

MEMBERS PERSONAL STATEMENT

| Group Risk Insurance |

ONLY TO BE USED FOR SUMS INSURED LESS THAN \$500,000

POLICY NUMBER.

MEMBER NUMBER

PLAN ADMINISTRATOR

OFFICE USE

TOWER Australia Limited ABN 70 050 109 450
80 Alfred Street, Milsons Point NSW 2061
PO Box 142, Milsons Point NSW 1565
Customer Service Centre 1800 101 014

Please address correspondence to:
Telstra Super Insured Benefits Group
PO Box 14309 Melbourne VIC 8001

YOUR DUTY OF DISCLOSURE

Before TOWER Australia Limited (TOWER) advises acceptance of cover on your life, you have a duty under the Insurance Contracts Act 1984 to inform TOWER of every matter that you know, or could reasonably be expected to know, which may affect TOWER's decision to insure you or the terms of that insurance cover. You have the same duty to inform TOWER before cover is varied, extended or reinstated. This duty of disclosure does not apply to anything that reduces TOWER's risk, that is common knowledge that TOWER should know in the ordinary course of business or that TOWER does not require you to disclose. Your duty of disclosure applies even after this Personal Statement is completed until TOWER advises acceptance of the cover.

If you do not disclose relevant matters and TOWER would not have granted cover at all, TOWER may cancel cover within three years of granting it. If your non-disclosure was fraudulent, TOWER may cancel cover at any time. If TOWER is entitled to cancel the insurance cover or increase in insurance cover, it may within the first three years adjust the sum insured based on the premium charged, to the amount that would have applied had full disclosure been made.

All questions on this Personal Statement are relevant as to whether or not TOWER accepts the risk and, if so, on what terms. Consequently, all questions must be answered correctly and completely. Block letters should be used. A dot or dash is not acceptable.

01	MEMBER - PERSONAL DETAILS & INSURANCE HISTORY		
	A. TELSTRA SUPER MEMBER NUMBER		
	B. MEMBERS DETAILS	Surname	
		Given Names	
		Sex	
		Date of Birth / /	
	C. Self-Employed <input type="checkbox"/> OR Employee <input type="checkbox"/>	Full time <input type="checkbox"/> OR Part time <input type="checkbox"/>	Hours p/w weeks p/a
	D. Occupation	Industry	
	E. Duties Performed		
	F. Has Life, Disability, Accident & Sickness or Superannuation cover on your life ever been declined, deferred by or withdrawn from any insurance Company or accepted with a loading, or exclusion?		No <input type="checkbox"/> Yes <input type="checkbox"/>
If Yes please provide full details (including dates, name of company and reason for deferral, loading etc)			
02	HABITS & ACTIVITIES		
	A. How much alcohol do you drink weekly?		
	B. Have you smoked in the past 12 months? No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, state form and daily quantity:		
	C. Do you currently engage, or intend to engage, in any of the following:		
	<ul style="list-style-type: none"> • Aviation other than as a fare-paying passenger? No <input type="checkbox"/> Yes <input type="checkbox"/> • Skydiving, parachuting, or hang gliding? No <input type="checkbox"/> Yes <input type="checkbox"/> • Motor sports, scuba diving/diving, climbing or caving? No <input type="checkbox"/> Yes <input type="checkbox"/> • Any other hazardous activity? No <input type="checkbox"/> Yes <input type="checkbox"/> 	For each 'Yes' answer, please provide details on a separate sheet of paper listing the activity, frequency and location of the activity.	
D. Are you an Australian or New Zealand resident or do you have an Australian Permanent Resident's Visa		No <input type="checkbox"/> Yes <input type="checkbox"/>	
* Please note, you are ONLY eligible for this cover if you are a permanent resident of Australia or New Zealand.			

03	MEDICAL STATEMENT			
	A. Please state your:	Height (cm)	Weight (kg)	
	B. Have you EVER received any advice or treatment for: (tick appropriate box)			
	1. Chest pain, high blood pressure, raised cholesterol, stroke or circulatory disorder?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
	2. Diabetes, hepatitis or any other kidney, liver or gall bladder disease?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
	3. Asthma, bronchitis or other lung complaint?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
4. Back, neck or knee complaint or any disorder of the joints, bones or muscles (eg gout arthritis)?	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
5. Depression, anxiety, stress, mental or nervous condition, or chronic fatigue?	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
6. Cancer, tumour, melanoma, sunspots, mole or growth of any kind?	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
C. Other than listed in b) above, have you in the last 3 years had any examination, blood test, X-ray or ECG?			No <input type="checkbox"/>	Yes <input type="checkbox"/>
D. Other than listed in b) above, in the last 3 years have you sought medical advice or treatment from a Doctor or other health professional, or taken any regular prescribed medication other than for colds or flu? For each 'Yes' answer above, please provide details on a separate sheet of paper with the following information: name of condition, date of condition/treatment, results/outcomes of treatment and the name and address of Doctor or Hospital consulted.			No <input type="checkbox"/>	Yes <input type="checkbox"/>
E. Has your mother, father, or any sister or brother passed away prior to age 65 due to heart disease, kidney disease, Huntington's Disease, cancer or any other hereditary disease? If 'Yes' please provide details on a separate sheet of paper with the following information: relationship, medical condition, age condition began and age of death.			No <input type="checkbox"/>	Yes <input type="checkbox"/>

04	LIFESTYLE DECLARATION		
	<p>I hereby declare that all of the following statements are true:</p> <ul style="list-style-type: none"> • I have not been infected with HIV (the virus that can lead to AIDS) nor am I carrying antibodies to HIV. • I have not sought, nor am I expected to receive, treatment for AIDS or an AIDS related condition. • I do not engage in any activities which would be reasonably accepted as increasing my risk to contracting the AIDS virus. <p><input type="checkbox"/> I am ABLE to declare that all these statements are true</p> <p><input type="checkbox"/> I am UNABLE to declare that all these statements are true</p>		

05	PRIVACY		
	<p>Personal information is collected from or in respect of you to enable TOWER to provide or arrange for the provision of the product or service requested. Further personal information may be requested from you at a later time, such as if you want to make alterations to the policy or at claim time. If you do not supply the required information, we may not be able to provide the product or service requested or pay the claim.</p> <p>In processing and administering your insurance (including health information) we may disclose your personal information (excluding health information) to a number of parties or such organisations to whom we outsource our mailing and information technology, the Insurance Reference Service, Government regulatory bodies, and other companies within the TOWER group and accounts (if applicable).</p> <p>We may also disclose your personal information (including health information) to other bodies such as the reinsurers; your adviser; health professionals; investigators; the administrator; the trustee of any superannuation fund through which the policy is effected, external complaints resolution bodies and as required by law. By signing the application form you are agreeing to our collection, use and disclosure of your personal information.</p> <p>We should also like to provide you with information about our other products and services that we or other companies within the TOWER group offer. To do so we need to disclose personal information (excluding health information) to companies within the TOWER group, authorized TOWER advisers or financial planners and the distributors and suppliers who are commissioned by us to perform certain tasks such as market research.</p> <p>If you do not want to be informed of other products or services, please notify our Customer Service Centre on 1800 101 014.</p> <p>You may also be entitled to gain access to personal information we may have on file in respect of you. If you wish to obtain access please make a request</p>		

06	MEMBERS DECLARATION		
	<p>I agree that this Personal Statement and any other medical evidence obtained shall be the basis on which TOWER grants cover on my life under the relevant Group Insurance contract. I understand that all questions asked on this Personal Statement are relevant to TOWER's decision whether to accept the risk and, if so, on what terms. I also understand that I must advise TOWER of any change in my health between now and when TOWER actually accepts the cover being sought.</p> <p>I hereby declare that I have read and understood the general nature and effect of a member's Duty of Disclosure, shown on the front page of this form.</p> <p>I further declare that all the answers shown on this Personal Statement are true and that I have not withheld any information which might be material to TOWER accepting cover on my life. To the extent that any answers are not in my own handwriting, they have been checked by me and I certify that they are correct.</p> <p>I/We have read and understood the Privacy Disclosure Statement in the Personal Statement which sets out important details of how TOWER may use my information.</p> <p>I request and/or consent to the Policyowner effecting the insurance on my life to which this statement relates.</p> <p>I understand that cover to which this Personal Statement relates will not commence until TOWER accepts in writing my application for insurance on standard terms or I accept in writing any non-standard terms offered to me and TOWER receives a sufficient contribution to meet the required premium.</p>		
SIGNATURE OF MEMBER		DATE / /	