

3. PERSONAL STATEMENT

Before you begin:

This personal statement provides the Insurer with information needed to determine whether to insure you and on what terms. It takes most people about 15 minutes to complete this personal statement.

Before completing this form, please read:

a. the 'Privacy Information' section of the Additional Information Booklet part 1 – General for information on how we collect, use and store your information

b. the information about 'Your Duty of Disclosure' below

Having the following information ready will help you complete this personal statement:

- > Your current annual income
- > Details of other life, disability or income insurance you hold or are applying for
- > Your height and weight
- > Details of your health history including any medications or other treatment and investigations you have had in the last 3 years as well as details of any ongoing, recurrent or significant health related conditions.

You may be prompted to answer additional questions to provide further detail following a 'yes' answer. If you answer 'yes' to a question about your health we may ask you to also complete a supplementary questionnaire. Completing the supplementary questionnaire(s) will assist us in the assessment of your application. The supplementary questionnaires are available online at bt.com.au

If you require assistance, please contact the customer relations team on **1800 819 935**

4. YOUR DUTY OF DISCLOSURE

Before you become covered by the Insurer, or extend, vary or reinstate your insurance cover, you need to disclose to the Insurer anything that you know, or could reasonably be expected to know, may affect the Insurer's decision to insure you and on what terms.

You have the same duty to disclose these matters to the Insurer before you extend, vary or reinstate a contract of life insurance.

However, you do not need to tell the Insurer anything that:

- > reduces the Insurer's risk, or
- > is common knowledge, or
- > the Insurer knows or should know as an insurer, or
- > the Insurer waives your duty to tell it about.

If you do not tell the Insurer something

The Insurer has a number of rights in the event of non-disclosure. In exercising these rights, the Insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, the Insurer may apply the following rights separately to each type of cover. The rights are as follows:

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

If the Insurer chooses not to avoid the contract, the Insurer may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if you had told the Insurer everything you should have. However, if the contract provides cover on death, the Insurer may only exercise this right within three years of entering into the contract.

If the Insurer chooses not to avoid the contract or reduce the amount of insurance provided, the Insurer may, at any time vary the contract in a way that places the Insurer in the same position they would have been in if you had told the Insurer everything you should have. However, this right does not apply if the contract provides cover on death.

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

5. RESIDENCY

1. Are you an Australian or New Zealand citizen, or do you hold a visa that allows you to permanently reside in Australia or to live and work in Australia?

Yes No

6. EMPLOYMENT DETAILS

1. Are you currently gainfully employed?

Yes Employed

Full time Permanent part-time

Casual Contractor

Term of contract (if employed on a fixed term contract)

years and months

No If you are currently not working, what is your status?

Unemployed Retired

Not working due to ill health

Last date of employment (DD/MM/YYYY)

7. OCCUPATION DETAILS

Only complete the below section if you are employed or self-employed, otherwise proceed to INSURANCE DETAILS.

1. What is your occupation and industry?

2. Do you work at heights over 10m, underground or offshore more than 40% of your work hours, or handle explosives?

Yes No

If Yes > Please provide further details of your work duties and the percentage of time performing each duty:

3. How many hours per week do you work in your principal occupation?

hours

4. What is your current annual income¹?

\$

¹ Please refer to the Product Disclosure Statement for the definition of 'Income'

8. OTHER INSURANCE

1. Apart from the cover you are applying for as part of this application, do you have or are you applying for any death, TPD and/or salary continuance or income protection cover with Westpac, BT or any other company?

Yes No

This includes insurance benefits under superannuation, business or consumer credit insurance, or provided by your employer.

If Yes Please provide details:

Type of insurance	Insurer	Personal or Business cover	When commenced	Insured amount	Are you retaining the cover?

9. PERSONAL DETAILS

1. Do you participate in, or intend to participate in, any of the following sports or pastimes?

- | | |
|---|--|
| <input type="checkbox"/> Underwater diving | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Motor sports (including trail bike riding) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Football of any type (including soccer, rugby league, rugby union, Australian football) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Climbing, abseiling, mountaineering | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Boxing, martial arts, wrestling or any combat sports | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Aerial activities such as flying (other than as a passenger on a regular airline) or parachuting | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Competitive water, ice or snow sports (other than swimming) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Competitive horse riding or rodeo | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Any other sport or pastime involving speeds over 100 km/hour or heights over 10m | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If Yes Please provide details:

Details of Sport/Pastime	Frequency (per month)	Amateur competition, Professional, or Recreational only

2. Have you smoked tobacco or any other substance within the past 12 months or used a product containing nicotine within the last 3 months?

Yes No

If Yes Please advise type and average amount per day:

Type (e.g.cigarette, pipe)	Amount per day

3. What is your height and weight?

Height cm ft in
 Weight kg st lbs

10. HEALTH INFORMATION

1. Do you have, or have you ever had any of the conditions listed below?

a) High blood pressure Yes No

If Yes please also provide the following details:

Have you had blood a pressure reading that was more than 145/90 in the last 12 months? Yes No

Do you have any complications related to high blood pressure such as heart disease, a heart disorder, abnormal kidney function, eye problem? Yes No

! IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE COMPLETE THE HIGH BLOOD PRESSURE AND CHOLESTEROL QUESTIONNAIRE

b) High cholesterol Yes No

If Yes please provide the following details:

Have you had a cholesterol result that was more than 6.5 in the last 12 months? Yes No

Do you have any complication related to high cholesterol such as heart disease, stroke or familial hypercholesterolaemia? Yes No

! IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE COMPLETE THE HIGH BLOOD PRESSURE AND CHOLESTEROL QUESTIONNAIRE 10.

c) Asthma Yes No

If Yes Have you had symptoms or treatment for asthma in the last 2 years: Yes No

If Yes please provide the following details:

In the last 2 years, have you had an attack of asthma that was not relieved by use of an inhaler or which returned within 12 hours? Yes No

In the last 2 years, have you had more than 5 days off work or on limited duties due to asthma? Yes No

In the last 2 years, have you been admitted to hospital or required emergency treatment or required the use of steroid tablets for more than 20 consecutive days? Yes No

! IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE COMPLETE THE ASTHMA QUESTIONNAIRE

d) Back or neck pain, strain, disease or disorder Yes No

If Yes please provide the following details:

Has a back or neck disorder been diagnosed as anything other than muscular strain or pain? (e.g. arthritis, a disc issue, nerve impingement) Yes No

Have you ever had, or has it been recommended that you have, surgery for a back or neck disorder? Yes No

In the last 2 years have you experienced symptoms, received treatment (eg. physiotherapy, chiropractic, osteopathy or prescription medications), or attended a health service provider for a back or neck disorder? Yes No

Have you had more than 5 consecutive days off work or on limited duties due to a back or neck disorder? Yes No

! IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE COMPLETE THE BACK AND NECK PAIN QUESTIONNAIRE

e) Joint or muscle disorder, such as pain, strain, sprain, tear, dislocation, fracture, gout, tendonitis or arthritis Yes No

If Yes please provide the following details:

Have you ever had any joint or muscle disorder(s) that was anything other than a strain, sprain or fracture? Yes No

Have you ever had a joint or muscle disorder(s) that required surgical repair or reconstruction? Yes No

Have you had any symptoms from, or require any treatment for, any joint or muscle disorders(s) in the last 2 years? Yes No

Have you had more than 5 consecutive days off work or on limited duties due to any joint of muscle disorder? Yes No

! IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE COMPLETE THE JOINT QUESTIONNAIRE

f) Diabetes? Yes No

(excluding gestational diabetes where blood glucose levels have returned to normal)

! IF YOU ANSWERED YES TO THE ABOVE QUESTION PLEASE COMPLETE THE DIABETES QUESTIONNAIRE

g) Anxiety, depression, stress disorder or any other mental health disease or disorder Yes No

! IF YOU ANSWERED YES TO THE ABOVE QUESTION PLEASE COMPLETE THE MENTAL HEALTH QUESTIONNAIRE

10. HEALTH INFORMATION (CONTINUED)

2. **Have you ever had any medical advice, counselling or treatment due to alcohol or drug use?** Yes No

If Yes The Insurer will call you directly on the phone number provided. If they cannot reach you a confidential questionnaire will be sent to you.

3. **Do you have, or have you ever had any of the conditions listed below?**

- a) **Heart attack, angina, irregular heartbeat, or any heart or blood vessel disease or disorder** (other than varicose veins) Yes No
- b) **Cancer of any kind, including Melanoma** Yes No
- c) **Epilepsy, head injury, stroke, paralysis or any disease or disorder of the brain, spinal cord or nerves** Yes No

4. **In the last 3 years, have you had a medical investigation, test or consultation that resulted in any of the following?**

<ul style="list-style-type: none"> > referral to a medical specialist > a surgical procedure > diagnosis of a medical condition or disorder > advice to undergo further medical investigations, tests or consultations 	<input type="checkbox"/> Yes <input type="checkbox"/> No
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5. **In the last 3 years have you been advised to take regular medication for more than 4 weeks for any condition or symptom (not including vitamins for general health, antacids, contraception, hair loss or hay fever treatment)?** Yes No

6. **Are you currently off work due to injury or illness, apart from for the common cold or flu?** Yes No

7. **Have you in the last 5 years been off work for more than 15 consecutive days due to anything other than flu or cold, chicken pox, measles, dental surgery, tonsillitis or appendicitis?** Yes No

8. **Are you contemplating, or have you been told to seek any medical advice, tests, investigations or treatments not already disclosed?** (other than dental, childbirth or fertility related; routine or work related health check up) Yes No

If you answered Yes to any of Questions 3 – 8 above, please provide details in the table below:

Condition/injury/symptom	Treatment, tests, investigations, time off work	Date first occurred	Date of last symptom or treatment	Degree of recovery	Name & address of health service provider attended

11. Doctor's details

Please provide details of your usual doctor(s) or medical centre(s).

Name of your usual doctor(s)	Doctor's address

12. FAMILY HISTORY


1. **To the best of your knowledge, have any of your blood related parents, brothers or sisters (living or deceased) had any of the following conditions before the age of 60?**

<ul style="list-style-type: none"> > Multiple sclerosis > Motor neurone disease > Muscular dystrophy > Cardiomyopathy > Polycystic kidney disease > Huntington's disease > Parkinson's disease > Any other hereditary disease or disorder 	<input type="checkbox"/> Yes <input type="checkbox"/> No
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12. FAMILY HISTORY (CONTINUED)

2. To the best of your knowledge, have two or more of your blood related parents, brothers or sisters (living or deceased) had any of the following conditions before the age of 60?

<ul style="list-style-type: none"> > Diabetes > Heart attack, coronary artery bypass or had a stent > Stroke > Cancer 	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If you answered Yes to question 1 or 2 above  please provide details for each family member in the table below:

Disease or disorder	No. or family members affected	Age diagnosed	Details of any investigations or tests (including genetic tests) that you have undergone for this disease or disorder, including the results.

13. DECLARATION

I declare and agree that:

- > I have read and understood this completed form and declare that the statements made and the information completed therein is true and correct as at the date I signed this form;
- > I have access to the Privacy Policy and I agree to the various uses and disclosures of my personal information set out in that section;
- > I have read and understood the section titled 'Duty of Disclosure' in this form. I declare that I have complied with the duty of disclosure;
- > This application form and accompanying personal statement(s) and any related documents shall form the basis of cover issued;
- > I understand that failure to comply with the duty of disclosure could result in variation, avoidance or cancellation of my insurance, or any claim not being paid in accordance with my expectations;
- > I understand that the duty of disclosure extends beyond my completion of this form up until the Insurer accepts the application to which this Personal Statement relates;
- > the email address provided in this application may be used to electronically communicate with me, including important information in relation to my application and my insurance;
- > a photocopy of this declaration shall be as valid as the original.

Signatory name (please print)

Date (DD/MM/YYYY)

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Signature of Member

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