

Declaration of Continued Good Health

Policy number: Person to be insured:

1. Within the last 12 months have you used or smoked any product containing tobacco or nicotine replacement therapy, or smoked any other substance? Yes No

If 'yes' please provide details (i.e.: cigarette, cigars, pipe, marijuana, or nicotine replacement patches/tablets/inhalers).

Type (or any combination of these options, e.g. cigarettes and marijuana):

Daily quantity:

Date commenced: / / Date ceased (if applicable): / /

2. Since the commencement of the policy listed above have you had any change in health or suffered from any sickness or injury? Yes No

If 'yes', please provide details.

3. Since the commencement of the policy listed above have you had any reason to receive medical attention or advice, or to consult any doctor, psychologist, chiropractor, physiotherapist, natural therapist or any other health care worker? Yes No

If 'yes', please advise reason for consultation, date and name and address of person consulted.

4. Are you now, to the best of your knowledge and belief, in as good a state of health as at the time the policy listed above commenced? Yes No

If 'no', please provide details.

5. From that stated in your application for insurance has there been any change in:
i. Your occupation or occupational status, eg. from employee to employer? Yes No

If 'yes', please provide details.

- ii. Your participation in organised sport or any hazardous activity, eg. motor or water sports, aviation, football, parachuting? Yes No

If 'yes', please provide details.

6. Has any application for insurance on your life been submitted to any other company since the commencement date of the above policy? Yes No

i. If 'yes', please advise type and amount of cover, and name of company.

ii. Has this cover been accepted? Yes No

If 'yes', please advise if accepted at standard rates, accepted at an increased premium or with amended terms.

If 'no', please advise why the cover has not yet been accepted, including if deferred.

7. Since the commencement of the policy listed above have you been diagnosed, received or considered seeking any advice, tests, treatment or an operation, from a health professional for:

- skin cancer, lesion, lump or suspicious mole
- an abnormal pap smear (female only)
- a breast lump
- any other form of cancer whether malignant or not?

Yes No

If 'yes', please provide details.

Your duty of disclosure (to be completed in all cases)

Please read carefully.

1) This questionnaire will form part of the application and together with the application, (declaration and any personal statement or telephone interview) shall be the basis of the proposed insurance contract.

2) The person insured and the policy owner must tell Asteron Life of any change in circumstances that is material to this application. This duty continues until the application is accepted and a policy document has been issued. This is important even if you have separately discussed something with your adviser.

The duty of disclosure also applies if in future there is a request to extend or alter the policy, or application to reinstate the policy after it has lapsed.

3) If the information provided to us is incomplete or incorrect in any material way, then we may decline the application or it may affect the ability to claim in future. If this happens, we may reduce claim benefits or decide not to accept a claim. We may also exercise any legal rights we have to cancel or avoid the policy from inception. Premiums paid may be forfeited and any claims already paid may have to be paid back.

I declare that the answers given above are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application. I have read and understood the duty of disclosure described above, and acknowledge it is my responsibility to ensure I have provided all material information whether that information has been specifically requested or not.

Signature of the
Person to be Insured

Date