Commission (ASIC) guidelines. It does not reflect any particular choice of investment fund, or the investment returns that we have achieved in the past or may achieve in the future.

The following table shows that the plan provides an increasing return on your premiums over the longer term. If you terminate your plan in the early years you may get back less than you contributed.

The Cover Growth and End Bonus rates used in the illustration are based on net of tax earning rates set by ASIC. This rate is 4.75% p.a. The Cover Growth and End Bonus rates used in the following illustration are:

- Cover Growth of \$11 per \$1000 of sum insured and \$22 per \$1000 of accumulated Cover Growth.
- End Bonuses of \$6 on surrender and \$9 on claim for each year since commencement (to a maximum of 20 years) per \$1,000 of the value of the sum insured plus Cover Growth.

The remuneration illustrated includes an estimate of the total commission payable to your adviser. Remuneration is not an additional charge.

The death benefit illustrated excludes any additional insurances. The cost of risk cover has been deducted from the premium assumed in the illustrations.

Illustration for Permanent Life Plan

Plan details

- 45 year old.
- Male, non-smoker.
- Premiums payable to age 80, plan matures at age 95.
- Initial sum insured of \$129,306.
- Annual premium of \$3,000 (includes plan fee) paid at the beginning of each year.
- The plan fee is assumed to remain constant.

End of year	Total premiums paid to end of year	Amount received on death (sum insured plus cover growth and end bonuses)	Total savings premium paid to end of year	What you will get back	Total remuneration paid to end of year*
1	\$3,000	\$131,905	\$2,792	\$0	\$1,832
2	\$6,000	\$134,561	\$5,554	\$2,518	\$2,053
3	\$9,000	\$137,277	\$8,284	\$4,893	\$2,275
5	\$15,000	\$142,891	\$13,646	\$10,038	\$2,719
10	\$30,000	\$158,076	\$26,007	\$25,519	\$3,828
20	\$60,000	\$194,184	\$42,519	\$69,890	\$6,048
35	\$105,000	\$239,691	\$43,591	\$165,583	\$9,377

* An extra 10% of the figures shown will be paid to your adviser for GST purposes.

Notes:

Commission has been taken into account in the cash values shown.

Note that the rate of return can vary, and so figures are provided for a range of returns. After 35 years, if the investment return before charges and after tax is:

- 3.75% p.a. you would get back \$143,099
- 4.75% p.a. you would get back \$165,583
- 5.75% p.a. you would get back \$192,503

Effects of inflation

Over the longer term, the effects of inflation will be significant. Inflation reduces the spending power of money, so that at an assumed rate of 3%, getting \$165,583 in 35 years time would be like having \$58,845 today.

Your premiums of \$105,000 over 35 years would be worth \$66,396 today.

Protection against the effects of inflation may be achieved by regularly reviewing the level of your premium.

Plan illustrations specific to your plan are available on request.

What you will get back – Single Payment Option

This example is based on Australian Securities and Investments Commission (ASIC) guidelines. It does not reflect any particular choice of investment fund, or the investment returns that we have achieved in the past or may achieve in the future.

The following table shows that the plan provides an increasing return on your premiums over the longer term. If you terminate your plan in the early years you may get back less than you contributed.

The Cover Growth and End Bonus rates used in the illustration are based on net of tax earning rates set by ASIC. This rate is 4.75% p.a. The Cover Growth and End Bonus rates used in the following illustration are:

- Cover Growth of \$11 per \$1000 of sum insured and \$22 per \$1000 of accumulated Cover Growth.
- End Bonuses of \$6 on surrender and \$9 on claim for each year since commencement (to a maximum of 20 years) per \$1,000 of the value of the sum insured plus Cover Growth.

The remuneration illustrated includes an estimate of the total commission payable to your adviser. Remuneration is not an additional charge.

The death benefit illustrated excludes any additional insurances. The cost of risk cover has been deducted from the premium assumed in the illustrations.

Illustration for Permanent Life Plan

Plan details

- 45 year old.
- Male, non-smoker.
- Plan matures at age 95.
- Initial sum insured of \$91,076.
- Single premium of \$30,000 (includes plan fee).

End of year	Total premiums paid to end of year	Amount received on death (sum insured plus cover growth and end bonuses)	What you will get back	Total remuneration paid to end of year*
1	\$30,000	\$92,907	\$27,000	\$2,319
2	\$30,000	\$94,778	\$27,000	\$2,419
3	\$30,000	\$96,690	\$27,128	\$2,520
5	\$30,000	\$100,645	\$30,149	\$2,737
10	\$30,000	\$111,340	\$39,181	\$3,392
20	\$30,000	\$136,772	\$64,942	\$5,331
35	\$30,000	\$168,825	\$116,628	\$10,386

* An extra 10% of the figures shown will be paid to your adviser for GST purposes.

Notes:

Commission has been taken into account in the cash values shown.

Note that the rate of return can vary, and so figures are provided for a range of returns. After 35 years, if the investment return before charges and after tax is:

- 3.75% p.a. you would get back \$102,041
- 4.75% p.a. you would get back \$116,628
- 5.75% p.a. you would get back \$133,516

Effects of inflation

Over the longer term, the effects of inflation will be significant. Inflation reduces the spending power of money, so that at an assumed rate of 3%, getting \$116,628 in 35 years time would be like having \$41,448 today.

Protection against the effects of inflation may be achieved by regularly reviewing your plan.

Plan illustrations specific to your plan are available on request.

Key Features Statement

Permanent Life Plan

Taxation

In general:

- Premiums are not tax deductible.
- Cover Growth and End Bonuses arising from Permanent Life Plans are received "tax paid" upon withdrawal after 10 years. If terminated during the first 10 years, Cover Growth and End Bonuses received on termination may be subject to tax. Premiums paid are invested by us, and the consequent net earnings (i.e. after allowance for expenses incurred by the company in earning that income) are subject to tax, paid by us, at a rate of 30%.
- Capital Gains Tax may apply in the case of a disablement or trauma claim where the recipient is neither the Person Insured or that person's spouse.
- Goods and Services Tax (GST) - You do not have to pay Goods and Services Tax on the premiums you pay us or on any benefits you may receive.

All references to taxation are based on the continuance of present laws and their interpretation. Should any changes occur to the general taxation position, we will notify you in your next annual statement.

For further details on taxation please refer to page 7.

Fourteen day cooling-off period

You will have a fourteen day cooling-off period from the time you receive your Policy Document.

If, in this time, you feel the plan does not meet your needs, you can cancel it by writing to us. All premiums will be refunded, and you will not incur any charges.

Information on your Plan

You will receive the following:

- A Policy Document, setting out terms and conditions.
- A Policy Information Statement, outlining full details of the payment option and cover you have chosen.
- An Annual Statement, outlining the current balance and value of your plan.

You should read your Policy Document, Policy Information Statement and Annual Statement carefully.

If you have an enquiry or a complaint

If you have an enquiry about your Permanent Life Plan, please contact your Adviser or a Service Officer from the Customer Service Centre on 132 987 from anywhere in Australia for the cost of a local call.

If you have a complaint, please advise the Service Centre in writing, stating the precise nature of your complaint and the name and number of the plan. The Service Centre address is:

AXA Australia
Customer Service Centre
PO Box 14330
Melbourne VIC 8001

If you are not satisfied with our handling of the complaint, the Financial Industry Complaints Service is available to you. The Financial Industry Complaints Service is governed by an independent council which reports directly to the Federal Minister for Consumer Affairs. The Complaints Service can be contacted on (03) 9629 7050 in the Melbourne Metropolitan area or toll free on 1800 335 405. Alternatively, you can write to:

Financial Industry Complaints Service
PO Box 579
Collins Street West Post Office
Melbourne VIC 8007

Some facts about Permanent Life

Permanent Life Plan

Age of entry

You must be between 10 and 70 years of age to purchase a Permanent Life Plan.

Medical evidence

Medical evidence is usually required, especially where:

- the Person Insured is over 55 years of age
- a large sum insured is applied for, or
- details of the Person Insured's medical history appear insufficient.

Plan loans

Once your plan obtains a Cash Value, you may be eligible to take a loan on your plan.

The conditions of loans are:

- The interest on your loan is payable six monthly. You will receive regular loan statements requesting payment of interest.
- The loan interest rate may vary and is reviewed quarterly. You will be given 30 days notice of any increase in interest rates.
- If loan interest is not paid, the outstanding interest will be added to the principal amount. Further interest will then be calculated on the higher amount.

If your total loan debt becomes higher than your Cash Value, your plan will discontinue.

Plan alterations - Regular Payment Option

Your plan is designed to be flexible and therefore offers a number of options to ensure your plan can meet your needs now and into the future. These options include:

- You will usually be able to increase or decrease your premium and/or sum insured.
- You can add additional benefits under the regular payment option (see page 12).
- You can change the maturity date of your plan, so that it matures earlier. In doing this, you can choose to do either of the following:
 - continue paying the same premium, and reduce your level of cover, or
 - pay an increased premium for the same level of cover. This is because you are not paying premiums for the full term you were originally going to pay for.

Plan alterations - Single Payment Option

- You will usually be able to add additional single premiums to your plan.

Plan improvements

We may upgrade your plan to any new version, or equivalent product, after a period of 5 years. When you receive your Policy Document, you should read the section titled "Automatic Upgrade of Your Policy" to ensure you understand this feature.

There may be income tax consequences to your investment if you make additional contributions that exceed your previous year's contributions by more than 25%. We recommend you speak with your financial adviser prior to increasing your contributions by more than this amount.

Taxation

Premiums

Generally speaking, your premiums are not tax deductible under current legislation (refer to Income Tax ruling IT155).

The exceptions to this may be:

- Where the death cover is taken out on the life of a 'key person' under a Split Dollar agreement, and the cover component is used for revenue purposes. Split Dollar is an arrangement under which the benefits provided by an insurance plan may be split amongst two or more parties by means of an agreement. This agreement sets out the parties' rights and obligations in relation to the Split Dollar policy.
- Where the plan is purchased by a complying super fund section 279(1) of the Income Tax Assessment Act 1936 allows insurance premiums to be claimed as a deduction to the complying super fund. For Whole of Life insurance 30% of premiums may be claimed as a deduction.

Further details regarding Split Dollar agreements and complying super funds can be obtained from your adviser.

Interest on loans

Interest on any loan obtained on the security of your plan may be deductible if it meets normal income tax requirements, such as where loan proceeds are used to earn assessable income, or are used in a business to produce assessable income. You should consult your accountant or financial adviser for further details regarding your personal situation.

Discontinuance of plans

In some circumstances Cover Growth and End Bonuses from Permanent Life Plans are received 'tax paid' upon withdrawal. In other circumstances, some or all may be assessable income.

Some facts about Permanent Life

Permanent Life Plan

We invest premiums paid, and the consequent net earnings, ie. after allowance for expenses, are subject to tax, paid by us, at a rate of 30%.

Under current taxation law, all Permanent Life Plan premiums invested for a period of at least 10 years acquire 'tax paid' status at the end of that period provided:

No premium in any year increases by more than 25% of the previous year's premium. Where this rule is breached, the 10 year period will recommence.

This means that if your plan has been in force for at least 10 years, and the total yearly premiums have not been increased by more than 25% of the previous year's premium in any year, then any Cover Growth or End Bonuses received on your plan will not be subject to tax.

If your plan does not satisfy the 10 year rule, and you choose to make a partial or full withdrawal, you will be taxed on any amount that is above the amount of premiums you have paid (refer to Income Tax ruling IT2346).

Tax paid under Section 26AH of the Income Tax Assessment Act 1936 is subject to a 30% rebate. Any excess rebate may be used to offset the taxpayer's liability for tax on other income. The following table provides the current tax levy:

Investment period	Taxable portion of withdrawal	Tax rebate
Up to 8 years	All earnings	30%
8 complete years	2/3 of earnings	30%
9 complete years	1/3 of earnings	30%
Over 10 complete years	Nil	Nil

Claims

Lump sum payments made in the event of death, disablement or major trauma of the Person Insured are generally free of income tax in the hands of the plan owner, irrespective of the length of the plan. All proceeds are paid to the plan owner(s)/beneficiaries.

Should there be joint owners, the joint owners will determine how the proceeds will be divided. In the case of a disablement or trauma claim, the plan proceeds may be subject to capital gains tax where the recipient is neither the Person Insured nor that person's spouse.

All references to tax are based on our interpretation of current tax rulings, and detailed as general statements. Due to the complicated nature of income tax, we urge you to consult your own professional tax adviser regarding your own personal position.

When general tax conditions change, you will be notified in your Annual Statement.

Direct Debit Request Service Agreement

This charter outlines our and your responsibilities to ensure the smooth and secure operation of our direct debit agreement.

Our responsibilities

- We will only deduct premiums from your chosen account. Your policy schedule shows the premium amount and how often we have agreed to deduct it.
- We assure you that we will not disclose your bank details to anyone else, unless you have agreed in writing that we can, or unless the law requires or allows us to do this.
- If the payment date is a weekend or public holiday, we will debit your account on the next business day following the public holiday.
- We will give you at least 14 days notice when changes to the initial terms of this arrangement are made.

Your responsibilities

- Before sending us your account details, please check with your bank or financial institution that direct debit deductions are allowed on the account you have chosen.
- Please make sure that you have enough money in your account to cover payment of your premiums when due. Your bank or financial institution may charge a fee if the payment cannot be met.
- The bank or financial institution may charge a small fee for the direct debit arrangement. This will be reflected in your account statement.

Changing your payment details

- You may cancel or change direct debit deductions at any time by contacting the AXA Australia Customer Service Centre on 132 987 or your adviser.

Can we help?

- If you have any queries about your direct debit agreement please contact the AXA Australia Customer Service Centre on 132 987 or your adviser.
- We undertake to respond to queries concerning disputed transactions within 5 working days of notification.

How to pay via BPAY



Telephone and internet banking – BPAY. Call your bank, credit union or building society to make this payment from your cheque, savings, or credit card account. For further information: www.bpay.com.au.

How your funds are invested

Permanent Life Plan

All Permanent Life Plans are written in a sub-fund of our No.1 Statutory Fund.

Sub-fund size at:	\$ million
31/10/2001	1,972
31/10/2000	2,018
31/10/1999	1,785
31/10/1998	1,755

The aim of the sub-fund in which these plans are invested, is to produce returns in excess of inflation in the medium to long term. This aim is achieved by setting a long-term investment strategy based on the investment returns and risk level of each investment category, and the likely returns between the categories.

Plan owners should note that these plans have a higher level of exposure to equities than some other plans. This exposure is a reflection of the aim to achieve in excess of inflation returns in the medium to long term.

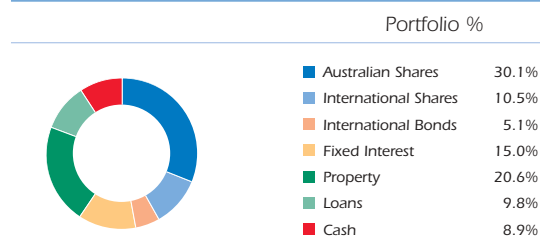
Bonus Rate History

Below is a history of our Bonus Rates. These are expressed as a rate per thousand dollars of Sum Insured and existing bonuses. These rates may vary in the future.

Year	Annual cover growth on sum insured	Annual cover growth on existing cover growth	End bonus on claim	End bonus on surrender
1/1/2002	12	25	9	5
1/1/2001	13	26	11	7
1/1/2000	13	26	11	7
1/1/1999	13	26	11	7

Portfolio details

Asset Allocation at 31.10.2001



What do these figures mean?

Bonuses increase the benefits under your plan.

Cover Growth is added to your plan each year. Once we have added growth to your plan it is guaranteed, unless you alter your plan.

For example in 2002 the following would be applicable -

Annual Cover Growth on:

- Sum Insured – For every \$1000 of sum insured on your plan at its anniversary date, you would have received an additional \$12 dollars of cover.
- Existing Growth – For every \$1000 of existing Cover Growth on your plan at its anniversary date, you would have received an additional \$25 dollars of cover.

If you surrendered your plan, a proportion of the annual Cover Growth is payable.

End Bonuses:

- On claim or surrender are determined at the time the benefit becomes payable and are calculated as a percentage of the benefit, based on the number of years the benefit has been in force.

For every \$1000 of benefit \$9 or \$5 would be payable for each year the benefit has been in force (maximum of 20 years).

End Bonuses are not guaranteed and may be increased or reduced at anytime.

Additional benefits (at no extra cost)

Permanent Life Plan

The following additional benefits are provided to you at no extra cost.

Terminal Illness Benefit

The Terminal Illness Benefit has been developed to help alleviate the financial stress that accompanies the diagnosis of a terminal illness. The lump sum payment may enable you to meet additional costs, seek specialist medical attention, pay off debts and organise your financial affairs.

Your plan automatically includes Terminal Illness Benefit at no additional cost. It provides a lump sum payment in the event of terminal illness. You are not required to pay additional premiums for this benefit.

If the Person Insured is diagnosed with a terminal illness and given 12 months or less to live, the plan owner may choose to receive a terminal illness payment from the plan. This amount, (a maximum of \$2,000,000 from all our plans), is considered to be an advance payment of the Sum Insured, and is payable at the date the terminal illness was diagnosed.

Any remaining death benefit amount will be payable on the death of the Person Insured.

Please refer to page 13 for the full definition of Terminal Illness.

AXA Australia Health Insurance Benefit

If you suffer a Major Trauma, the financial strain may make it difficult to keep up with your health insurance premiums at a time when your health insurance is most needed.

The AXA Australia Health Insurance (AAHI) Benefit is provided automatically, with no additional premium payable, if Trauma Insurance is purchased as part of your plan.

This benefit is payable if the Person Insured has current hospital cover ("Extras" only cover does not apply) provided through AAHI when you suffer one of the medical conditions.

The AAHI cover must be fully operative prior to the condition first being diagnosed. As well as paying the trauma sum insured to the policy owner, we will make an additional once off payment directly to AAHI, which will go towards the Person Insured's future health insurance premiums.

The amounts payable are as follows:

- For Family Cover, 5% of the Trauma Insurance sum insured, to a maximum of \$5,000.
- For Singles Cover, 2.5% of the Trauma Insurance sum insured, to a maximum of \$2,500.

This Benefit is not payable upon your death or for health insurance provided by non AAHI operators.

AXA Australia Health Insurance is a registered business name of AXA Australia Health Insurance Pty Ltd (ABN 50 033 098 655).

AXA Australia Health Insurance operates as:

Organisation	State
HBA	Victoria
Mutual Community	South Australia
AXA Australia Health Insurance	Queensland New South Wales Western Australia Tasmania Australian Capital Territory Northern Territory

Nomination of beneficiaries

You can nominate between one and five beneficiaries on your plan.

Where one beneficiary is nominated, any insurance money payable from the plan will be payable to that beneficiary, and not form part of the estate of the plan owner. This means that the proceeds from your plan may pass directly to the person(s) of your choice without the delays often associated with the settlement of an estate.

Where more than one beneficiary is nominated, payment will be treated on the basis of joint tenants. On the death of one of the nominated beneficiaries prior to the insurance money becoming payable, the money will be payable to the surviving joint tenants.

Taxation matters

Generally, lump sums paid to beneficiaries on the death of the Person Insured will not be assessable. Nomination of a beneficiary does not affect a policy's Capital Gains Tax (CGT) position, since there is no change in the beneficial ownership of the plan.

Be aware, however, that there is still some uncertainty about the CGT consequences of Trauma and Disablement proceeds. This uncertainty is likely to extend to payments to a beneficiary who is not the Person Insured.

Where a business owns a plan, but has nominated one of the business owners as the beneficiary, the business will not be able to claim a deduction. Income tax legislation prevents one entity paying for a premium and getting a tax deduction where another legal entity benefits from the plan proceeds free of tax.

Additional benefits (at additional cost)

Permanent Life Plan

You can choose further benefits, to tailor your plan to your specific needs. The following additional benefits are available for the Regular Payment Option, at an additional cost.

Level Life Insurance

Level Life Insurance is a cost effective option if you need a higher level of life insurance cover over the short to medium term. This option gives additional flexibility, enabling you to adapt your plan as your life insurance needs change.

This benefit provides a level amount of cover, for a level amount of premium, payable on death, which remains constant over a given term.

The period of this cover cannot extend beyond the premium term of the Whole of Life benefit and must be at least 5 years. Level Life Insurance is available for purchase between ages 10 and 65 and must cease by age 70.

Disablement Insurance

Becoming disabled can totally change your plans for the future. Disablement insurance can help with the cost of necessary home renovations, clearing debts, and provide an on going income if you are unable to work again.

Disablement insurance brings forward the payment of the amount otherwise payable on death, on the Total and Permanent Disablement of the Person Insured. The amount of cover selected under disablement insurance must be equal to the amount of cover payable on death.

There are two disablement insurance options available, an 'own/similar' occupation option, and an 'own' occupation option.

Both of these disablement insurance options are available for purchase between ages 15 and 55 and will expire at age 65, or the premium cease date of your plan, whichever is earlier.

When a disablement claim is paid any life insurance and trauma insurance on the plan is reduced by the amount of the disablement payment.

Refer to page 13 for the definitions of Total and Permanent Disablement and to page 16 for exclusions that apply.

Trauma Insurance

A significant medical trauma or illness can result in many unforeseen expenses. Trauma insurance can help you with the cost of medical and hospital expenses, loss of income, rehabilitation, home help and child-care. It can also be used to clear your mortgage and other debts.

Refer to pages 14 -16 for the full definition of Major Trauma and each individual trauma, and to page 16 for exclusions that apply.

Trauma insurance brings forward the lump sum payment of all or part of the amount otherwise payable on death, in the event of the Person Insured suffering a Major Trauma.

The amount of cover selected under trauma insurance must be equal to or less than the amount of cover selected for the death benefit.

Traumas covered are:

Heart disorders	Heart Attack*, Coronary Artery Surgery*, Angioplasty, Heart Valve Surgery, Surgery of the Aorta, Pulmonary Hypertension
Cancer	Cancers as defined*
Nervous system	Stroke*, Alzheimer's Disease & Other Dementias, Multiple Sclerosis, Motor Neurone Disease, Parkinson's Disease, Diplegia, Hemiplegia*
Accident	Paraplegia, Quadriplegia, Major Head Injury, Severe Burns, Loss of Limbs, Loss of Limbs and Sight
Blood disorders	Occupationally Acquired HIV Infection, Aplastic Anaemia
Organs	Blindness, Major Organ Transplant, Chronic Kidney Failure, Benign Brain Tumour, Liver Failure, Lung Disease
Other events	Loss of Capacity for Independent Living

* Subject to a 90 day waiting period.

Trauma insurance is available for purchase between ages 15 and 55. The maximum benefit term is to age 65 but cannot extend past the premium term of your Permanent Life Plan.

When a trauma claim is paid, any life insurance and disablement insurance on the plan is reduced by the amount of the trauma payment.

Buy Back Option

This option ensures that life insurance will be available at a time when it is most needed but is likely to be difficult to purchase after a trauma.

This benefit is, therefore, only available with trauma insurance.

Upon survival of the Person Insured for one year from the date of the payment of the trauma claim, you have 60 days to purchase life insurance cover on the Person Insured, up to the amount of the trauma payment. This new plan is based on the underwriting assessment carried out when the Buy Back Option was purchased.

The Buy Back Option is available for purchase between ages 15 and 55. The benefit expires at age 65, but cannot extend beyond the term of the Trauma Insurance to which it applies.

Definitions

Permanent Life Plan

The following definitions apply to the Permanent Life Plan.

Person Insured

The Person Insured is the individual whose life is insured under the plan. The Person Insured does not have to be the owner or the premium payer of the plan.

Plan owner

The plan owner is the individual who is the legal owner of the plan. The plan owner usually pays the premiums and is entitled to all benefits from the plan. The Person Insured and the plan owner can be different people.

Sum Insured

The Sum Insured is the amount for which the Person Insured is covered under the plan or benefit.

Terminal Illness

"Terminal Illness" means any illness which, in our opinion, after consideration of medical evidence provided to us by your own doctor and such other evidence as we may require, will result in your death within twelve months, regardless of any treatment that might be undertaken.

Total and Permanent Disablement – own/similar occupation

- 1 'Total and Permanent Disablement' means either:
 - The total and irrecoverable loss of any of:
 - the use of both hands
 - the use of both feet
 - the use of one hand and one foot
 - the sight of both eyes
 - the use of one hand and the sight of one eye, and
 - the use of one foot and the sight of one eye, or
 - Bodily injury or disease which in our opinion:
 - for six consecutive months has wholly prevented you from following the most recent business occupation or regular duties in which you engaged before the onset of the injury or disease, and
 - will, despite you receiving medical or other treatment or rehabilitation, wholly prevent you from ever engaging in any business occupation or regular duties which would be reasonable having regard to your education, training or experience.

- 2 For the purposes of the definition of Total and Permanent Disablement it is immaterial whether a business occupation or regular duty is paid or unpaid.

Total and Permanent Disablement - own occupation

- 1 'Total and Permanent Disablement' means either:
 - The total and irrecoverable loss of any of:
 - the use of both hands
 - the use of both feet
 - the use of one hand and one foot
 - the sight of both eyes
 - the use of one hand and the sight of one eye, and
 - the use of one foot and the sight of one eye, or
 - Injury or disease which in our opinion has wholly prevented you from performing the principal duties of your usual occupation for a continuous period of at least six months and despite receiving treatment or rehabilitation, will continue to wholly prevent you from ever again performing those duties or the principal duties of any other full time occupation that you have engaged in during the five years prior to the cessation of work.
- 2 For the purposes of this definition of Total and Permanent Disablement it is immaterial whether a business occupation or regular duty is paid or unpaid.

Trauma definitions

The following definitions apply for Permanent Life Plans where trauma insurance is added.

Activities of Daily Living

For the purposes of all conditions defining Major Trauma, the Activities of Daily Living are specified to be:

- the ability to bathe or shower without assistance from another person
- the ability to dress and undress without assistance from another person
- the ability to use a toilet without assistance from another person
- the ability to get in and out of a bed or chair without assistance from another person
- the ability to control bowel and bladder function, and

Definitions

Permanent Life Plan

- the ability to eat and drink without assistance from another person.

Definition of Major Trauma

'Major Trauma' means the happening to the Person Insured after commencement of this Insurance of any of the following conditions:

Conditions subject to a 90 day waiting period

Cancer

The occurrence of an invasive malignant tumour. Included will be all forms of leukaemia, lymphoma, Hodgkin's disease and malignant melanoma at least 1.5mm Breslow thickness or Clark Level 3.

The following are excluded:

Tumours treated by endoscopic procedures alone, tumours classified as carcinoma in situ, prostate tumours classified as T1 (all categories) under the TNM classification system, malignant melanomas other than those specified above, other skin cancers, tumours that are a recurrence or metastases of a tumour that first occurred within the 90 day waiting period, Kaposi's Sarcoma and other tumours associated with HIV infection.

Coronary Artery Surgery

Coronary artery bypass grafting surgery performed via open chest surgery as a consequence of coronary artery disease. Non-surgical techniques including angioplasty, laser and other catheter techniques are excluded.

Heart Attack

An acute myocardial infarction where such diagnosis has been documented by the occurrence of:

- typical acute electrocardiographic changes, and
- a diagnostic elevation in cardiac enzymes or an increase in troponin to three times upper limit of normal.

Hemiplegia

The total and permanent loss of use of one side of the body due to paralysis.

Stroke

A cerebrovascular incident that is:

- caused by haemorrhage, embolism or thrombosis; and
- is associated with the onset of objective neurological signs, and

- the neurological signs are ongoing, or
- the haemorrhage, embolism or thrombosis has been demonstrated by Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques approved by us.

Conditions not subject to a 90 day waiting period

Alzheimer's Disease and Other Dementia

The certain diagnosis of Alzheimer's Disease or Dementia where there is an associated neurological deficit resulting in the permanent inability to perform independently at least one of the specified 'Activities of Daily Living'.

Angioplasty

The first treatment of a coronary artery obstruction by balloon angioplasty, other catheter based techniques, or endoscopic surgery where at least one of the following criteria have been met:

- the obstruction is giving rise to impairment of ventricular function,
- the obstruction is giving rise to disabling symptoms, or
- the obstruction is associated with unstable angina pectoris or myocardial infarction.

To be entitled to angioplasty, you must have a minimum sum insured under the plan of \$100,000. In the case of angioplasty, we will only pay 10% of the lump sum you are insured for, up to a maximum of \$25,000. The lump sum you are insured for will be reduced by the amount we pay you for angioplasty.

Aplastic Anaemia

Total, persistent aplasia of bone marrow.

Benign Brain Tumour

A benign intracranial tumour with all of the following features:

- it cannot be totally removed by surgery,
- its growth cannot be arrested by other available techniques,
- it is life threatening,
- it has caused a permanent inability to perform at least two of the specified 'Activities of Daily Living'.

Blindness

The total and permanent loss of sight in both eyes.

Chronic Kidney Failure

Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.

Diplegia

The total and permanent loss of the use of both sides of the body due to paralysis.

Heart Valve Surgery

The undergoing of open-heart surgery to replace or repair a heart valve as a consequence of a heart valve defect. Balloon or catheter techniques are excluded.

Liver Failure

End stage liver disease resulting in cirrhosis and with all of the following features:

- Permanent jaundice (the serum bilirubin must be continuously over 50mmol/L),
- Portal hypertension, and

Ascites or Encephalopathy or Hepatorenal Syndrome.

Loss of Capacity for Independent Living

The permanent and total inability to perform independently at least three of the specified 'Activities of Daily Living'.

Loss of Limbs

The total and permanent loss of:

- the use of both hands, or
- the use of both feet, or
- the use of one hand and one foot.

Loss of Limbs and Sight

The total and permanent loss of:

- the use of one hand and the sight of one eye, or
- the use of one foot and the sight of one eye.

Lung Disease

Chronic lung disease requiring permanent supplementary oxygen. For the purposes of this definition, the criteria for requiring supplementary oxygen will be an arterial blood oxygen partial pressure of 55mmol/L or less, whilst breathing room air.

Major Head Injury

An accidental head injury causing a permanent inability to perform independently at least one of the specified 'Activities of Daily Living'.

Major Organ Transplant

The receipt of a transplant of human bone marrow or one of the following whole human organs: heart, lung, liver, kidney, pancreas.

Motor Neurone Disease

The certain diagnosis of Motor Neurone Disease (amyotrophic lateral sclerosis) where there is an associated neurological deficit resulting in the permanent inability to perform independently at least one of the specified 'Activities of Daily Living'.

Multiple Sclerosis

The certain diagnosis of Multiple Sclerosis where there is an associated neurological deficit resulting in the permanent inability to perform independently at least one of the specified 'Activities of Daily Living'.

Occupationally Acquired HIV Infection

Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring whilst the Person Insured was carrying out the normal duties of his or her usual occupation. No payment will be made unless all the following are proven to our satisfaction:

- Proof of the accident giving rise to the infection,
- Proof that the accident involved a definite source of the HIV infection,
- Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident.

HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

This insurance will not apply and no payment will be made under it where a Cure has become available prior to the accident causing the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.

Paraplegia

The total and permanent loss of use of the lower limbs due to spinal cord injury or disease.

Parkinson's Disease

The certain diagnosis of Parkinson's Disease where there is an associated neurological deficit resulting in the permanent inability to perform independently at least one of the specified 'Activities of Daily Living'.

Definitions

Permanent Life Plan

Pulmonary Hypertension

Primary pulmonary hypertension associated with right ventricular failure. Pulmonary hypertension associated with chronic lung disease is excluded.

Quadriplegia

The total and permanent loss of use of the upper and lower limbs due to spinal cord injury or disease.

Severe Burns

Third degree burns to at least 20% of the body surface area.

Surgery of the Aorta

Surgery performed via a thorocotomy or laparotomy to replace or repair an abnormality of the aorta. Surgery performed using catheter techniques only is excluded.

Ninety day waiting period

- 1 We will not make any payment under this Plan if, within 90 days from its commencement the Person Insured develops evidence of or attends a medical practitioner for any of the conditions listed under the heading 'Conditions Subject to a 90 Day Waiting Period' in the definition of Major Trauma. For the purpose of this clause, 'commencement', means the latest of the dates on which we accept the risk, the date of the addition of this Insurance to the Plan and the date of any reinstatement of the Plan.
- 2 We will not pay the amount of any increase to this Plan, unless it is a Cost of Living Increase, if, within 90 days from the date of that increase, the Person Insured develops evidence of or attends a medical practitioner for any of the conditions listed under the heading 'Conditions Subject to a 90 Day Waiting Period' in the definition of Major Trauma.

Exclusions

The following exclusions apply to the Permanent Life Plan.

Death

For death exclusions refer to page 2 for Permanent Life Plans under the heading 'When we won't pay'.

Major Trauma

Major Trauma of the Person Insured will not include any condition which is directly or indirectly attributable to or consequential upon:

- intentional self-injury or intentionally contracted infection or any attempt thereat, or
- war (including any war service), act of a foreign enemy, hostilities or warlike operations (whether war be declared or not), civil commotion, civil war or rebellion.

Total and Permanent Disablement

Total and Permanent Disablement of the Person Insured will not include any disablement which is directly or indirectly attributable to or consequential upon:

- intentional self-injury or intentionally contracted infection or any attempt thereat, or
- war (including any war service), act of a foreign enemy, hostilities or warlike operations (whether war be declared or not), civil commotion, civil war or rebellion.

This insurance will cease and we will retain all money paid for it if the Person Insured retires from his or her occupation for any reason other than Total and Permanent Disablement.

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 be reasonably 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 the insurer before you renew, 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 business, ought to know, or
- as to which compliance with your duty 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 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 reduce the sum for which you have been 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 the insurer.

Directors

Arthur Leslie Owen, Group Chief Executive
Andrew Richard Penn, Company Director
Richard Marc Shermon, Company Director

Privacy – Use and disclosure of personal information:

The privacy of your personal information is important to you and also to AXA Australia. We will only collect information about you and your immediate family background, that is necessary for the purposes of assessing your application for insurance or for the purposes of assessing any claim you may make under the policy. This includes information about health, financial situation, occupation and lifestyle. If the information you give us is not complete or accurate we may not be able to provide you with the products and services you have applied for. In assessing your application for insurance and any subsequent claim, AXA Australia may need to disclose your personal information to other parties, such as re-insurers, medical and financial professionals, judicial or dispute resolution bodies, and AXA Australia Group companies. The Group includes companies such as Australian Casualty & Life, AXA Australia Health Insurance, HBA and Mutual Community. You are entitled to request reasonable access to information we have about you. AXA Australia reserves the right to charge an administration fee for collating the information you request. For AXA's policy on Privacy refer to www.axa.com.au.

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Interim Accidental Death Cover Certificate

Permanent Life Plan

Details (please print)

Insured/Proposer

Person to be insured

Thank you for submitting your Application to AXA Australia. AXA Australia grants Interim Accidental Cover to the proposer on the Person to be Insured named above without any extra premium being charged on the following conditions.

What amount is payable on accidental death?

The amount proposed for death cover on the Person to be Insured up to a maximum benefit of \$250,000 under this and all similar certificates or any other maximum sum fixed by law.

What type of plans are covered?

Plans providing a sum insured on death.

What do we mean by accidental death?

Death which:

- A is the result of bodily injury caused directly and solely by violent, accidental, external and visible means; and
- B occurs within 90 days of sustaining such injury; and
- C is independent of any other cause.

What risks are not covered?

Suicide, whether sane or insane.

Death as a result of or associated with:

- i) intentional self-injury, including intentional contracted infection by bacteria or virus, or any attempt thereat;
- ii) making or attempting to make a flight in an aircraft (otherwise than as a passenger for whom a fare or fee has been paid, or as a passenger in an aircraft under charter);
- iii) taking intoxicating liquor or drugs; or
- iv) an accident which occurred before the date shown below.

Is a premium required?

Either:

- A a deposit equal to the first year's premium for the insurance proposed or instalment of that premium must be paid; or
- B if premiums are to be paid by direct debit to your bank, building society or credit union account, a Periodical Debit Authority must be lodged and the first instalment premium paid.

When does interim cover commence?

On the date shown below, or when the above premium requirements have been met, whichever is later.

Duration of interim cover

The cover provided by this Certificate is valid until the earliest of the following times:

- A The date on which you are notified by AXA Australia of the assessment decision in relation to the Application.
- B If you withdraw the Application – the date of the withdrawal.
- C 45 days after the date shown below.

Signature of Adviser

Date

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/ /

Date proposal signed



Permanent Life Plan Application form

This Application form is effective from 1 September 2002 to 31 August 2003.

Any Application form received after this date will be declined. In this Application, 'you' refers to the proposed plan owner or the person insured under the plan, as indicated. Please complete in black pen.

Plan number(s)

Tick appropriate box for this application: Individual Business Application Affiliation

Affiliation name Affiliation account no.

- New Plan Conversion Take-up Add Cover Increase Sum Insured
Re-submitted Application Future Insurability Take-up Any Other (Details in Adviser Notes)

Existing Plan Number

NB: If this application is for an alteration to an existing plan, the Customer Information Brochure attached to this application will NOT BE RELEVANT.

1 PERSON TO BE INSURED (Please sign and date Application on page 15)

- Plan Owner Premium payer

Title Surname (please print) Given name(s) Maiden name, where applicable

Sex Male Female Marital status Date of birth Age last birthday Place of birth

What is your occupation title and in which industry do you work?

Occupation title and industry

Insurable income last 12 months (Please refer to Question 10 of the Income Details section for the definition of insurable income)

Residential address of person to be insured

Street number and name Town/Suburb State Postcode Country

Home phone Business phone Mobile phone

2 PLAN OWNER (Please list all plan owners, sign and date Application on page 15) Premium payer

(i) Title Surname Given name(s)
(ii) Title Surname Given name(s)
(iii) Title Surname Given name(s)

Company or Trustee if Proposer is a Company or Trustee Company ABN

3 ADDRESS FOR CORRESPONDENCE (If different from residential address of Person to be Insured)

Street number and name
Town/Suburb State Postcode Country

Please complete questions 4 to 9 if you are applying for a new Permanent Life Plan.

4 PERMANENT LIFE PLAN (Single Premium)

Sum insured \$ Single premium amount \$

5 PERMANENT LIFE PLAN (Regular Premium)

Premium cease age Sum insured \$ Annual premium \$

Vesting age (include only where the Person Insured is under the age of 16. The vesting age must be between 16 and 25.)

Optional Benefits (tick appropriate boxes)

Trauma Insurance \$ amount or Trauma % of Life Insurance Annual premium \$
 Death Cover Buy-Back Option (only with Trauma Insurance) Annual premium \$
 Disablement Insurance (own/similar – DLS) Annual premium \$
 Disablement Insurance (own occupation – DLO) Annual premium \$
 Future Insurability Benefit Sum insured \$ Annual premium \$

6 ADDITIONAL LEVEL LIFE INSURANCE

Term years Sum insured \$ Annual premium \$

Optional Benefits (tick appropriate boxes)

Trauma Insurance \$ amount or Trauma % of Life Insurance Annual premium \$
 Death Cover Buy-Back Option (only with Trauma Insurance) Annual premium \$
 Disablement Insurance (own/similar – DLS) Annual premium \$
 Disablement Insurance (own occupation – DLO) Annual premium \$

7 TOTAL ANNUAL PREMIUM (Including Yearly Plan Fee)

Annual premium \$

8 PAYMENT METHOD (Select one payment frequency and one payment method)

Payment frequency: Fortnightly – initial full month's premium is required for fortnightly cases (direct debit only)
 Monthly (direct debit only) Quarterly Half Yearly Annually
Payment method: Direct (Quarterly, Half yearly and Annually only) Direct Debit ▶ Complete direct debit bank account or credit card authority
Nominate bank account lodgement date if desired (1st to 28th only) / /

9 INSTALMENT PREMIUM

Total Instalment Premium \$

Credit card details

Credit card type Bankcard MasterCard VISA card

/

Account number

Expiry date

Cardholder's name

Cardholder's street number and name

Town/Suburb

State

Postcode

Cardholder's signature

Date

10 Please complete question 10 if you are applying for an alteration or increase to an existing Whole of Life or Endowment plan.

Product name

Existing terms

\$		years
----	--	-------

Sum insured Premium cease age

	years
--	-------

Maturity age (endowment only)

Optional benefit(s)

Name

\$	
----	--

Sum insured Annual option premium

Optional benefit(s)

Name

\$	
----	--

Sum insured Annual option premium

Optional benefit(s)

Name

\$	
----	--

Sum insured Annual option premium

Optional benefit(s)

Name

\$	
----	--

Sum insured Annual option premium

Smoker No Yes

Exclusions or loadings

\$	
----	--

Total annual premium (including policy fee) Instalment premium

Proposed terms (including alteration)

\$		years
----	--	-------

Sum Insured Premium cease age

	years
--	-------

Maturity age (endowment only)

Optional benefit(s)

Name

\$	
----	--

Sum insured Annual option premium

Optional benefit(s)

Name

\$	
----	--

Sum insured Annual option premium

Optional benefit(s)

Name

\$	
----	--

Sum insured Annual option premium

Optional benefit(s)

Name

\$	
----	--

Sum insured Annual option premium

Smoker No Yes

Exclusions or loadings

\$	
----	--

Total annual premium (including policy fee) Instalment premium

Please note: Single additional premiums are not available to all plans



To be completed by the Person to be Insured if applying for Disablement benefits.

Warning: You have a duty to disclose all information relevant to our decision to accept your Application. We rely on this information to assess your Application. Any incorrect information may affect your entitlement to benefits.

Q1 Please give details of your current and previous occupation or jobs over the last five years, including any period unemployed, travelling, studying, etc. If you have a second occupation please give details in question 8 below.

	From	To	Occupation	Employer	Tick which is applicable			
					Employed by own company	Self employed	Partnership	Employee
Current principal occupation	/ /	Present			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous occupation	/ /	/ /			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous occupation	/ /	/ /			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous occupation	/ /	/ /			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous occupation	/ /	/ /			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q2 How many hours per week do you spend at your **principal** occupation? hours

Q3 How many weeks per year do you spend at your **principal** occupation? weeks per year

Q4 In your principal occupation, what percentage of time do you spend performing the following types of duties:

	Describe specific duties day-to-day	
Sedentary/Administrative	<input type="text"/> %	<input type="text"/>
Supervising Manual Work	<input type="text"/> %	<input type="text"/>
Light Manual	<input type="text"/> %	<input type="text"/>
Heavy Manual	<input type="text"/> %	<input type="text"/>
Other (including hazardous duties eg. handling dangerous substances, working at heights)	<input type="text"/> %	<input type="text"/>
Total duties	<input type="text"/> 100 %	

Q5 Please give details of your specific qualifications (eg degree, trade certificate)

Q6 Do you work from home? No Yes

If yes, provide details of actual work you perform at home, your work set up (eg separate office) and frequency and type of contact with clients

Q7 Have you or any business with which you have been associated ever been made bankrupt or placed in receivership, involuntary liquidation or under administration? No Yes

If yes, (a) when / / (b) date of discharge / /

Q8 Do you have a second occupation? No Yes If yes, please provide details below including specific duties

Number of hours per week worked and annual income derived from second occupation hours \$

Q9 Do you intend to change your occupation? No Yes If yes, please provide details below:



To be completed by the Person to be Insured if applying for Disablement benefits.

Warning: You have a duty to disclose all information relevant to our decision to accept your Application. We rely on this information to assess your Application. Any incorrect information may affect your entitlement to benefits.

Q10 Insurable Income

Note: Insurable income is the income earned by your personal exertion (less expenses incurred in earning that income) before tax, which will cease if you are unable to work. Insurable income does not include investment or interest income.

If you are an employee, please complete Part A

If you are self-employed, or an employee of your own company please complete Part B

PART A: EMPLOYEES ONLY – no ownership in employer's business

(a) Please give details of your remuneration package from all sources currently and for the last 2 financial years.

Please include any additional benefits eg. pre-tax superannuation contributions, regular bonuses and commissions, fringe benefits, etc.

Current remuneration	Last financial year	Previous financial year
\$ <input type="text"/>	30/6/ <input type="text"/>	\$ <input type="text"/>
		30/6/ <input type="text"/>
		\$ <input type="text"/>

(b) If you become disabled, would all or part of your income continue? No Yes

If yes, please advise income amount that would continue, for how long and the source (eg. sick pay, company profits, investments, rental, etc.)

PART B: SELF-EMPLOYED ONLY – including sole trader, partner or employee of own company

(a) How many people do you employ?

(b) What percentage of your work is on a contract basis? %

Please provide contract details including duration of contract and hourly rates of pay

(c) What percentage of the business do you own? %

(d) Please provide your company's business income details in the table below for the last 2 financial years for which tax returns, assessment notices and accounts are available.

Year ending	Gross income for business	Less all expenses incurred in earning that income	Equals net income before tax	Your share of net income	*Wages/salary/super drawings/director's fees paid to you	Total income
30/6/	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
30/6/	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

*For the purposes of this plan, we do not recognise as insurable income, any amounts paid to you as wages/salary/super/drawings/director's fees which are paid from past profits, capital or loans.

(e) Has your business traded profitably over the last 2 financial years? No Yes

If no, please provide copies of your full company accounts for the last 2 financial years, including any associated entities.

(f) To the best of your knowledge, so far this financial year, is your business trading profitably? No Yes If no, please provide details:

(g) If you become disabled, would all or part of your income continue? No Yes

If yes, please advise income that would continue, for how long and the source (eg. sick pay, company profits, investments, rental, etc.)



To be completed by the Person to be Insured in all cases.

Warning: You have a duty to disclose all information relevant to our decision to accept your Application. We rely on this information to assess your Application. Any incorrect information may affect your entitlement to benefits.

CONTACT DETAILS

We may need to contact you regarding the details of your application. Please provide contact number/s and suitable contact times (8am to 8pm):

Contact phone numbers

() [] [] []
Day time Times Email
() [] []
After hours Times

RESIDENCE AND TRAVEL DETAILS

Q11 Are you a permanent resident of Australia or New Zealand? No Yes

If no, please provide details including type of visa

[]

Q12 Other than annual holidays, are you likely to live, travel or work overseas? No Yes

If yes, please provide details including where, when and for how long

[]

INSURANCE DETAILS

Q13 Do you have any form (either pending or in force) of life, superannuation, sickness, accident, trauma, lump sum disablement or disability insurance with us or any other company? No Yes If yes, please provide details

Name of company	Type of cover	Sum insured	Date commenced	To be replaced?
[]	[]	\$ []	[] / [] / []	<input type="checkbox"/> No <input type="checkbox"/> Yes
[]	[]	\$ []	[] / [] / []	<input type="checkbox"/> No <input type="checkbox"/> Yes
[]	[]	\$ []	[] / [] / []	<input type="checkbox"/> No <input type="checkbox"/> Yes

Q14 Has any company refused or applied loadings or exclusions to a proposal on your life, superannuation, sickness, accident, trauma, lump sum disablement or disability insurance? No Yes

If yes, please provide details

[]

Q15 Have you ever made a claim, are you currently receiving benefits or are you entitled to receive benefits for any type of trauma, sickness, accident, unemployment, war service pension, worker's compensation, common law or third party benefit? No Yes

If yes, please provide details including dates, reasons and amounts

[]

SPORTS AND PASTIMES

Q16 Have you in the last 12 months, do you currently, or do you intend to take part in any of the following activities?

- (a) Aviation other than as a fare paying passenger on a licensed public service No Yes
- (b) Motor racing (including car, bike and boat) No Yes
- (c) Underwater diving No Yes

If you answered 'Yes' to any of these, complete the Pastimes questionnaire in Question 36.

Q17 Have you in the last 12 months, do you currently, or do you intend to take part in any of the following activities?

- (a) Football No Yes
- (b) Motor bike riding, including trail bike riding No Yes
- (c) Any other hazardous activity or pursuit (eg. parachuting, hang-gliding, other motor sports not previously disclosed, rockclimbing, ocean racing, martial arts) No Yes

If you answered 'Yes' to any of these, give full details of each in the section below.

[] []
Activity Location
 Amateur Professional Events/hours per year []

Other details including any remuneration received

[]

Q18 Do you wish to be covered for these activities? (subject to underwriting approval) No Yes

To be completed by the Person to be Insured in all cases.

Warning: You have a duty to disclose all information relevant to our decision to accept your Application. We rely on this information to assess your Application. Any incorrect information may affect your entitlement to benefits.

DOCTOR DETAILS

Q19 Provide below the details of your current General Practitioner/Medical Centre and details of last consultation.

Name of GP/Medical Centre

Street number and name

Town/Suburb

State

Postcode

How long have you been his/her patient?

 years () ()

Phone number

Facsimile

Date of last consultation

Reason

Result

 / /

Q20 Have you consulted any **other** doctors or medical centres in the last 2 years? No Yes

If yes, please provide names, addresses, dates, reasons and results.

Q21 Have you consulted any other health professionals in the last 2 years? (eg: Chiropractors, Physiotherapists, Naturopaths, Osteopaths, Podiatrists, Herbalists etc). No Yes

If yes, please provide names, addresses, dates, reasons and results of any consultations.

HABITS

Q22 Do you smoke or have you ever been a smoker?

No ► Go to Q23

Yes ► What do you or did you smoke?

Cigarettes Pipes Cigars Other Please specify

If you have stopped, when?

 month year

On average, how many do you or did you smoke daily?

Q23 How many standard drinks containing alcohol do you consume per week on average?

standard glasses per week

[standard drink = 1 nip spirits, 100ml wine, 10oz/285ml beer]

Q24 Have you ever been advised to reduce your tobacco or alcohol consumption? No Yes

If yes, please advise previous amount, duration, reason for reduction or cessation

Q25 Do you or have you ever used recreational drugs or non-prescribed drugs? No Yes

If yes, please give details



To be completed by the Person to be Insured in all cases.

Warning: You have a duty to disclose all information relevant to our decision to accept your Application. We rely on this information to assess your Application. Any incorrect information may affect your entitlement to benefits.

Q26 (a) What is your: Height cm/ft Weight kg/st

(b) Has your weight varied in the last 12 months? No Yes

If yes, please give details including amount of weight gain or loss and the reason

Q27 At any time in your life have you **ever** suffered from, received advice for, or experienced symptoms of the following:

- (a) Arthritis, bone fracture, joint injury e.g. ankle, knee, elbow, wrist, shoulder, or experienced symptoms of muscle or joint disorder, gout, tendinitis or tenosynovitis No Yes
 - (b) Heart condition, rheumatic fever, chest pain, high blood pressure, vein or circulatory disorder No Yes
 - (c) Cancer, tumour of any kind, cyst, growth or breast lump (even if you have not seen a doctor) No Yes
 - (d) Anaemia, leukaemia, haemophilia or any other blood disorder No Yes
 - (e) Asthma, bronchitis, lung condition, breathing or respiratory disorder, sleep apnoea No Yes
 - (f) Disorder of the kidney, bladder or prostate, urinary complaint or kidney stone No Yes
 - (g) Back or neck disorder, spinal condition, sciatica, whiplash No Yes
 - (h) Mental illness, depression, anxiety, nervous condition, stress or post traumatic stress disorder No Yes
 - (i) Chronic fatigue, fibromyalgia, fibrositis, myalgia, chronic pain syndrome No Yes
 - (j) Diabetes No Yes
 - (k) Indigestion, gastric or duodenal ulcer, hernia No Yes
 - (l) Bowel disorder, irritable bowel syndrome No Yes
 - (m) Gall bladder or liver disorder, Hepatitis (please advise type eg. A, B, C or other) No Yes
 - (n) Epilepsy, stroke, headaches, migraines, disorder of the brain or nervous system, dizziness, fainting No Yes
 - (o) Disorder of the ears, eyes or speech No Yes
 - (p) Psoriasis, eczema, dermatitis or other skin condition No Yes
 - (q) Sexually transmitted disease No Yes
 - (r) Any other illness, injury, operation or disability No Yes
- Q28 Have you ever been admitted to hospital? No Yes

Q29 Females only

(a) Are you currently pregnant? Expected date of delivery / /

(b) Have you ever had any complications with pregnancy or childbirth? No Yes

(c) Have you ever had an abnormal pap smear, breast ultrasound or mammogram? No Yes

If you answered YES to any of the Questions 27 to 29, please provide details below. For any condition underlined above please also complete the relevant questionnaire in Question 35.

Question No.	Date	Details of condition, advice or symptom including nature of treatment	Name and address of doctor, hospital or health professional consulted	Time off work	Degree of Recovery %
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %

To be completed by the Person to be Insured in all cases.

Warning: You have a duty to disclose all information relevant to our decision to accept your Application. We rely on this information to assess your Application. Any incorrect information may affect your entitlement to benefits.

Q30 During the last five years (other than for colds or flu):

- (a) Have you attended a doctor, medical centre or health professional for any symptoms, sickness, injury, operation, blood test, inherited disorder, counselling of any kind, review of a previously diagnosed condition or any diagnostic test of any nature eg. genetic test, x-ray, medical test? No Yes
- (b) Have you used any medication (taken by mouth, injections, inhaled spray, cream, ointment) for any symptoms, sickness, injury or medical condition? No Yes
- (c) Has any sickness, symptom or injury prevented you from performing all the duties of your usual occupation for more than three consecutive days? No Yes

If you answered YES to any of Question 30 above, please provide details below.

Question No.	Date	Details of condition, advice or symptom including nature of treatment	Name and address of doctor, hospital or health professional consulted	Time off work	Degree of Recovery %
<input type="text"/>	/ /	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	/ /	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	/ /	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	/ /	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %

Q31 (a) Do you or any of your current or previous sexual partners have HIV/AIDS, or any sign of HIV infection? For example, some signs are: unexplained weight loss, swollen glands or persistent diarrhoea. No Yes

(b) In the last 3 years: Are you aware of any HIV risk situation to which you or any of your sexual partners may have been exposed? No Yes
 HIV risk situations include but are not limited to: sex with or as a prostitute, sex with an intravenous drug user, contact with someone else's blood (for example, through injection or scratch with a used needle), male to male anal intercourse (except in a relationship between you and one other person only and neither of you have had sex with anyone else for at least 3 years).

Q32 Are you currently using any medication (other than for colds, flu or the contraceptive pill)? No Yes
 If yes, please provide details

Q33 Do you contemplate seeking any medical advice, investigation or treatment including surgery in the near future? No Yes
 If yes, please provide details

Q34 Has either one of your parents, brothers or sisters suffered from heart disease, stroke, high blood pressure, diabetes, breast cancer, bowel cancer, other cancer, polycystic kidney disease, Huntington's Chorea, inherited blood disease, inherited brain disease, kidney failure, muscular dystrophy, or any other inherited disease? No Yes

If yes, please provide details

Direct family member (please state their relationship to you)	Condition/illness (for cancer or heart disease, please specify the type)	Age at onset (approx.)	Age at death (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

COMPLETE ONLY IF REQUIRED

**Q35MULTI-PURPOSE HEALTH QUESTIONNAIRE
(to be completed where applicable by the person to
be insured)**

**JOINT DISORDERS AND PAIN (EG. KNEE, ELBOW,
WRIST, SHOULDER, ANKLE)**

Please state specific condition/symptoms and diagnosis made

(a) When did you first suffer from this disorder?

(b) When did you last suffer from this disorder?

(c) Please state which knee, ankle, elbow, wrist or shoulder was affected

(d) Please describe symptoms fully.

(e) What was the cause or nature of the disorder?

(f) What was the nature of the treatment? If surgery, please provide details eg. plates or screws inserted/removed, arthroscopy, etc.

(g) Have you had any recurrence of this disorder? No Yes
If yes, when and under what circumstances?

(h) Please provide names and addresses of all doctors and health professionals consulted in relation to your joint disorder or pain and the approximate dates of consultations.

(i) How long, if at all, have you been symptom free?

(j) How much time have you lost from your employment due to this disorder?

ASTHMA

(a) When was your asthma diagnosed?

(b) When did you first have symptoms?

(c) When did you last have symptoms?

(d) How many times per year do you get symptoms?

(e) Do the attacks occur in a particular season or during exercise?

No Yes If yes, please provide details

(f) How much time have you lost from work (or school) in the past due to asthma?

(g) Please provide details of the treatment for your asthma, including dosage of drugs taken and frequency (detail aerosol spray, tablets or injections, amounts and number of times per day).

(h) Please provide details of the doctor who you consult for your asthma.

(i) When did you last consult this doctor for asthma?

(j) Have you ever been treated for your asthma with steroids (eg. Prednisone)? No Yes If yes, please provide details including dates.

COMPLETE ONLY IF REQUIRED

(k) Have you ever been hospitalised for asthma? No Yes

If yes, please provide details

[Empty text box for asthma details]

(g) Have you had any investigations such as an X-Ray, CT Scan or MRI? No Yes If yes, what were the results?

[Empty text box for investigations results]

(h) Have you had any recurrence of this disorder? No Yes

If yes, when and how often? (Include number of recurrences, the causes and how long they lasted)

[Empty text box for recurrence details]

(l) In the last 3 years, have you had a chest X-Ray or respiratory function test? No Yes If yes, please provide details

[Empty text box for chest X-Ray or respiratory function test details]

(i) Please provide names and addresses of all doctors and health professionals consulted in relation to your back or neck disorder and approximate dates of consultations

[Empty text box for doctors and health professionals consulted]

**BACK/NECK DISORDER
(PLEASE TICK SPECIFIC CONDITION)**

(a) Back disorder Neck disorder

If Back, please clarify which part of the back is/was painful (eg. upper, lower, middle)

[Empty text box for back/neck disorder details]

(b) When did you first suffer from this disorder?

/ /

(c) When did you last have any symptoms?

/ /

Please describe symptoms fully including details of any radiation of pain down either the legs or arms

[Empty text box for symptoms description]

(j) How long, if at all, have you been symptom free?

[Empty text box for symptom free duration]

(k) How much time have you lost from your employment due to this disorder?

[Empty text box for employment loss]

DEPRESSION/ANXIETY/NERVOUS CONDITION

(a) Have you suffered from, or had treatment for any of the following? Please tick.

- Stress
- Depression
- Chronic Fatigue
- Prolonged Sleeplessness
- Other (Please specify)
- Anxiety
- Fears or phobias
- Compulsive Disorder
- Chronic Pain

[Empty text box for depression/anxiety/nervous condition details]

(d) What was the cause (for example, accident)?

[Empty text box for cause of disorder]

(e) What was the nature of the treatment? Please include details of any medication, physical therapy or surgery.

[Empty text box for treatment details]

(b) What was the date of the first symptoms?

/ /

(c) What was the date of the last symptoms?

/ /

(d) Please describe your symptoms fully

[Empty text box for symptoms description]

(f) Are you still receiving treatment? No Yes

If yes, please provide details

[Empty text box for treatment details]

(e) Please advise of the cause of your illness

[Empty text box for cause of illness]

COMPLETE ONLY IF REQUIRED

(f) How long did you suffer from the illness?

(g) Have you had any recurrence? No Yes

If yes, please provide full details

(h) How long have you been free of any signs or symptoms?

(i) Please provide details and nature of treatment for this condition. For example were you treated with tranquillisers or other drugs? Did you undergo counselling, therapy or surgery?

(j) When did treatment cease?

If ongoing treatment – please provide details (eg. dosage and type of medication, counselling, etc.)

(k) Please provide names and addresses of all doctors and health professionals consulted for this condition, including approximate dates of consultations.

(l) Name of doctor or health professional LAST consulted for this illness and the date of the last consultation.

(m) How much time have you lost from your employment due to this condition?

(n) Are you currently fit and well and able to do your work without stress or discomfort? No Yes

If no, please provide details

EPILEPSY

(a) Please state type of epilepsy

(b) What was the date of onset?

(c) Please detail the nature (including any loss of consciousness) and frequency of attacks

(d) Date of last attack?

(e) Please provide details of any treatment you are currently taking (eg. Dilantin, Epilim) and the daily dosage

(f) If not on treatment, please advise the date treatment ceased and the reason.

(g) Have you ever been hospitalised due to epilepsy? No Yes

If yes, please provide details including dates and treatment

Epilepsy questionnaire continued on the next page.

COMPLETE ONLY IF REQUIRED

(h) Please provide names and addresses of all doctors and health professionals consulted for epilepsy including approximate dates

(i) How much time have you lost from your employment as a result of this disorder?

Q36 MULTI-PURPOSE SPORTS AND PASTIMES QUESTIONNAIRE (to be completed where applicable by the person to be insured)

AVIATION

(a) Do you hold a Department of Transport licence? No Yes

If yes, state type and period held

(b) Do you intend to change the scope of your present licence?

No Yes If yes, please provide details

(c) Have you ever had an accident or been charged with violating civil aviation regulations? No Yes

If yes, please provide details

(d) Do you always use recognised Department of Transport airfields?

No Yes If no, please provide details

(e) Please provide details of the type of aviation you are involved in (eg. commercial, private, agricultural, aero club, helicopter, ultralight aircraft)

(f) Please provide details of the number of annual hours flown:

(i) in total as a pilot hrs

(ii) in the last 12 months hrs

(iii) expected each year in the future hrs

(g) Do you intend to engage in any form of aviation other than the above categories? (eg. ballooning, paragliding, etc.) No Yes

If yes, please provide details

MOTOR RACING

(a) Vehicle type

Engine size

Maximum speed

(b) Times per annum

Professional/Amateur

(c) Category of racing for example, touring cars

(d) Events for example, off-road or speedway.

--

UNDERWATER DIVING

a) Type of diving

(b) Average depth m

(c) Maximum depth m

(d) Number of times per annum

(e) Do you participate in sink hole, wreck or other hazardous diving?

No Yes If yes, please provide details.

(f) Do you dive at night? No Yes

(g) Have you ever had a diving accident or sickness? No Yes

If yes, please provide details.

(h) Professional/Amateur



SAME DAY SALES (ADVISER/BROKER TO COMPLETE FOR ALL CASES)

Have you, within the previous 24 hours, sold another plan to a customer:

- on the same site (eg. house, workplace, flats);

OR

- from the same community group (eg. sporting club, ethnic association)?

No Yes Name of site/community group

If yes, please tick the applicable box(es) below:

- This plan is a risk only plan.
- All the other plans I have sold on this site/to this community group within the last 24 hours have been risk plans.
- I have previously provided life insurance advice to the prospective planowner.
- The prospective planowner asked me to attend the site/community group.

If you cannot tick at least one of the boxes above, you cannot complete the sale today as it infringes the same-day sale prohibition in the Life Insurance Code of Practice.

(Note: A risk plan has no savings element and will cover life insurance, TPD, income protection and trauma insurance only.)

NOMINATION OF BENEFICIARIES

You can nominate between one and five beneficiaries on your Permanent Life Plan. Please nominate your preference below for the payment of benefits in the event of the death of the Person to be Insured.

Name of preferred beneficiary(ies)	Address	Proportion of benefit	Relationship
1. <input style="width: 280px; height: 20px;" type="text"/>	<input style="width: 390px; height: 20px;" type="text"/> <input style="width: 390px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> %	<input style="width: 60px; height: 20px;" type="text"/>
2. <input style="width: 280px; height: 20px;" type="text"/>	<input style="width: 390px; height: 20px;" type="text"/> <input style="width: 390px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> %	<input style="width: 60px; height: 20px;" type="text"/>
3. <input style="width: 280px; height: 20px;" type="text"/>	<input style="width: 390px; height: 20px;" type="text"/> <input style="width: 390px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> %	<input style="width: 60px; height: 20px;" type="text"/>
4. <input style="width: 280px; height: 20px;" type="text"/>	<input style="width: 390px; height: 20px;" type="text"/> <input style="width: 390px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> %	<input style="width: 60px; height: 20px;" type="text"/>
5. <input style="width: 280px; height: 20px;" type="text"/>	<input style="width: 390px; height: 20px;" type="text"/> <input style="width: 390px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> %	<input style="width: 60px; height: 20px;" type="text"/>



Plan number(s)

Two empty rectangular boxes for plan number(s).

This Application form is effective from 1 September 2002 to 31 August 2003. Any Application form received after this date will be declined.

Before you sign this Application form, be aware that the insurer or your Adviser is obliged to have provided you with a brochure containing a summary of the important information in relation to this product. This information will help you to understand the product and to decide whether it is appropriate to your needs.

DECLARATION AND CONSENT

- **Permanent Life Plan Customer Information Brochure** – I/We have been provided with and have retained for my/our use the current Permanent Life Plan Customer Information Brochure.
- **Duty of Disclosure** – I/We acknowledge that I/we have read the Duty of Disclosure Notice in the Permanent Life Plan Customer Information Brochure on page 16. (Warning: You have a duty to disclose all information relevant to the insurer's decision to accept your Application).
- **Truth and accuracy** – I/We have checked the truth, accuracy and completeness of the information submitted with this Application form, and all statements in writing given in support of this Application which shall, subject to law, form the basis of the contract of insurance. I/We have not given any further information relevant to the risks to an Adviser of the insurer or the insurer itself.
- **Application** – I/We propose to the insurer to provide insurance on the usual conditions set out in the Permanent Life Plan Customer Information Brochure, including any modifications to the plan which the insurer considers appropriate given the information submitted in connection with this Application form.
- **Changes make contract void** – I/We agree that any change of material circumstances between the time of this Application and its acceptance which is not disclosed to the insurer shall allow the insurer to avoid the contract of insurance.
- **Medical and Financial Information** – I/We give the insurer permission to seek any medical or financial information needed in connection with this Application or any plan issued as a result. I/We understand that if I withhold consent AXA Australia may not be able to provide the products and services requested.

- **Privacy** – I/We have read and understood the Privacy Disclosure Statement contained on page 17 of the Permanent Life Plan Customer Information Brochure. I/We consent to my personal information being collected and used in accordance with the Privacy Disclosure Statement. I/We acknowledge that I/We can opt out from the use of that information for the purpose of direct marketing by telephoning 1800 788 667.
- **Acceptance of this Application** – is subject to the insurer searching its records for any other business with the person to be insured and the insurer may vary the terms of the plan to be issued on the basis of any information contained in its records.

Information and Advice
(If your Adviser is a Life Broker, do not complete the section below)

- Please tick only the statements that apply to you:
- 1 I have provided relevant information on my circumstances to my adviser, and choose to purchase the plan recommended by that adviser.
 - 2 I elected not to provide information on my circumstances to my adviser.
 - 3 I elected to receive advice on only a limited range of products, or agreed that only certain objectives were to be considered by my adviser.
 - 4 I chose to purchase a plan that was not recommended by my adviser.
 - 5 I was not given any advice.
 - 6 My adviser did not undertake an analysis of my circumstances.

I understand that if statement **2, 3, 4, 5** or **6** above represents my purchasing situation, I risk making a financial commitment to a life plan that may not be appropriate to my needs and objectives.

SIGNATURES

Please print full name of the **Person to be Insured**, sign and date

Empty box for name of Person to be Insured

Print name

Empty box for signature of Person to be Insured

Signature

Date

Please print full name of **Plan Owner(s)** sign and date if 16 years or over

Empty box for name of Plan Owner(s)

Print name

Empty box for signature of Plan Owner(s)

Signature

Date

Empty box for name of Plan Owner(s)

Print name

Empty box for signature of Plan Owner(s)

Signature

Date

Please print full name of the parent or guardian, sign and date if the plan owner is aged under 16 parent guardian

Empty box for name of parent/guardian

Print name

Empty box for signature of parent/guardian

Signature

Date

SIGNATURES IF PLAN OWNER TO BE A COMPANY OR TRUSTEE

- A Company seal and two directors or director and secretary.
- B Company seal and one signature noted as 'sole director and secretary' where the company has only one director.
- C The signature of a person whose name is clearly written and with the words "XXX for and on behalf of XYZ Pty Ltd".

Empty box for Company Seal

Company Seal

Empty box for date

Date

Empty box for Signature 1

Signature 1

Empty box for Signature 2

Signature 2

This page has been left blank intentionally

ADVISER USE ONLY

Is there any other proposal being submitted for the Person Insured?

No Yes ► What Type?

Business Expenses Life Income Protection Trauma

Is there Replacement of Policy Documentation?

No Yes

Is any other documentation attached to this proposal?

No Yes ► Specify

Commission payment and release basis:

Upfront (Initial upfront, renewal dripped)

Flat with initial upfront

Principal Servicing Adviser:

Account number

Upfront Flat

Commission Splits

New Policy Commission

Account number %

Account number %

Account number %

Commission Splits

Renewal Servicing Commission

Account number %

Account number %

Account number %

TO BE COMPLETED BY ADVISER

A Has the person insured read the Duty of Disclosure and do they understand the possible implications on the contract of any non-disclosure? No Yes

B Is a blood test (HIV/MBA/Hepatitis B and C test) required due to amount of cover? No Yes

If yes, have you advised the client to have this test No Yes

Name of doctor, paramedical facility, or pathology laboratory who will arrange for the test

C Has a medical examination been arranged? No Yes

If yes, please advise why the medical examination is required and the name of the doctor or paramedical facility.

D Are there any circumstances or facts not fully provided herein which you feel may assist our assessment of this Application? No Yes

If yes, please provide details below.

ADVISER NOTES

SERVICE CENTRE ONLY

Deposit paid	Date	Amount	Receipt number	Account/By
	/ /			
	/ /			
TOTAL				

PREVIOUS BUSINESS No Yes Give details

Plan number			
Person insured			
Benefit symbol			
Code			
Acceptance			
Assessment			
Special conditions			
Amount of Risk			
Reinsurance			
Status and Commencement Date			

Plan number			
Person insured			
Benefit symbol			
Code			
Acceptance			
Assessment			
Special conditions			
Amount of Risk			
Reinsurance			
Status and Commencement Date			

Plan number			
Person insured			
Benefit symbol			
Code			
Acceptance			
Assessment			
Special conditions			
Amount of Risk			
Reinsurance			
Status and Commencement Date			



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